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CINZ OF TOOK CONTROL

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No 1545-0047 Open to Public Inspection

A F	or the	2014 calendar year, or tax year beginning and	ending		
Вс	heck if pplicable	C Name of organization		D Employer identific	cation number
	_Addres	IBEW LOCAL UNION NO. 15		]	
	]Name ]change	Doing business as		36-3	947727
	]initial return Final		Room/suite 1	E Telephone number	515-0907
_	/return -termin ated		<u> </u>	G Gross receipts \$	7,854,365.
	Amend			H(a) Is this a group re	
	Application			for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
1 7	ax-exe	mpt status: 501(c)(3) _X 501(c)( 5 ) ◀ (insert no.) 4947(a)(1)	or 527	<b>→</b> '''	list. (see instructions)
		e: ► WWW.IBEWLOCAL15.ORG		H(c) Group exemption	•
K_F	orm of	organization: Corporation Trust _X Association Other ▶	L Year	of formation: 1994 N	State of legal domicile: IL
Pa	art I	Summary			
ə		Briefly describe the organization's mission or most significant activities: THE			
Activities & Governance	) :	MEMBERSHIP TO MAINTAIN STANDARDS, PROVIDE	SECUE	RITY, NEGOTI.	ATE FAIR
ž	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	11
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		. 5	361
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	0
Act	10	lotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Vet Unfelated business taxable income from Form 990-T, line 34	<del></del>	7b	0.
j	$\sim 1$	70	<u> </u>	Prior Year	Current Year
9		Contributions and grants (Fart VIII, line 1h)	-	6 112 220	6 340 252
텧		Program service revenue (Part VIII, line 2g)	<u> </u>	6,112,339.	6,340,252.
Revenue		nvestment income (Part 21), column (A), lines 3, 4, and 7d)	·	241,690.	322,359.
L		Other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6 354 030	6 662 611
		Total revenue 2 and lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,354,029.	6,662,611.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>⊢</b>	10,390.	234,093.
	l	Benefits paid to or for members (Part IX, column (A), line 4)	· }-	3,108,498.	3,292,478.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	· -	0.	0.
pen		Total fundraising expenses (Part IX, column (D), line 25)	0.		<u>_</u>
Δ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>	2,208,175.	2,414,409.
	1	Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	5,327,063.	5,940,982.
		Revenue less expenses. Subtract line 18 from line 12	<u> </u>	1,026,966.	721,629.
58	<del>  ~~</del>	To real time 12	B	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1	7,494,969.	8,312,332.
ASS	21	Total liabilities (Part X, line 26)		3,034.	6,753.
碧	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	7,491,935.	8,305,579.
Pá	art II	Signature Block			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	es and staten	nents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	
		Dean Cresto			
Sig	n	Signature of officer		Date	
Her	е	Dean Apple, President		7-23-15	_ <del></del>
		Type or print name and title		<u> </u>	
	. 1	Print/Type preparer's name Preparer's signature	Į.	Date Check	PTIN
Pale		HOWARD SIMON Monal to him	CRA	1/22/17 self-employ	
	parer	Firm's name CALIBRE CPA GROUP PLLC		Firm's EIN	47-0900880
Use	Only	Firm's address 566 WEST LAKE ST SUITE 300			2 655 0025
		CHICAGO, IL 60661		Phone no. 3 1	2-655-0037
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
4320	01 11-0	7-14 I HA For Paperwork Reduction Act Notice, see the separate instructi	ions.		Form <b>990</b> (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	990 (2014) IBEW LOCAL UNION NO. 15	<u> 36-:</u>	<u> 394772</u>	7 Page	<u>2</u>
Par	t III Statement of Program Service Accomplishments				_
	Check if Schedule O contains a response or note to any line in this Part III				
1	Briefly describe the organization's mission: THE LOCAL REPRESENTS ITS MEMBERSHIP TO MAINTAIN STANDAR	DS . PI	ROVIDE		_
	SECURITY, NEGOTIATE FAIR WAGES AND ARBITRATE DIFFERENCE				_
	MANAGEMENT AND LABOR. THE ORGANIZATION HAD A MEMBERSHI			<u> </u>	_
	THE END OF THE REPORTING PERIOD.	OF_	0,133	AI	<u> </u>
2	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 N	o
	If "Yes," describe these new services on Schedule O.			Yes XN	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	•	'لـــا	Yes LALIN	.0
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measur	ed by expe	nses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	ers, the t	total expens	ses, and	
4-					$\overline{}$
4a	(Code) (Expenses \$		ROVIDE	<u> </u>	- '
	SECURITY, NEGOTIATE FAIR WAGES AND ARBITRATE DIFFERENCE				—
	MANAGEMENT AND LABOR. THE ORGANIZATION HAD A MEMBERSHI			አጥ	_
		P OF	0,133	AI	
	THE END OF THE REPORTING PERIOD.		-		
			-		_
					_
4b	(Code) (Expenses \$	ue \$			$\overline{}$
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					_
					_
4c	(Code) (Expenses \$) (Reven	ue \$			_)
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				_	_
		,			_
			-		_
					—
					—
				<del>.</del> -	<del></del>
					—
				***	
4d	Other program services (Describe in Schedule O.)				
	(Expenses \$ Including grants of \$ ) (Revenue \$		)		
4e	Total program service expenses				_
42200	1		Fo	rm <b>990</b> (20	14)

09500722 712177 15UN

	990 (2014) IBEW LOCAL UNION NO. 15 36-39	<u>47727</u>	P	age 3
Pai	t IV   Checklist of Required Schedules		1	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			х
_	If "Yes," complete Schedule A	1	-	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		X	<b>,</b>
	public office? If "Yes," complete Schedule C, Part I	3	-	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effectivities the through of "Yea" complete Schodule C. Part II.		l	
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<del>                                     </del>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	·   -	<del></del>	<del>                                     </del>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Par	t/ 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	`` <del>  •</del>	<del>                                     </del>	<del> </del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	·		
	Schedule D, Part III	8	<b> </b>	х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		ı	
	If "Yes," complete Schedule D, Part IV	9	)	х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanel	nt		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	_ 10	1	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,			
	Part VI	11a	X	
þ	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	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		l	۱.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<b> </b>	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	l		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	- <del></del>	X
_	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>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	المدا	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	. 11f	<u> </u>	
124	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	<del>                                     </del>	<del></del> -
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1	1	·
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		}	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ĺ	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	. 15	1	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		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 9a2 If "Yes."	1	1	i

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20a

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule  ${\it H}$ 

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	000 (2011)	<u> 3947727</u>	P	age 4
Pai	t IV   Checklist of Required Schedules (continued)			,
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	[ [		ļ
	domestic government 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 or other assistance to or for domestic individuals on		l	•
	Part IX, 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	it	1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of t	he	Į.	ļ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	•		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1	1	1
	any tax-exempt bonds?	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			İ
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1	]	1
	complete Schedule L, Part II	26		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	ļ		
	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):			l .
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I	V 28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an off	icer,		
	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	l	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 301.7701-37 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	L	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	ation?		
	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	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			

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

Page 5

ı aı	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
	Officer is deficultie of contains a response of note to any line in this fact v		Vac	
٠.	Enter the number reported in Box 3 of Form 1096. Enter -0, if not applicable	-	Yes	No
1a	Enter the Humber reported in Box 9 of Form 1030, Enter 9 in Not applicable			ĺ
D				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		х	İ
•	(gambling) winnings to prize winners?	1c	<u> </u>	
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 361	Į		ĺ
		م <sub>د</sub>	х	ĺ
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	- 22	<u> </u>
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<del></del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
D	If "Yes," enter the name of the foreign country:			l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>~</b> _	- 4	x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	,,,,,,,,	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		х	i
	any contributions that were not tax deductible as charitable contributions?	6a		<del></del>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		X	l
-	were not tax deductible?	6b	Λ.	
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>-</b> -		
a		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b		ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	,		l
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c	_	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ĺ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>1</del>		<del></del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del> </del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			_
•	sponsoring organization have excess business holdings at any time during the year?	8	*	
9	Sponsoring organizations maintaining donor advised funds.			<b></b>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		$\vdash$
10	Section 501(c)(7) organizations. Enter:			ļ ———
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			i
	organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand			1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
_ <u>-</u> -			000	(2014)

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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. XCheck if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 0 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 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? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? X 13 X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Upon request Own website Another's website → Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: DEAN APPLE - 630-515-0907 6330 BELMONT RD, DOWNERS GROVE 60516

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

Clist any   hours for related organizations below   line)   English   line)   line)   English   line)   English   line)   line	(E) eportable npensation m related	(F) Estimated amount of other
DEAN APPLE   40.00	anizations 1099-MISC)	compensation from the organization and related organizations
Carristine Watkins	•	,
REC SEC/EXEC BD	0.	0
(3) TERRY MCGOLDRICK VP/EXEC-BRD  (4) JOE ALVAREZ EXECUTIVE BOARD (5) TOM TIBBLES EXECUTIVE BOARD (6) FABTAN VELA TREASURER/EXEC-BRD  (7) JOHN GAVIN EXECUTIVE BOARD (8) ANNETTE KISALA EXECUTIVE BOARD (9) TOM HINSPETER EXECUTIVE BOARD (10) RICKY JOHNSON EXECUTIVE BOARD (11) AMY ALLISON EXECUTIVE BOARD (12) TERRY SHERIDAN ASST BUSINESS MGR (14) DUGLAS VEDAS BUSINESS REP (15) TERRENCE M CAGNEY BUSINESS REP  (15) TERRENCE M CAGNEY EXECUTIVES AS OU TO THE MISSINESS REP  (15) TERRENCE M CAGNEY EXECUTION  (10) RICKY JOHNSON  (11) AND ALTON AND AND AND AND AND AND AND AND AND AN	0.	١ ,
VP/EXEC-BRD	<u> </u>	0
(4) JOE ALVAREZ   3.00	0.	0
X		
STATE   STAT	0.	o
TREASURER/EXEC-BRD		
TREASURER/EXEC-BRD	0.	0
3.00		_
EXECUTIVE BOARD  (8) ANNETTE KISALA  EXECUTIVE BOARD  (9) TOM HINSPETER  EXECUTIVE BOARD  (10) RICKY JOHNSON  EXECUTIVE BOARD  (11) AMY ALLISON  EXECUTIVE BOARD  (12) TERRY SHERIDAN  ASST BUSINESS MGR  (13) DAVID WIGGINS  ASST BUSINESS MGR  (14) DOUGLAS VEDAS  BUSINESS REP  (15) TERRENCE M CAGNEY  BUSINESS REP  (16) ANNETTE KISALA  3.00  X  10,868.  10,080.  X  10,080.  X  8,049.  40.00  X  161,686.  X  160,148.	0.	0
(8) ANNETTE KISALA       3.00         EXECUTIVE BOARD       X       9,919.         (9) TOM HINSPETER       3.00       X       10,868.         EXECUTIVE BOARD       X       10,080.         (10) RICKY JOHNSON       3.00       X       10,080.         EXECUTIVE BOARD       X       8,049.         (11) AMY ALLISON       3.00       X       8,049.         (12) TERRY SHERIDAN       40.00       X       161,686.         (13) DAVID WIGGINS       40.00       X       160,148.         (14) DOUGLAS VEDAS       40.00       X       156,514.         BUSINESS REP       X       153,250.	0	۱ ,
EXECUTIVE BOARD  (9) TOM HINSPETER  EXECUTIVE BOARD  (10) RICKY JOHNSON  EXECUTIVE BOARD  (11) AMY ALLISON  EXECUTIVE BOARD  (12) TERRY SHERIDAN  ASST BUSINESS MGR  (13) DAVID WIGGINS  ASST BUSINESS MGR  (14) DOUGLAS VEDAS  BUSINESS REP  (15) TERRENCE M CAGNEY  BUSINESS REP  X 153,250.	0.	0
(9) TOM HINSPETER       3.00         EXECUTIVE BOARD       X       10,868.         (10) RICKY JOHNSON       3.00       X       10,080.         EXECUTIVE BOARD       X       10,080.         (11) AMY ALLISON       3.00       X       8,049.         EXECUTIVE BOARD       X       8,049.         (12) TERRY SHERIDAN       40.00       X       161,686.         (13) DAVID WIGGINS       40.00       X       160,148.         (14) DOUGLAS VEDAS       40.00       X       156,514.         BUSINESS REP       X       153,250.	0.	0
X		<u>`</u>
10   RICKY JOHNSON   3.00   X   10,080.	0.	l o
(11) AMY ALLISON   3.00   X   8,049.		
X   8,049.	0.	) 0
(12) TERRY SHERIDAN       40.00         ASST BUSINESS MGR       X         (13) DAVID WIGGINS       40.00         ASST BUSINESS MGR       X         (14) DOUGLAS VEDAS       40.00         BUSINESS REP       X         (15) TERRENCE M CAGNEY       40.00         BUSINESS REP       X         153,250.	_	
ASST BUSINESS MGR  (13) DAVID WIGGINS  ASST BUSINESS MGR  (14) DOUGLAS VEDAS  BUSINESS REP  (15) TERRENCE M CAGNEY  BUSINESS REP  X 156,514.  X 153,250.	0.	) 0
(13) DAVID WIGGINS ASST BUSINESS MGR  (14) DOUGLAS VEDAS BUSINESS REP  (15) TERRENCE M CAGNEY BUSINESS REP  X 156,514.  X 153,250.		
ASST BUSINESS MGR  (14) DOUGLAS VEDAS  BUSINESS REP  (15) TERRENCE M CAGNEY  BUSINESS REP  X 156,514.  X 153,250.	0.	0
(14) DOUGLAS VEDAS       40.00         BUSINESS REP       X         (15) TERRENCE M CAGNEY       40.00         BUSINESS REP       X         153,250.		
BUSINESS REP       X       156,514.         (15) TERRENCE M CAGNEY       40.00       X       153,250.	0.	0
(15) TERRENCE M CAGNEY  BUSINESS REP  X 153,250.	_	_
BUSINESS REP X 153,250.	0.	0
	0.	0
(16) DOUGLAS BEDINGER 40.00	•	۱ ,
BUSINESS REP X 153,295.	0.	0

Form 990 (2014)

rar	t VII   Section A. Officers, Directors, Trus	<del></del>	pioy	ees		_	gne	st C	<del>,</del>		I		/=-	
	(A)	(B)	}		)) Pos		1		(D)	(E)	-	_	(F)	اد د
	Name and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	,		timate nount	
		week					or/trus		from	from related			other	
		(list any	ctor						the	organizations			pensa	
		hours for	rdire			1	2	Ì	organization	(W-2/1099-MIS	C)	fr	om th	ne .
		related	ste o	nstee	i .	i	ensat		(W-2/1099-MISC)		}	_	anizat	
		organizations	al frus	nal tr		loyee	E .		}	,	ı		d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	ļ		Į	orga	anizati	ions
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		1	L	<u>L</u> _	<u>L</u> .	<u>L</u>								
1b	Sub-total .	••							1,228,285.		0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	1,228,285.	<u></u>	0.			0.
2	Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 of reportabl	е			1 2
	compensation from the organization												V	13
_	Did the consequent to be a section of the consequence of the consequen								L!-b4		1		Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			е, ке	ey er	mpic	oyee	, or	highest compensated e	mployee on				x
4	For any individual listed on line 1a, is the s			omn	000	otio:	n on	4 0+	har companyation from	the armanimation	- 1	3		<u>^</u>
7	and related organizations greater than \$15	="		-					-	the organization		4	X	ļ
5	Did any person listed on line 1a receive or	•		-					•	idual for convices			22	├
•	rendered to the organization? If "Yes," cor					-	-	Ciai	ted organization of indiv	iddai ioi services		5		x
Sec	tion B. Independent Contractors			<u> </u>		<u> </u>	007.							
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation 1	from	
	the organization. Report compensation for	•								•				
	(A)								(B)			(0	<del>)</del>	
	Name and busines					_			Description of	services	С	ompe		on
	HUCHAT COOK & WERNER,													
STI	REET, STE 250, ST. LOU	IS, MO	<u>63</u>	10:	3				LEGAL FEES			22	<mark>7,</mark> 9	10.
								_						
								- 1		ľ				
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								]	L					
2	Total number of independent contractors		not i	mite	d to		_	stec	d above) who received r	nore than				
	\$100,000 of compensation from the organ	ization >					1		<del> </del>				000	
43200 11-07	8											Form	990	(2014)
11-07	.14													

Page 9

L		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	. la					
ou i	b	Membership dues	1b			,		
A,G		Fundraising events	1c					
a it		Related organizations	1d					ļ
S, I		Government grants (contribut						
Sign	f	All other contributions, gifts, gran						
돌		similar amounts not included abo						
P G	g	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		<b>&gt;</b>				
				<b>Business Code</b>				
8	2 a	MEMBERSHIP DUES & ASSE	SSMENTS	900099	6,340,252.	6,340,252.		
و څ	b							
Program Service Revenue	С							
	d							
	е							
₫	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<u> </u>	6,340,252.			
	3	Investment income (including	dıvidends, intere	est, and				
		other similar amounts)	•	🕨	222,800.			222,800.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨			<del></del>	
	5	Royalties		<b>.</b>			···	
			(i) Real	(II) Personal	,			
	6 a	,						<b>'</b>
	b	• • • • • •						·
		Rental income or (loss)		ļ				į
		Net rental income or (loss)	T	<b>_</b> _				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	1,291,313.					,
	D	Less: cost or other basis	1 101 754					
	_	and sales expenses	1,191,754. 99,559.					'
		Gain or (loss)	39,539.		00 550			22 552
l		Net gain or (loss) Gross income from fundraisin		<u> </u>	99,559.			99,559.
ne.	Оа							
Other Revenue		including \$ contributions reported on line						
ĕ		Part IV, line 18		]				
hei	h	Less: direct expenses	a b					
ō		Net income or (loss) from fund						
		Gross income from gaming ac	_					
		Part IV, line 19	а			,		
i	b	Less: direct expenses	b					
		Net income or (loss) from gan	•					
		Gross sales of inventory, less	_					
		and allowances	а					
1	b	Less: cost of goods sold	b					
ŀ		Net income or (loss) from sale	s of inventory	<b>•</b>				
[		Miscellaneous Revenu		Business Code			<del></del>	
ſ	11 a					1	I	
l	b							
	С							
1	d	All other revenue						
	е	Total. Add lines 11a-11d		🕨			<del></del>	_
	12	Total revenue. See instructions.		<b>_</b> _	6,662,611.	6,340,252.	0.	322,359.
43200 11-07-	14			<u></u>				Form <b>990</b> (2014)

### Form 990 (2014) IBEW LOCAL UNION NO. 15 Part IX | Statement of Functional Expenses

	CIA Statement of Lunctional Expense	·		<del></del>	
Secti	on 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must c	omplete column (A).	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	224,095.	·····		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	10,000.			
3	Grants and other assistance to foreign	1			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		<del></del>		
5	Compensation of current officers, directors,	428,718.			
_	trustees, and key employees	440,710.	<del></del>		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,592,065.			<del></del>
8	Pension plan accruals and contributions (include		<del></del>	·	
-	section 401(k) and 403(b) employer contributions)	30,373.			
9	Other employee benefits	39,377.			
10	Payroll taxes	201,945.			
11	Fees for services (non-employees):				
а	Management				
b	Legal	275,314.		ļ <u></u>	
C	Accounting	24,550.			
d	Lobbying	<del></del>			
e 4	Professional fundraising services. See Part IV, line 17			<u> </u>	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	<del></del>	<del></del>		
9	column (A) amount, list line 11g expenses on Sch 0.)	77,873.			
12	Advertising and promotion				
13	Office expenses	130,109.			·····
14	Information technology				
15	Royalties				
16	Occupancy	95,183.			
17	Travel	83,527.			
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	246,740.	<del></del> -		
19 20	Interest	240,7401	<del></del>	<del> </del> -	
21	Payments to affiliates	1,323,574.		†	
22	Depreciation, depletion, and amortization	111,624.	···		
23	Insurance	22,147.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а		23,047.			
b	FLOWERS AND GIFTS	721.			
С				<u> </u>	
d			<del></del> -	<del></del>	
	All other expenses	5 040 000		<del> </del>	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	5,940,982.		<del> </del>	<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ļ			
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X | Balance Sheet

Part	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		(B) End of year
7	1	Cash · non-interest-bearing	1,100,400.	1	1,023,248
	2	Savings and temporary cash investments	298,608.	2	489,624
	3	Pledges and grants receivable, net		3	
1	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			
ပ္သ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
- 1	9	Prepaid expenses and deferred charges	9,347.	9	9,726
-	10a	Land, buildings, and equipment: cost or other			<u> </u>
- {		basis. Complete Part VI of Schedule D 10a 2,026,175.			
	b	Less: accumulated depreciation 10b 582,909.	1,517,704.	10c	1,443,266
	11	Investments - publicly traded securities	4,040,020.	11	1,443,266 4,808,168
1	12	Investments - other securities. See Part IV, line 11	528,890.	12	538,300
	13	Investments - program-related. See Part IV, line 11		13	
1	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)	7,494,969.	16	8,312,332
Τ.	17	Accounts payable and accrued expenses		17	
1-	18	Grants payable		18	
-   -	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g   2	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			1
Liabilities		Complete Part II of Schedule L		22	
<b>-</b>   2	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties .		24	
2	25	Other liabilities (including federal income tax, payables to related third			
Ì		parties, and other liabilities not included on lines 17-24). Complete Part X of			
}		Schedule D	3,034.	25	6,753
	26	Total liabilities. Add lines 17 through 25	3,034.	26	6,753
İ		Organizations that follow SFAS 117 (ASC 958), check here	*		
မွ်		complete lines 27 through 29, and lines 33 and 34.	,		
ğ   2	27	Unrestricted net assets	7,491,935.	27	8,305,579
	28	Temporarily restricted net assets		28	
2 2	29	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ا ق		and complete lines 30 through 34.	:		
ğ   3	30	Capital stock or trust principal, or current funds		30	
ğ   3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ i	32	Retained earnings, endowment, accumulated income, or other funds		32	
- [ `	33	Total net assets or fund balances	7,491,935.	33	8,305,579
1.5	34	Total liabilities and net assets/fund balances	7,494,969.	34	8,312,332 Form <b>990</b> (2014

Form **990** (2014)

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

Form **990** (2014)

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

2014

Open to Public Inspection

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Section 501(c)(4), (5), or (6) organiza</li> </ul>	itions: Complete Part III.			
Name of organization	Morror Completes Cart III.		Empl	oyer Identification number
	CAL UNION NO. 15			36-3947727
Part I-A Complete if the or	ganization is exempt under	section 501(c) o	r is a section 527 o	rganization.
<ol> <li>Provide a description of the organi</li> <li>Political expenditures</li> <li>Volunteer hours</li> </ol>	zation's direct and indirect political	campaign activities in	Part IV. 	
Part I-B Complete if the or	ganization is exempt under	section 501(c)(3	<u>).</u>	
<ol> <li>Enter the amount of any excise tax</li> <li>Enter the amount of any excise tax</li> <li>If the organization incurred a section</li> <li>Was a correction made?</li> <li>If "Yes," describe in Part IV.</li> </ol>	incurred by the organization under incurred by organization managers on 4955 tax, did it file Form 4720 fo	section 4955 under section 4955 this year?		Yes No
Part I-C Complete if the or	ganization is exempt under	section 501(c),	except section 501(	c)(3).
contributions received that were p	nization's funds contributed to othe s. Add lines 1 and 2. Enter here and in 1120-POL for this year?	r organizations for sec I on Form 1120-POL, of all section 527 politrom the filing organizate political organ	tical organizations to which tion's funds. Also enter the hization, such as a separa	Yes No the the filing organization ne amount of political te segregated fund or a  (e) Amount of political
		(-)	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
IBEW UNION LOCAL 15 PAC	DOWNERS GROVE, IL 60516	36-4383388	0.	83,483.

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14 SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2014 IBEW LOCAL UNION NO. 15 36-394772

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 eac	ch "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(2	a)	(b	)
of the i	lobbying activity.	Yes	No	Amo	unt
1 [	During the year, did the filing organization attempt to influence foreign, national, state or				
I	ocal legislation, including any attempt to influence public opinion on a legislative matter				
(	or referendum, through the use of:		_		
a١	/olunteers?				
ы	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c I	Media advertisements?				
d!	Mailings to members, legislators, or the public?		ļ		
e i	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
1 (	Other activities?				
-	Total. Add lines 1c through 1i	ļ	ļ		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)	(5), or se	ection	
			<del></del>	Yes	No
1 1	Were substantially all (90% or more) dues received nondeductible by members?		. 1	X	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		Х
1	answered "Yes."  Dues, assessments and similar amounts from members	<u> </u>	1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal	\ \		
	expenses for which the section 527(f) tax was paid).				
	Current year		<u>2a</u>		
b	Carryover from last year		. 2b		
	Total	٠	2c		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3_		
-	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	oolitical			
	expenditure next year?		4		
-	Taxable amount of lobbying and political expenditures (see instructions)		5	<u> </u>	
Part					
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part I	I-A, lines 1	and 2 (see	
	ctions); and Part II-B, line 1. Also, complete this part for any additional information. T I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INF	ORMAT	ION:		
IBE	W UNION LOCAL 15 PAC				
<u>633</u>	0 BELMONT ROAD, STE 1 DOWNERS GROVE, IL 60516	<del></del> -			<u>-</u>
		<del></del>		<del></del>	
PAR	T I-C 5(E)				
THE	LOCAL'S BOARD AND MEMBERSHIP APPROVED MONTHLY TRA	NSFER	T OT	HE IB	EW

15

432043 10-21-14

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 IBEW LOCAL UNION NO. 15  Part IV Supplemental Information (continued)	36~3947727 Page 4
Part IV   Supplemental Information (continued)	
LOCAL 15 PAC.	
<del></del>	
	<del></del>
<del></del>	
	<del></del>
<del></del>	
	<del></del>
	Schedule C (Form 990 or 990-EZ) 2014

432044 10-21-14

### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

IBEW LOCAL UNION NO. 15

Employer Identification number 36-3947727

Par	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts.Complete if the
•	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<del></del>
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	_	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 or	• •	_
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Pai		ınızation answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat	. —	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	ter 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds? . , .	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation easements d	luring the year >
7	Amount of expenses incurred in monitoring, inspecting, and en	nforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ı)?		L Yes L No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi		ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		. \$
-	(ii) Assets included in Form 990, Part X		. > \$
2	If the organization received or held works of art, historical treas		al gain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а			• \$
b	Assets included in Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2014

		ALL UNION NO.						4//4/ Page 4
Par	t III   Organizations Maintaining Co	llections of Art, Hist	torical Tr	easures, c	or Other	Similar	<u>Asse</u>	ts(continued)
3	Using the organization's acquisition, accession	, and other records, checl	k any of the	following tha	t are a sig	nificant us	e of its	collection items
	(check all that apply):							
а	Public exhibition	d 🖳	Loan or exc	hange progra	ams			
b	Scholarly research	e 🗀	Other					
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain how th	ney further t	he organizati	on's exem	pt purpose	a in Part	t XIII.
5	During the year, did the organization solicit or re	eceive donations of art, hi	storical trea	sures, or oth	er similar a	ssets		
	to be sold to raise funds rather than to be main						<u>l</u>	Yes No
Par	t IV Escrow and Custodial Arrange	ements. Complete if the	organizatio	n answered '	"Yes" to Fo	orm 990, P	art IV, I	ine 9, or
	reported an amount on Form 990, Part	(, line 21.						
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contribution	ns or other as	sets not ir	ncluded		
	on Form 990, Part X?						L_	」Yes      L No
b	If "Yes," explain the arrangement in Part XIII an	d complete the following t	table:					
								Amount
С	Beginning balance					1c		<del></del>
d	Additions during the year			••••		1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
<b>2</b> a	Did the organization include an amount on Form	m 990, Part X, line 21, for	escrow or c	ustodial acco	unt liabilit	y? .	L	」Yes <u> </u> No
	If "Yes," explain the arrangement in Part XIII. C							
Paı	t V   Endowment Funds. Complete if ti	ne organization answered	"Yes" to Fo	rm 990, Part	IV, line 10			
		(a) Current year (b) P	rior year	(c) Two year	rs back (c	i) Three yea	rs back	(e) Four years back
1a	Beginning of year balance			<u> </u>				
b	Contributions							
С	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	nt year end balance (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment >	%						
b	Permanent endowment >	%						
C	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c should	equal 100%.						
За	Are there endowment funds not in the possess	ion of the organization tha	at are held a	ınd administe	ered for the	e organizat	tion	
	by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
þ	If "Yes" to 3a(II), are the related organizations II	sted as required on Schei	dule R?					3b
4	Describe in Part XIII the intended uses of the o		funds					
Par	t VI Land, Buildings, and Equipme		-					
	Complete if the organization answered '	'Yes" to Form 990, Part IV	, line 11a. S	ee Form 990	, Part X, III	ne 10		
	Description of property	(a) Cost or other	(b) Cost	or other	(c) Acc	umulated		(d) Book value
		basis (investment)	basis	(other)	depr	eciation		
1a	Land							
b	Buildings	1,396,029.			2	5 <b>4,</b> 959	9.	1,141,070
C	Leasehold improvements							
d	Equipment		49	6,335.		38,32		258,012
_	Other	1	1 12	2 011		00 62	7	11 101

Schedule D (Form 990) 2014

1,443,266.

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

Schedule D (Form 990) 2014 IBEW LOCAL	UNION NO. 15		36-	3947727	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	11b. See Form 990, Part >	(, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	on: Cost or end-c	of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other	<u> </u>				
(A) AFL-CIO HOUSING TRUST	533,300.	END-OF-YEAF	R MARKET	VALUE	
(B) MARKETABLE CERTIFICATES					
(C) OF DEPOSIT	5,000.	END-OF-YEAF	MARKET	VALUE	
(D)		,			
<u>(E)</u>					
(F)					
(G)					
(H) Total (Col. (h) must equal Form 2000 Part V and (D) line 40.)	530 300				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	538,300.		-		
	t- F 000 D + B/ 1				
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuate	(, line 13.	f voor market v	alua
	(b) DOOR VAILED	(c) Metriod of Valuati		n-year market v	alue
			···		
(3)				<del></del>	<del></del>
(4)			<del></del>	-	
(5)			<del></del>	<del></del>	
(6)					
(7)	· · ·	······································			
(8)		-			
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	11d. See Form 990, Part >	(, line 15.		
(a)	Description			(b) Book va	lue
(1)					
(2)					
(3)					
(4)	·				
(5)					
(6)	<del></del>			<del></del>	
(7)	<del></del>	<u>.</u>			
(8)				· · · · · · · · · · · · · · · · · · ·	
(9)	- 45 \				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		<u> </u>	<u> </u>	
Complete if the organization answered "Yes"	to Form 000 Port IV line t	11 111 O F 000	Dart V. Landon		
1. (a) Description of liability		(b) Book value	Part X, line 25.	<del></del>	
(1) Federal income taxes	<del></del>	DOOK VAIGE			
(2) DUE TO PAC		6,744.			
(3) PAYROLL WITHHOLDINGS	<del></del>	9.	•		
(4)	<del></del>	<del></del>			
(5)					
(6)		<del></del>			
(7)					
(8)					

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

Schedule D (Form 990) 2014

432053 10-01-14

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

6,753.

Sche	dule D (Form 990) 2014 IBEW LOCAL UNION NO. 15				3947727 Page
Par		ents Wit	h Revenue per R	eturn	).
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	6,754,626
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	••		i	
a	Net unrealized gains (losses) on investments	2a	92,015.		
	Donated services and use of facilities	2b	, , , , , ,	1 1	
b		20 2c		1	
C	Recoveries of prior year grants	2d			
d	Other (Describe in Part XIII.)		<del> </del>		92,015
e	Add lines 2a through 2d	•••••		2e	6,662,611
3	Subtract line 2e from line 1			3	0,002,011
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		{	
b	Other (Describe in Part XIII.)	4b			0
С	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	6,662,611
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		ith Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	l <u> </u>		,	
1	Total expenses and losses per audited financial statements			1	5,940,982
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
С	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d	···-	1	
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	• •	••	3	5,940,982
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•		
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a h	Other (Describe in Part XIII.)	4b	<del></del>	1 1	
p	·	40 ]		ا ۱۰ ا	n
c	Add lines 4a and 4b  This must aguel Form 900, Bort I line 19.)	•	••	4c	5,940,982
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,340,302
	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pal			4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional info	ormation.		
PA	RT X, LINE 2:				
		_			
TH.	E INTERNAL REVENUE SERVICE HAS ADVISED THA	AT THE	LOCAL QUAL	IFI	ES UNDER
SE	CTION 501(C)(5) OF THE INTERNAL REVENUE CO	DDE AN	D IS, THERE	FOR	E, SUBJECT
_			<del>-</del>		
TO	TAX ONLY ON INCOME, IF ANY, UNRELATED TO	ITS I	'AX-EXEMPT P	URP	OSE.
					·
MA	NAGEMENT IS REQUIRED TO EVALUATE TAX POSI	TIONS	TAKEN BY TH	E L	OCAL AND
===					
RE	COGNIZE A TAX LIABILITY (OR ASSET) IF THE	IINTON	HAS TAKEN	ΔNI ·	INCERTATN
	TOTAL TARESTA CONTROLLY IN THE	31,101	THE THRUSH	-114	OHOLIMIN
PΩ	SITION THAT MORE LIKELY THAN NOT WOULD NO	י אם יו	מון משואדארים ווי	ON	EYAMTNIAMT^NI
- 0	STITCH THAT HOLD DIRECT THAN NOT WOODD NO.		ODIVINED OF	OIN	PAULITIANTION
DV	THE TAYING ANTHODITHING AS OF DECEMBED	21 24	11 <i>1</i> <b>(11)</b>	ज टाचा	NO
DI	THE TAXING AUTHORITIES. AS OF DECEMBER	JI, 40	THE A	CKE	MO

STATEMENTS. THE LOCAL'S FORMS 990, RETURN OF ORGANIZATION EXEMPT FROM 432054 10-01-14

UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE

RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL

Schedule D (Form 990) 2014

# Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

Open to Public

Employer identification number

Inspection

**2** 36-3947727 (h) Purpose of grant or assistance MEMBER EDUCATION X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any ..... 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 (g) Description of non-cash assistance : : .... (f) Method of valuation (book, FMV, appraisal, other) : : : ٥. (e) Amount of : assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 209,420. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table 527 IBEW LOCAL UNION NO. 52-2257109 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 900 SEVENTH STREET, N.W. or government IBEW EDUCATIONAL FUND DC 20001 WASHINGTON, Parti Part II

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

Schedule 1 (Form 990) (2014)

IBEW LOCAL UNION NO. 15 Schedule I (Form 990) (2014) Part III

Page 2

36-3947727

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2014) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance 0. ö (c) Amount of cash grant THE BOARD APPROVES ALL GRANTS AT BOARD MEETINGS. (b) Number of recipients (a) Type of grant or assistance NO RECIPIENTS OVER \$5,000 PART I, LINE 2:

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

Open to Public

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

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

Inspection

IBEW LOCAL UNION NO. 15 36-3947727 **Questions Regarding Compensation** Part I 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 Tax indemnification and gross-up payments Health or social club dues or initiation fees 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 reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X b 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), 501(c)(4), and 501(c)(29) 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? 5a b Any related organization? 5b 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? 6a b Any related organization? 6b 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 not described in lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8

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

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2014

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2014 IBEW LOCA

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.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title	<b>-</b>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deneilts	(n)-(i)(n)	In column (b) reported as deferred in prior Form 990
(1) DEAN APPLE	€	174,358.	9,056	2,264.	0	0	185,678.	0
PRES/BUS MGR	€	0	ļ	0		0		0
(2) TERRY MCGOLDRICK	Ξ	161,231.	8,431.	1,86		0	171,528.	
VP/EXEC-BRD	ੰ≣		l '			0		
(3) TERRY SHERIDAN	Ξ	153,447.	7,962.	27		0.	161,686.	0
ASST BUSINESS MGR	<u> </u>	0	0		0	0		
(4) DAVID WIGGINS	Ξ	151,447.	7,962.	73		0.	160,14	
ASST BUSINESS MGR	€	0	0	0		0		
(5) DOUGLAS VEDAS	Ξ	147,416.	7,494.	1,60		0	156,514.	
BUSINESS REP	<b>E</b>	0	0	0	0	0		
(6) TERRENCE M CAGNEY	Ξ	144,164.	7,494.	1,59	0	0	153,250.	0
BUSINESS REP	<u>E</u>	0	0	0	0	0		0
(7) DOUGLAS BEDINGER	Ξ	145,905.	7,296.	94.	0	0	153,295.	0
BUSINESS REP	Ξ	0	0	0	0	0	0	0
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### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

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 5,877 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.
<del></del>
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
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

# SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Open to Public Inspection 2014

OMB No. 1545-0047

Employer identification number 36-3947727

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

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. IBEW LOCAL UNION NO. 15 Partl

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets <u>e</u> Total income ত্র Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(a)	(q)	(0)	(p)	(e)	(t)	(b)	0(FV42)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(0), 13)	(c) Yo)
of related organization		foreign country)	section	status (if section	entity	entity?	.,
				501(c)(3))		Yes	No
IBEW LOCAL 15 UNION BUILDING CORP							
6330 BELMONT							
DOWNERS GROVE, IL 60516	HOLD TITLE TO CONDO UNIT	ILLINOIS	501 C 2			×	
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				<del></del>			
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Schedule R (Form 990) 2014

Page 2

36-3947727

Schedule R (Form 990) 2014 IBEW LOCAL UNION NO. 15

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predomina (related, t excluded fro	(e) Predominant income S (related, unrelated, excluded from fax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		ortionate bons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	General or Percentage managing ownership
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	lanizations Taxable a poration or trust durin	s a Corpo g the tax y	ration or Trust Colear.	mplete if the	e organization a	answered "Yes	s* on Form	990, Part IV,	line 34 b	oecause it had o	ne or mo	re related
(a) Name, address, and EIN of related organization	Z -	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e)  Type of entity (C corp., S corp., or trust)		(f) Share of total income		(g) Share of Peend-of-year ov	(h) Percentage ownership	Section 512(bX13) controlled entity?
									- · · · · · · · · · · · · · · · · · · ·			
432162 08-14-14				30						Schedul	e R (Forn	Schedule R (Form 990) 2014

Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	å
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?	ons with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Lip			1a	•	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				9	-	×
(s)				5		×
				P	-	×
	:			<b>1</b> e		×
	:				-	
f Dividends from related organization(s)				=		×
				10		×
Purchase of assets from related organization(s)	:			£		×
Exchange of assets with related organization(s)		:		F		×
j Lease of facilities, equipment, or other assets to related organization(s)	:	:		=	-	×
k Lease of facilities equipment or other assets from related organization(s)				₩ 2		×
Performance of services or membership or fundraising solicitations (	:			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)				Ę	-	×
n. Sharno of facilities equipment mailing lists or other assets with related organization(s)	ation(s)			£	1	×
					$\dagger$	×
o sharing of paid employees with related organization(s)	: : : : : : : : : : : : : : : : : : : :	: : : : : : : : : : : : : : : : : : : :		2	$\dagger$	4
p Reimbursement paid to related organization(s) for expenses				P		×
				14		×
					:	,
r Other transfer of cash or property to related organization(s)				÷	<b>∢</b>	
s Other transfer of cash or property from related organization(s)			:	1s	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete tl	ns line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) IBEW LOCAL 15 UNION BUILDING CORP	æ	36,132.	CASH TRFD			' İ
(2)						1
(3)						
(4)						ĺ
(5)						i
(9)						
432163 08-14-14	31		Schedule R (Form 990) 2014	R (Form	990) 2	2014

36-3947727

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Schedule R (Form 990) 2014 IBEW LOCAL UNION NO. 15

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

Share of bispoper Code V-UBI General or Percentage and orf-year assets Yes No (Form 1065) Yes No		
(f) Share of total income		
Predominant income partners sec (related, urrelated, 5010(3) excluded from tax under orgs) sections 512-514) yes No		
(c)  Legal domicile (state or foreign country)		
(b) Primary activity		
Name, address, and EIN  of entity  (a)  (b)  (c)  (b)  (c)  (c)  (c)  (d)  (d)  (d)  (e)  (e)  (e)  (e)  (e		

Schedule R (Form 990) 2014 IBEW LOCAL UNION NO. 15	30-3341141 Page 5
Part VII   Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions).	
1 rovide additional whether respondes to gassions on contaguo in food wastactions).	<del></del>
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### Form **8868**

(Rev. January 2014)

Department of the Treasury

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

File a separate application for each return.

OMB No. 1545-1709

Internal Rev	enue Service	► Information about Form 886	8 and its i	instructions is at <sub>www.irs.gov/form</sub>	8868 -	1		
• If you	are filing for an Aut	omatic 3-Month Extension, complet	e only Pa	rt I and check this box		<b>&gt;</b>	X	
-	•	litional (Not Automatic) 3-Month Ext	_		this form).			
•	ū		-	tic 3-month extension on a previous	•	rm 8868.		
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.  Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation								
		or an additional (not automatic) 3-mor						
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,								
visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.								
Part I		3-Month Extension of Time		ubmit original (no copies nee	eded).			
		Form 990-T and requesting an auton						
Part I on		or officer and requesting an auto-				•		
	•	 ding 1120-C filers), partnerships, REM	 ICs. and ti	rusts must use Form 7004 to reques	t an exten	sion of time		
	come tax returns.	ang 1120 C merey, paraneremps, 112111.	, oo, a, a ,	2010 ///201 2007 2/// 7007 10704200			ther	
Type or	Name of exemp	t organization or other filer, see instruc	ctions			Enter filer's identifying number Employer identification number (EIN) or		
print	Marrie or exemp	torganization of other men, see instruc	ottorio.		Linployer	Employer identification number (Em) or		
Pilit	TREW LOC	AL UNION NO. 15			36-3947727			
File by the	<del></del>	and room or suite no. If a P.O. box, se	ae instruct	tions	Social se	Social security number (SSN)		
due date for filing your		MONT RD, NO. 1	5 <del>6</del> 111301 UC	ions.	Oociai se	Social security number (SSN)		
return See instructions		st office, state, and ZIP code. For a fo	reign add	race con instructions	L	<del></del>		
		GROVE, IL 60516	neigir add	ress, see manuchons.				
	1							
Enter the	Return code for th	e return that this application is for (file	a separat	te application for each return)			01	
Line; are	o netam code for th	ic retain that this application is for the	a separa	to application for each returny			لتلتا.	
Applicat	ion	<del></del>	Return	Application			Return	
Is For			Code	Is For			Code	
	0 or Form 990-F7	<del></del>	01	Form 990-T (corporation)			07	
Form 990 or Form 990-EZ Form 990-BL			02	Form 1041-A	08			
			Form 4720 (other than individual)			09		
			04	Form 5227			10	
	Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11		
	0-T (trust other than		06	Form 8870			12	
10111133	or (trascottlei trial	DEAN APPLE		1 0111 0070			1	
• The h	ooks are in the care	of ► 6330 BELMONT RI	)a - c	OWNERS GROVE. IL 6	0516			
	hone No. > 630			Fax No. ▶	0020			
•		not have an office or place of business	in the Lin					
		irn, enter the organization's four digit (			f this is for	 the whole group o	book this	
hav -	If it is for par	t of the group, check this box	and atta	ch a list with the names and ElNs o	f all mamb	ore the extension is	for	
		c 3-month (6 months for a corporation				ers the extension is	101.	
• • • • • • • • • • • • • • • • • • • •	AUGUST 15			tion return for the organization nam		The extension		
15	for the organization		Corganiza	don'tetani loi the organization nam	ed above.	THE EXCENSION		
<b>.</b>	X calendar year							
	tax year begin	·	an	d ending				
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2  ft	the tay year entered	I in line 1 is for less than 12 months, c	hack rose	on: Initial return	Final retur	_		
- ï	Change in acco	·	ileek ieus	on mida retum	i iiiai ietui	••		
3a If t		r Forms 990-BL, 990-PF, 990-T, 4720,	or 6060	enter the tentative tay loss any				
	nrefundable credits		01 0009,	enter the tentative tax, less any			0.	
			onto: o=	v refundable gradita and	3a	\$		
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b				AL.		0.	
				~	3b	\$		
		ct line 3b from line 3a. Include your pa	-	• •			0.	
		tronic Federal Tax Payment System).			3c	\$ 8870 50 60		
instruction		make an electronic funds withdrawal	(direct de	Dit) with this Form 8868, see Form 8	3453-EO ai	na rom 8879-EO fo	r payment	
LHA 1 423841 05-01-14	For Privacy Act an	d Paperwork Reduction Act Notice,	see instr	uctions.		Form <b>8868</b> (Re	ev. 1-2014)	