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Form **990**

Department of the Treasury

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 <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

			I					Inspection			
A Fo	r the	e 2015 ca	lendar year, or tax year beginni	ng 01-01-2015 , and ending 12-31-20	15						
		applicable	C Name of organization INTERNATIONAL BROTHERHOOD OF	ELECTRICAL		D Emplo	yer identi	ification number			
Add	ress c	hange	WORKERS LOCAL UNION 697			35-04	115488				
Nan	ne cha	ange	Doing business as								
Initi	al retu	urn				E Teleph	one numbe	r			
Fina			Number and street (or P O box if r 7200 MISSISSIPPI STREET NO 200	mail is not delivered to street address) Room/su	ute	e '					
		rminated				(219)	844-63	86			
∏ Ame			MERRILLVILLE, IN 46410	ıntry, and ZIP or foreign postal code		G Gross i	receipts \$ 3	.979.423			
J App	licatio	n pending						,,,,,,			
			F Name and address of pri	ncıpal officer	H(a)	Is this a group					
			DANIEL WALDROP 7200 MISSISSIPPI STREE	T NO 200	шъ	subordinates?		□ Yes □ No			
			MERRILLVILLE,IN 46410		n(b)	Are all subordincluded?	inates	□Yes □No			
					4	If "No," attach	ı a lıst (s	ee instructions)			
I Tax	-exer	mpt status	501(c)(3) 5 01(c)(5)	(insert no) 4947(a)(1) or 527	H(c)	Group exempt	ion numb	oer ⊳ 0004			
J We	ebsit	e:► N/	4								
K Form	n of o	rganızatıon	Corporation Trust Association	on	L Ye	ar of formation 19	911 M St	ate of legal domicile II			
Pai	rt I	Sum	nmary		<u> </u>		•	-			
	1 B	Briefly de	scribe the organization's missio	n or most significant activities							
		ABOR U		-							
ည္	-										
Governance	-										
<u>a</u>	2	Check th	nis box 🚩 if the organization di	scontinued its operations or disposed o	of more t	han 25% of its	net asse	ts			
යි							, ,				
				ing body (Part VI, line 1a)			3	10			
ĕ l			·	of the governing body (Part VI, line 1b)			4	0			
Activities &			· ·	calendar year 2015 (Part V, line 2a)			5	19			
ਬ				necessary)			6	0			
				art VIII, column (C), line 12			7a	0			
	b N	let unrei	ated business taxable income fr	om Form 990-T, line 34			7b 				
	•	C b			-	Prior Year	0	Current Year			
<u>o</u>	8 9		-	ıne 1h)		2,094,		1,992,894			
Revenue	10			n (A), lines 3, 4, and 7d)			389	37,95			
歪	11		, ,	, lines 5, 6d, 8c, 9c, 10c, and 11e)			540	70,61			
	12		, , , , , , , , , , , , , , , , , , , ,	l (must equal Part VIII, column (A), lin	, —	<u>-</u>					
		12)				2,152,	648	2,101,46			
	13	Grant	s and sımılar amounts paıd (Par	t IX, column (A), lines 1-3)		104,	213	156,85			
	14	Benef	its paid to or for members (Part	IX, column (A), line 4)		77,	634	173,86			
ما	15			ee benefits (Part IX, column (A), lines		866,	584	877,93			
Expenses	16-	5-10	•	/l /A \ l 4.4 - \				·			
<u>क</u>	16a			(, column (A), line 11e)	•		0				
<u>ज</u>	b		undraising expenses (Part IX, column (·· /		1.000	0.04	1 0 1 0 0 0			
	17			lines 11a-11d, 11f-24e)	•	1,008,		1,018,32			
	18 19			ust equal Part IX, column (A), line 25) 18 from line 12		2,057,	236	2,226,97			
- 07 30 A	13	vevel	iue iess expelises Subtract line	10 110111111111111111111111111111111111				-125,51			
Not Assets or Fund Balances					Begin	ning of Current	Year	End of Year			
98.49 19.49 19.49	20					11,714,	326	11,588,81			
절	21	Total	liabilities (Part X, line 26) .				0				
	22			t line 21 from line 20		11,714,	326	11,588,81			
Under my kn	pen owle rer h	alties of dge and as any k	belief, it is true, correct, and con nowledge	amined this return, including accompar mplete Declaration of preparer (other t							
Here		DAN	IEL WALDROP BUSINESS MANAGER								
			e or print name and title								
			Print/Type preparer's name LOUISE KING	Preparer's signature LOUISE KING	Date	Check I if	PTIN P0020117				
Paid	l	<u> </u>				self-employed					
Prep	oare	er ⊢	Firm's name LEGACY PROFESSION			Firm's EIN - 3					
	_	. !'	Fırm's address 🟲 222 INDIANAPOLIS BL\	IN 2011E 103		Phone no (312	s) 368-050	J			

SCHERERVILLE, IN 46375
May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

. ✓ Yes ┌ No

including grants of \$

4e Total program service expenses ►

(Expenses \$

) (Revenue \$

Form 990 (2	2015)
Part IV	Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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 \square	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
	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		No
	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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		No
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	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
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 $11e^{7}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)					Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			
	eneek ii deneadle d contains a response of note to any line iii tins		<u> </u>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable \cdot .	1a	5			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	vend	dors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	19			
b	If at least one is reported on line 2a, did the organization file all required federal emp Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the y	year [?]	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)? \cdot .			4a		No
b	If "Yes," enter the name of the foreign country ►	k and l	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable cont			6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?			6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contributive services provided to the payor?			7a 		No
	If "Yes," did the organization notify the donor of the value of the goods or services p			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	•	· · · · ·	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year \dots	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the orequired?		ation file Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?	s, dıd 1	the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess but during the year?	siness	s holdings at any time			
0-	Did the sponsoring organization make any taxable distributions under section 4966	•		8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9a 9b		
10	Section 501(c)(7) organizations. Enter	iceu p	C13011	36		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	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.					
а	Is the organization licensed to issue qualified health plans in more than one state? ${f N}$ additional information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax	year	?	14a		Νo
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	tion in	Schedule O	14b		

Se	ction 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 10			
	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			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Νo
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14		Νo
.5	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?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
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		
	ction C. Disclosure			
.7	List the States with which a copy of this Form 990 is required to be filed. IN			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
.9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			

State the name, address, and telephone number of the person who possesses the organization's books and records ►DANIELT WALDROP 7200 MISSISSIPPI STREETSUITE 200 MERRILLVILLE, IN 46410 (219) 844-6386

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	check (, unle n office rustee	ss er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director		Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director		Former Highest compensated employee Key employee Officer Instructional Trustee		(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) DANIEL WALDROP	50 00			x				138,780	0	55,008	
BUSINESS MANAGER/FINANCIAL SECRETARY	0 50							·		·	
(2) CURTIS LESNICK PRESIDENT	2 00 0 50			х				4,281	0	1,090	
(3) JOE DANCHO VICE PRESIDENT	2 00			х				2,220	0	0	
(4) JAMES MOLA JR TREASURER	2 00			х				1,670	0	259	
(5) ROMAN BRONSON RECORDING SECRETARY	2 00			х				2,203	0	603	
(6) WILLIAM DAVIS EXAMINING BOARD	2 00			х				1,920	0	0	
(7) CHARLES MILLER EXECUTIVE BOARD	2 00			х				1,920	0	0	
(8) ERIC SEVERSON EXECUTIVE BOARD	2 00			х				1,920	0	0	
(9) HERB HIPPIE EXECUTIVE BOARD	2 00			х				1,920	0	0	
(10) DAVE ZIEGLER EXECUTIVE BOARD	2 00			х				2,320	0	259	
(11) JOE PFISTER EXAMINING BOARD	2 00			х				О	0	0	
(12) MICAH SCHANTZ EXAMINING BOARD - PAST	2 00			х				o	0	0	
(13) NILE HOWE EXAMINING BOARD	2 00			х				0	0	0	
(14) MIKE MCDONALD EXAMINING BOARD - NEW	2 00			х				0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	rage Position (do r s per more than one l c (list person is both nours and a director					ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimate amount of or compensat from the	ther
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organizatio and relate organizatio	ed
	RYAN REITHEL	40 00					х		113,015	0	5	5,008
	NESS AGENT JOREE RICHARDS	40 00							122.530		_	
BUSI	NESS AGENT						X		103,673		5	5,008
1b c d	Sub-Total	VII, Section A			•	•			375,842	0	167,2	235
2	Total number of individuals (including b \$100,000 of reportable compensation	ut not limited to	those		ed al	bove	e) who	rec	eived more than	•		
3	Did the organization list any former offi on line 1a? <i>If "Yes," complete Schedule 3</i>			e, key	/ em	nplo _j	yee, o	r hıg	hest compensate	d employee		lo
4	For any individual listed on line 1a, is to organization and related organizations and individual									om the	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?								_	ndividual for 5	N	lo
Se	ection B. Independent Contracto											
1	Complete this table for your five highes compensation from the organization Re										stax year	
	Name and b	(A) ousiness address							Description	(B) on of services	(C) Compensatio	on

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright 0

Form **990** (2015)

Part V	1111	Statement o						_
			ule O contains a respoi		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated camp	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es 1b					
	С	Fundraising eve	ents 1c					
fts, ⊩A	d	Related organiz	rations 1d					
iga Jiaa	e	Government grants						
ns, Sin	•							
utio er	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above					
를 돌 -	g		ons included in lines					
Contributic and Other	h	1a-1f \$ Total. Add lines	: 1a-1f					
O E	_"	Total. Add filles		· · · •				
шe	3-	MEMBER CHIE	C A ACCECCAMENTS	Business Code				
wen	2a	MEMBERSHIP DUES	S & ASSESSMENTS	900099	1,992,894	1,992,894		
<u>윤</u>	b							
M C (С							
Ş	d							
an	e	A.II I						
Program Serwde Revenue	f	All other progra	ım service revenue					
<u>&</u>	g	Total. Add lines	s 2a – 2f		1,992,894			
	3		ome (including dividen ar amounts)		49,136			49,136
	4		tment of tax-exempt bond					
	5	Royalties		▶				
			(ı) Real	(11) Personal				
	6a	Gross rents	9,600					
	ь	Less rental	0					
	c	expenses Rental income	9,600					
		or (loss)	,		0.500			0.505
	d	Net rental incor	me or (loss)		9,600			9,600
	7a	Gross amount	(ı) Securities	(II) Other				
		from sales of assets other than inventory	1,866,779					
	ь	Less cost or other basis and	1 077 062					
		sales expenses	1,877,963					
	C	Gain or (loss)	-11,184		11 104			-11,184
	d 8a	Net gain or (los Gross income fi			-11,184			-11,104
enne	- Ou	events (not incl						
Other Revenue			reported on line 1c)					
ŧ			a					
Ó	b c		penses b loss) from fundraising	events				
			rom gaming activities	events 🅦				
	- "	See Part IV, lin						
			а					
			penses b					
			loss) from gaming acti	vities				
	104	Gross sales of returns and allo						
			a					
	b	=	oods sold b					
	С		loss) from sales of inv					
	11.	Miscellaneous		Business Code 900099	43,379			43,379
		MISCELLANEO		900099	·			
		SURPLUS ENEI	RGY INCOME	900099	17,635			17,635
	С	A.II						
	d	All other revenu						
	е		s 11a-11d		61,014			
	12	Total revenue.	See Instructions .	· · · · •	2,101,460	1,992,894	0	108,566

	IX Statement of Functional Expenses				-
Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. A				
	Check if Schedule O contains a response or note to any line in th	ıs Part IX	(B)	(c)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	145,050			
2	Grants and other assistance to domestic individuals See Part IV, line 22	11,803			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	11,003			
4	Benefits paid to or for members	173,862			
5	Compensation of current officers, directors, trustees, and key employees	215,557			
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	377,673			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	120,503			
9	Other employee benefits	121,893			
10	Payroll taxes	42,307			
11	Fees for services (non-employees)				
а	Management				
b	Legal	17,630			
c	Accounting	26,050			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	13,803			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,150			
12	Advertising and promotion	11,380			
13	Office expenses	59,767			
14	Information technology	12,657			
15	Royalties				
16	Occupancy				
17	Travel	7,600			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,944			
20	Interest				
21	Payments to affiliates	456,746			
22	Depreciation, depletion, and amortization	149,180			
23	Insurance	20,296			
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	INTAC	91,631			
b	MEMBERSHIP ACTIVITIES	61,802			
c	TRANSFER TO PAC	22,000			
d	ORGANIZING	15,950			
e	All other expenses	16,742			
25	Total functional expenses. Add lines 1 through 24e	2,226,976			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)	_,,			

Part X **Balance Sheet** (A) (B) Beginning of year End of year 39,066 8,133 1 1 2 2.939.780 2 2.968.372 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees Complete Part II of 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 instructions) Complete Part II of Schedule L 6 14,182 7 7 8 8 3.048 9 0 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 3,826,174 10a Complete Part VI of Schedule D b 10b 643,296 3,306,096 10c 3,182,878 Less accumulated depreciation 4.586.640 11 4,603,913 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 825.514 15 825.514 16 Total assets. Add lines 1 through 15 (must equal line 34) 11,714,326 16 11,588,810 17 17 0 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 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 Schedule D 25 0 26 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete Balance lines 27 through 29, and lines 33 and 34. 11,714,326 11,588,810 27 27 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and complete lines 30 through 34. ö 30 30 Net Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 33 11,714,326 11,588,810 33 11.714.326 Total liabilities and net assets/fund balances 34 11.588.810

- 01111	330 (2013)				aye 12
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				⊏
					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,1	101,460
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,2	226,976
3	Revenue less expenses Subtract line 2 from line 1	3		-1	125,516
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		11,7	714,326
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		11,5	588,810
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·			<u>. Г</u>
				Yes	No
1	Accounting method used to prepare the Form 990	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revaluated basis, consolidated basis, or both	iewed or			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent accountain	ght nt?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

DLN: 93493073004026

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.

OMB No 1545-0047

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

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

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

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations	Complete Part III
--	-------------------

Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 697

Employer identification number

art I-A	complete if the organization is	s exempt under section	n SUI(C) or is a section 52.	/ organization

L	Provide a description of the organization's direct and indirect political campaign activities in Part IV
•	

Political expenditures

v u	ľ	411	ιe	Сı	110	uis	•

Part	I-B	Complete if the organization is exempt under section 501(c)(3).	
1	Enter	the amount of any excise tax incurred by the organization under section 4955	\$

- Enter the amount of any excise tax incurred by organization managers under section 4955
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Was a correction made?

☐ Yes ☐ No

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

E	nter the amount	directly expend	led by the filing	organization fo	r section 527	exempt function	activities
_	icor circ amioanic	ancer, expend	ica by the mini	, organization io	, beccion be,	exempe fametion	40011100

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization file Form 1120-POL for this year?

☐ Yes ☐ No

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) IBEW LOCAL NO 697 POLITICAL ACTION FUND	7200 MISSISSIPPI STREET SUITE 200 MERRILLVILLE,IN 46410	90-0880462		22,000
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice	, see the instructions for Form 990 or 9	90-EZ.	Cat No 50084S Schedule C	(Form 990 or 990-EZ) 2015

Schedule C (F	Pag	je ∡
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (election under section $501(h)$).	ī

A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" means amounts paid or incurred.)	organization's totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$ Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$ O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Yes 🗆

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

		(election under section 501(h)).			
	esponse on lines 1a throi	ugh 11 below, provide in Part IV a detailed description of the lobbyii	ng	(a)	(b)
vity.			Yes	No	<u>Amount</u> □
legislatio	n, including any attemp	ganization attempt to influence foreign, national, state or local ot to influence public opinion on a legislative matter or referendu	ım,		
through t	ne use or		I	I	I
unteers?					
Paid staff	or management (includ	de compensation in expenses reported on lines 1c through 1i)?	I	ı	I
i did Stan	or management (mera)	ac compensation in expenses reported on inies to through 11/2		<u> </u>	_
dia advertise	ements?				
inas to mei	mbers, legislators, or th	ne nublic?			
	mbers, registators, or cr	ie pablie			
Publicati	ons, or published or bro	padcast statements?			
					<u> </u>
Grants to	 other organizations foi	r lobbying purposes?			
					·
Direct co	 ntact with legislators, t	their staffs, government officials, or a legislative body?			
Rallies, d	emonstrations, semina	rs, conventions, speeches, lectures, or any similar means?			
			ı		
er activities	5 <i>/</i>				
al Add lines	s 1c through 1ı				
				1	1
		e the organization to be not described in section 501(c)(3)? y tax incurred under section 4912			-
·		y tax incurred by organization managers under section 4912			
		d a section 4912 tax, did it file Form 4720 for this year?		l I	
rt III-A		rganization is exempt under section 501(c)(4), s	section 501/	-1/51	or section
C 1111 A	501(c)(6).			-)(3),	
Were sub	stantıally all (90% or r	more) dues received nondeductible by members?		1	Yes No 1 Yes
Did the o	rganızatıon make only ı	in-house lobbying expenditures of \$2,000 or less?			2 Yes
		rry over lobbying and political expenditures from the prior year?	,		3 No
Did the o	rganızatıon agree to ca	, , , , , , , , , , , , , , , , , , , ,			or costion
	Complete if the o	rganization is exempt under section 501(c)(4), s			
	Complete if the o	rganization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ans			
rt III-B	Complete if the o 501(c)(6) and if o line 3, is answere	organization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes."			
rt III-B	Complete if the o 501(c)(6) and if (organization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes."			
s, assessm	Complete if the o 501(c)(6) and if o line 3, is answere ents and similar amoun	organization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of parts)	wered "No"		
rt III-B s, assessm Section 1	Complete if the o 501(c)(6) and if o line 3, is answere	organization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of parts)	wered "No"		
s, assessm Section 1 expenses	Complete if the o 501(c)(6) and if o line 3, is answere ents and similar amoun	organization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of parts)	wered "No"		
s, assessm Section 1 expenses	Complete if the o 501(c)(6) and if o line 3, is answere ents and similar amoun	organization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of parts)	wered "No"		
s, assessm Section 1 expenses	Complete if the o 501(c)(6) and if o line 3, is answere ents and similar amount 62(e) nondeductible lo for which the section !	organization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of parts)	wered "No"		
ss, assessm Section 1 expenses rent year	Complete if the o 501(c)(6) and if o line 3, is answere ents and similar amount 62(e) nondeductible lo for which the section !	organization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of parts)	wered "No"		
s, assessm Section 1 expenses rent year ryover from	Complete if the o 501(c)(6) and if o line 3, is answere ents and similar amount 62(e) nondeductible lo for which the section !	organization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of parts)	wered "No"		
s, assessm Section 1 expenses rent year ryover from	Complete if the o 501(c)(6) and if o line 3, is answere ents and similar amount 62(e) nondeductible lo for which the section !	organization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of parts)	wered "No"		
s, assessm Section 1 expenses rent year ryover from	Complete if the o 501(c)(6) and if o line 3, is answered ents and similar amount 62(e) nondeductible lofor which the section!	organization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of personal political expenditures).	wered "No"	OR (b)	
s, assessm Section 1 expenses ent year yover from Aggregat	Complete if the o 501(c)(6) and if o line 3, is answere ents and similar amount. 62(e) nondeductible lofor which the section!	organization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of percentage).	wered "No" olitical	OR (b)	
s, assessm Section 1 expenses ent year yover from Aggregat	Complete if the o 501(c)(6) and if o line 3, is answere ents and similar amount. 62(e) nondeductible log for which the section is last year. e amount reported in section is sent and the amount of sent and the sent and the sent and the amount of sent and the amount of sent and the sent	organization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of personal political expenditures).	wered "No" olitical	OR (b)	
s, assessm Section 1 expenses rent year ryover from Aggregat otices were s the organi	Complete if the o 501(c)(6) and if o line 3, is answere ents and similar amount. 62(e) nondeductible log for which the section is last year. e amount reported in section is sent and the amount of sent and the sent and the sent and the amount of sent and the amount of sent and the sent	organization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of processor) 527(f) tax was paid). ection 6033(e)(1)(A) notices of nondeductible section 162(e) on line 2c exceeds the amount on line 3, what portion of the excessor.	wered "No" olitical	OR (b)	
ses, assessm Section 1 expenses rent year a Aggregat otices were s the organi	Complete if the o 501(c)(6) and if o line 3, is answere ents and similar amound 62(e) nondeductible log for which the section section section section agree to carryour section section section agree to carryour section sectio	organization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of processor) 527(f) tax was paid). ection 6033(e)(1)(A) notices of nondeductible section 162(e) on line 2c exceeds the amount on line 3, what portion of the excessor.	wered "No" olitical	OR (b)	
s, assessm Section 1 expenses rent year ryover from Aggregat otices were s the organitical expense	Complete if the o 501(c)(6) and if o line 3, is answere ents and similar amound 62(e) nondeductible log for which the section section section section agree to carryout diture next year?	erganization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of property for the property for the control of the except of the reasonable estimate of nondeductible lobbying and	olitical	OR (b)	
s, assessm Section 1 expenses Toyover from Aggregat Stices were sthe organical expenses	Complete if the o 501(c)(6) and if o line 3, is answere ents and similar amount. 62(e) nondeductible log for which the section! last year e amount reported in section agree to carryout diture next year?	either (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of postar) Section 6033(e)(1)(A) notices of nondeductible section 162(e) of notices of the reasonable estimate of nondeductible lobbying and political expenditures (see instructions)	wered "No" olitical	OR (b)	
Section 1 expenses ent year yover from Aggregat tices were the organical expense art IV	Complete if the o 501(c)(6) and if cline 3, is answered ents and similar amount 62(e) nondeductible logory for which the section! last year e amount reported in section agree to carryout diture next year?	either (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of postar) Section 6033(e)(1)(A) notices of nondeductible section 162(e) on line 2c exceeds the amount on line 3, what portion of the except to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions) Formation	dues 3	OR (b)) Part III-A,
Section 1 expenses ent year Aggregat tices were the organical expense Taxable a	Complete if the o 501(c)(6) and if cline 3, is answered ents and similar amount. 62(e) nondeductible log for which the section! last year e amount reported in section agree to carryout diture next year? amount of lobbying and Supplemental Inferescriptions required for	either (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Ints from members Obbying and political expenditures (do not include amounts of postar) Section 6033(e)(1)(A) notices of nondeductible section 162(e) of notices of the reasonable estimate of nondeductible lobbying and political expenditures (see instructions)	dues 3	OR (b)) Part III-A,
Section 1 expenses ent year Aggregat tices were the organical expense Taxable a	Complete if the o 501(c)(6) and if cline 3, is answered ents and similar amount. 62(e) nondeductible log for which the section is a sent and the amount of zation agree to carryout diture next year? amount of lobbying and Supplemental Infections), and Part II-B, litter in Reference	programization is exempt under section 501(c)(4), seither (a) BOTH Part III-A, lines 1 and 2, are ansed "Yes." Into from members Obbying and political expenditures (do not include amounts of programs of progr	dues 3	OR (b)	I-A, lines 1 and

Schedule C (Form 990 or 990EZ) 2015

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,

DLN: 93493073004026

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

Open to Public

rnal Revenue Service	(Form 990) and its instructions is at www.ii	Inspection
Name of the organization NTERNATIONAL BROTHERHOOD OF ELECTRICAL VORKERS LOCAL UNION 697		Employer identification number 35-0415488
	or Advised Funds or Other Similar F red "Yes" on Form 990, Part IV, line 6.	•
Complete if the organization answer	(a) Donor advised funds	(b)Funds and other accounts
Total number at end of year	(a) Bonor davised fands	(b) and other decounts
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor funds are the organization's property, subject to	<u> </u>	nor advised Yes No
Did the organization inform all grantees, donors used only for charitable purposes and not for th conferring impermissible private benefit?		
art II Conservation Easements. Comp	lete if the organization answered "Yes"	on Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by Preservation of land for public use (e.g., rec Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	reation or education)	certified historic structure
easement on the last day of the tax year		Held at the End of the Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation easen	nents	2b
Number of conservation easements on a certific		2c
Number of conservation easements included in historic structure listed in the National Registe		2d
Number of conservation easements modified, tr tax year ▶	ansferred, released, extinguished, or terminat	ted by the organization during the
Number of states where property subject to con	servation easement is located 🛌	
Does the organization have a written policy region violations, and enforcement of the conservation		ndling of Yes No
Staff and volunteer hours devoted to monitoring year	, inspecting, handling of violations, and enforc	cing conservation easements during the
A mount of expenses incurred in monitoring, ins	necting handling of wolations, and enforcing	concernation eacoments during the year
► \$	pecting, handing of violations, and emorcing	conservation easements during the year
Does each conservation easement reported on (B)(I) and section 170(h)(4)(B)(II)?	line 2(d) above satisfy the requirements of se	ection 170(h)(4) Yes No
In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the ter the organization's accounting for conservation of	xt of the footnote to the organization's financia	
	ections of Art, Historical Treasures, red "Yes" on Form 990, Part IV, line 8.	, or Other Similar Assets.
If the organization elected, as permitted under sworks of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foo	SFAS 116 (ASC 958), not to report in its revo ar assets held for public exhibition, education	, or research in furtherance of public
If the organization elected, as permitted under sworks of art, historical treasures, or other similar service, provide the following amounts relating	ar assets held for public exhibition, education	
(i) Revenue included on Form 990, Part VIII, line	2 1	▶ \$
(ii) Assets included in Form 990, Part X		
If the organization received or held works of art following amounts required to be reported under		
Revenue included on Form 990. Part VIII. line.	1	▶- \$

b Assets included in Form 990, Part X

Part	Organizations Maintaining (continued)	Collections of A	rt, His	torica	l Trea	asures, o	r Otl	ner Similar A	ssets
	Using the organization's acquisition, according to the collection items (check all that apply)	ession, and other reco	ords, ch			_		-	e of its
а	Public exhibition		d	☐ Lo	oan or e	exchange p	rograr	ns	
b	Scholarly research		e	Го	ther				
С	Preservation for future generations								
	Provide a description of the organization Part XIII	s collections and exp	laın hov	w they fu	rther t	he organıza	tıon's	exempt purpose	ın
	During the year, did the organization soli assets to be sold to raise funds rather th	an to be maintained a						ımılar 🗆 Yes	┌ No
Part	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form '	990, Pa	ırt IV,	lıne 9, or	repo	rted an amoun	t on Form 990
	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or other intern	nediary	for cont	rıbutıo	ns or other	asset	s not	□ No
b	If "Yes," explain the arrangement in P	art XIII and complete	the fol	lowing ta	able		ſ	Am	ount
c	Beginning balance	·		3			1c		
d	Additions during the year						1d		
e	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount o	n Form 990 Part X li	ne 21	for escr	nw or c	∟ ustodial ac	count	liability? Ves	□ No
	Dia the organization merade an amount o					ascourar ac		nabine, , 100	, 110
b	If "Yes," explain the arrangement in Part	VIII Chack here if th	na avnl:	anation l	nac had	an provided	ın Da	rt VIII	Г
	t V Endowment Funds. Comple								
ı aı	Endownent i ands. Comple	(a)Current year		or year				I)Three years back	(e)Four years bac
la	Beginning of year balance	(2,23.12.11.7.2.11	ν- /- ·-	,	- (-	, ,		,	(-) /
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	current vear end bala	nce (lın	e 1a. co	lumn (a	a)) held as			
	Board designated or quasi-endowment	,	`	3,	`	,,			
	Permanent endowment -								
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should agual 100%							
3a	Are there endowment funds not in the posorganization by		zation	that are	held ar	nd administ	ered f	or the	Yes No
	(i) unrelated organizations							3a	
b	(ii) related organizations	ations listed as requi	red on S	Schedule	₽ R? .			<u></u>	b
	t VI Land, Buildings, and Equip		uovviii	enc fullu					
	Complete if the organization a		orm 9	90, Par	t IV, l	ine 11a.Se	ee Fo	rm 990, Part X	, lıne 10.
	Description of property		Co	(a) ost or othe (investme		(b) Cost or othe (other		Accumulated (c) depreciation	(d)Book value
1a ∟	and			-	290,797	1	76,196		466,9
b B	Buildings					2,8	96,258	433,89	8 2,462,3
c L	_easehold improvements		.						
d E	Equipment		. $ abla$			4	14,054	194,70	5 219,3
a (Other						18 869	14 69	3 34.1

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

3,182,878

See Form 990, Part X, line 12.		(IND and another	(a)Mathada Suahuahan
(a) Description of security or categor (including name of security)	ry	(b) Book value	(c)Method of valuation Cost or end-of-year market value
1)Financial derivatives			
2)Closely-held equity interests 3)Other			+
5)0 tilei			
			_
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	*		
Part VIII Investments—Program Related.			
Complete if the organization answere	ed 'Yes' on Form 990,		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
			Cost of end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	b	000 P-+ IV I	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organizat (a) Des		orm 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value 825,514
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizate (a) Des (1) WIND TURIBINE	tion answered 'Yes' on F		(b) Book value 825,514
(a) Des (1) WIND TURIBINE Total. (Column (b) must equal Form 990, Part X, col.(B) line	tion answered 'Yes' on Fiscription		(b) Book value 825,514 ▶ 825,514
(a) Des (1) WIND TURIBINE Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	tion answered 'Yes' on Fiscription e 15.) rganization answered		(b) Book value 825,514 ▶ 825,514
(a) Des (1) WIND TURIBINE Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	tion answered 'Yes' on Fiscription		(b) Book value 825,514 ▶ 825,514
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Fiscription e 15.) rganization answered		(b) Book value 825,514 ▶ 825,514
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Fiscription e 15.) rganization answered		(b) Book value 825,514 ▶ 825,514
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Fiscription e 15.) rganization answered		(b) Book value 825,514 ▶ 825,514
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Fiscription e 15.) rganization answered		(b) Book value 825,514 ▶ 825,514
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Fiscription e 15.) rganization answered		(b) Book value 825,514 ▶ 825,514
(a) Des (a) Des (b) MIND TURIBINE Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Fiscription e 15.) rganization answered		(b) Book value 825,514 ▶ 825,514
(a) Des (a) Des (b) MIND TURIBINE Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Fiscription e 15.) rganization answered		(b) Book value 825,514 ▶ 825,514
(a) Des (a) Des (1) WIND TURIBINE Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Fiscription e 15.) rganization answered		(b) Book value 825,514 ▶ 825,514
(a) Des (1) WIND TURIBINE Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Fiscription e 15.) rganization answered		(b) Book value 825,514 ▶ 825,514
(a) Des (1) WIND TURIBINE Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Fiscription e 15.) rganization answered		(b) Book value 825,514 ▶ 825,514
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Fiscription e 15.) rganization answered		(b) Book value 825,514 ▶ 825,514
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Assets. Complete if the organizate (a) Des (a) Des (b) Des (c) Des (d) Des (e) Des (e) Des (e) Des (e) Des (e) Des (f) WIND TURIBINE	tion answered 'Yes' on Fiscription e 15.) rganization answered		(b) Book value 825,514 ▶ 825,514
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Fiscription e 15.) rganization answered		(b) Book value 825,514 ▶ 825,514
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Fiscription e 15.) rganization answered		(b) Book value 825,514 ▶ 825,514
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Fiscription e 15.) rganization answered		(b) Book value 825,514 ▶ 825,514

Par		evenue per Audited Financial Statements With Revenue nızatıon answered 'Yes' on Form 990, Part IV, lıne 12a.	per Return
1		er support per audited financial statements	1
2	A mounts included on line 1 be	ut not on Form 990, Part VIII, line 12	
а	Net unrealized gains (losses)	on investments 2a	
b	Donated services and use of	acılıtıes	
c	Recoveries of prior year grant	s 2c	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d		2e
3	Subtract line ${f 2e}$ from line ${f 1}$.		3
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1	
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIII)	
c	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line 12)	5
Part		xpenses per Audited Financial Statements With Expens nization answered 'Yes' on Form 990, Part IV, line 12a.	es per Return.
1	Total expenses and losses pe	r audited financial statements	1
2	A mounts included on line 1 bi	ut not on Form 990, Part IX, line 25	
а	Donated services and use of t	acılıtıes 2a	
b	Prior year adjustments	<u>2b</u>	
C	Otherlosses	<u>2</u> c	
d			
e	Add lines 2a through 2d		2e
3	Subtract line ${f 2e}$ from line ${f 1}$.		3
4	A mounts included on Form 99	O, Part IX, line 25, but not on line 1:	
а	Investment expenses not inc	uded on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII		
С			4c
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line 18)	5
Par	t XIII Supplemental In	ormation	
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and , lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	
	Return Reference	Explanation	
PART	X, LINE 2	THE LOCAL FILES FORM 990, RETURN OF ORGANIZATION EXEMPLOCAL'S RETURNS ARE SUBJECT TO EXAMINATION WITH THE INUNTIL THE APPLICABLE STATUTE OF LIMITATIONS EXPIRES	

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493073004026

OMB No 1545-0047

Schedule I (Form 990)

Department of the

Internal Revenue Service

Treasury

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer ident	ification number
INTERNATIONAL BROTHERHO WORKERS LOCAL UNION 697	OD OF ELECTRICA	, L				35-0415488	
Part I General Inform	ation on Grants	and Assistance					
 Does the organization main the selection criteria used Describe in Part IV the org 	itain records to subs to award the grants anization's procedui	stantiate the amount or or assistance? res for monitoring the i		United States		•	✓ Yes
			dditional space is need		iizacion answered Tes	on 1 onn 990,1 arc 1 v ,1	me 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LEGACY FOUNDATION 1000 EAST 80TH PLACE NORTH TOWER 402 MERRILLVILLE, IN 46410	35-1872803	501(C)3	37,800				SCHOLARSHIPS
(2) IBEW PAC EDUCATIONAL FUND 900 SEVENTH STREET NW WASHINGTON, DC 20001	53-0088380	527	25,000				CHARITABLE CONTRIBUTIONS
(3) LAKE AREA UNITED WAY 221 W RIDGE ROAD GRIFFITH,IN 46319	23-7170019	501(C)3	40,000				CHARITABLE CONTRIBUTIONS
2 Enter total number of section	on 501(c)(3) and go	vernment organization	s listed in the line 1 tal	ble			2

Enter total number of other organizations listed in the line 1 table

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	, (f) Description of non-cash assistance
(1) PURCHASES OF MATERIALS FOR THOSE WHO PARTICIPATED IN MARCH OF DIMES WALK, CYSTIC FIBROSIS WALK, AND AMERICAN HEART WALK	241		7,720	CASH BASIS	TEE SHIRTS
(2) FLO WERS	0	0	1,348		FLO WERS
PURCHASES OF GIFT CARDS FOR (3) UNEMPLOYED MEMBERS	67	1,604	0	CASH BASIS	
(4) REFRESHMENTS AND GIFT CARDS FOR PARTICIPANTS IN CHARITABLE EVENTS			1,070		REFRESHMENTS
MATERIALS FOR AMERICAN HEART (5) ASSOCIATION BLOOD DRIVE			61		MATERIALS

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
, ,	THE EXECUTIVE BOARD CAREFULLY REVIEWS ALL REQUESTS FOR DONATIONS AND GRANTS PRIOR TO THEIR APPROVAL AND DISBURSEMENT APPROVAL IS GRANTED ONLY TO REPUTABLE ORGANIZATIONS WHO HAVE SATISFIED THE BOARD'S DUE DILIGENCE THE BOARD PERFORMS NO SUBSEQUENT MONITORING OF THE USE OF THE DONATION OR GRANT ALL RECORDS REGARDING THE DISBURSEMENT OF FUNDS ARE MAINTAINED AT THE LOCAL'S OFFICE

Schedule I (Form 990) 2015

DLN: 93493073004026

Employer identification number

OMB No 1545-0047

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.

Department of the Treasury Internal Revenue Service

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

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

Open to Public Inspection

WO	RKERS	S LOCAL UNION 697			35-0415488			
Pa	rt I	Questions Regarding Compensation		·				
							Yes	No
La		eck the appropiate box(es) if the organization provid 0, Part VII, Section A, line 1a Complete Part III to						
	Γ	First-class or charter travel	Γ	Housing allowance or residence for p	ersonal use			
	Γ	Travel for companions	Γ	Payments for business use of perso	nal residence			
	Γ	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation	on fees			
	Γ	Discretionary spending account	Γ	Personal services (e g , maid, chauf	eur, chef)			
b		ny of the boxes in line 1a are checked, did the orga nbursement or provision of all of the expenses desc				1b		
2		the organization require substantiation prior to reinctors, trustees, officers, including the CEO/Execut				2		
3	orga	icate which, if any, of the following the filing organiz anization's CEO/Executive Director Check all that d by a related organization to establish compensati	appl	y Do not check any boxes for method f the CEO/Executive Director, but exp	S			
		Compensation committee		Written employment contract				
	<u> </u>	Independent compensation consultant	<u> </u>	Compensation survey or study				
	ı	Form 990 of other organizations	ı	Approval by the board or compensat	ion committee			
4		ing the year, did any person listed on Form 990, Pa related organization	rt V I	II, Section A, line 1a with respect to t	he filing organization			
а	Rec	eive a severance payment or change-of-control pa	ymer	nt?		4a		Νo
b	Par	ticipate in, or receive payment from, a supplementa	l non	nqualified retirement plan?		4b		Νo
C	Par	ticipate in, or receive payment from, an equity-base	ed co	mpensation arrangement?		4 c		Νo
	If"\	Yes" to any of lines 4a-c, list the persons and provi	de th	ne applicable amounts for each item ir	Part III			
	Onl	y 501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ns m	ust complete lines 5-9.				
5		persons listed on Form 990, Part VII, Section A, linpensation contingent on the revenues of	ne 1	a, did the organization pay or accrue a	ny			
а	The	organization?				5a		
b	Any	related organization?				5b		
	If"۱	Yes," on line 5a or 5b, describe in Part III						
5		persons listed on Form 990, Part VII, Section A, linpensation contingent on the net earnings of	ne 1	a, did the organization pay or accrue a	ny			
а	The	organization?				6a		
b	Any	related organization?				6b		
	If"	Yes," on line 6a or 6b, describe in Part III						
7		persons listed on Form 990, Part VII, Section A, li ments not described in lines 5 and 6? If "Yes," des			n-fixed	7		
3	sub	re any amounts reported on Form 990, Part VII, pai ject to the initial contract exception described in Ro art III				8		
	T f "'	Vec" on line 8 did the organization also follow the r	ahutt	table presumption procedure describe	d in Pagulations			

section 53 4958-6(c)?

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 on 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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
		Base (ii) (iii) (iii) other deferred compensation compensation		benefits	columns (B)(ı)-(D)	column(B) reported as deferred on prior Form 990		
1 DANIEL WALDROP BUSINESS	(i)	137,964	0	816	30,584	24,424	193,788	0
MANAGER/FINANCIAL SECRETARY	(ii)	0	0	0	0	0	0	0
2 RYAN REITHEL BUSINESS AGENT	(i)	111,279	0	1,736	30,584	24,424	168,023	0
	(ii)	0	0	0	0	0	0	0
3 JOREE RICHARDS BUSINESS AGENT	(i)	101,164	0	2,509	30,584	24,424	158,681	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2015

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Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(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.

Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 697

Employer identification number

35-0415488

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE LOCAL CONSISTS OF JOURNEY MEN, APPRENTICES, AND RETIREES WHO ARE CONSIDERED TO BE MEMBERS AS LONG AS ALL OF THEIR DUES AND ASSESSMENTS HAVE BEEN PROPERLY PAID
FORM 990, PART VI, SECTION A, LINE 7A	ALL MEMBERS WHO HAVE VOTING RIGHTS ARE ELIGIBLE TO VOTE TO ELECT EACH MEMBER OF THE GOVERNING BODY DURING THE ELECTIONS
FORM 990, PART VI, SECTION A, LINE 7B	THE EXECUTIVE BOARD (THE GOVERNING BODY) MAKES RECOMMENTATIONS AND THE LOCAL'S MEMBERSHIP MUST APPROVE ANY ACTIONS THAT ARE TO TAKE PLACE WITHIN THE LOCAL
FORM 990, PART VI, SECTION A, LINE 8B	THE LOCAL HAS NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
FORM 990, PART VI, SECTION B, LINE 11	THE COMPLETED FORM 990 IS PROVIDED TO THE BUSINESS MANAGER/SECRETARY TREASURER OF THE LOCA L THE BUSINESS MANAGER/SECRETARY TREASURER REVIEWS THE FORM UPON FULLY UNDERSTANDING THE CORRECTLY COMPLETED FORM 990, THE FORM IS SIGNED AND SUBMITTED TO THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	VIOLATIONS OF THE CONFLICT OF INTEREST POLICY MUST BE PRESENTED TO THE LOCAL IN WRITING THE CHARGES ARE READ AT THE NEXT UNION MEMBERSHIP MEETING THE CHARGE GOES BEFORE A TRIAL BOARD WHERE THE MEMBER CAN DEFEND HIS ACTIONS THE DECISION OF THE TRIAL BOARD IS THEN READ AT THE NEXT MEMBERSHIP MEETING
FORM 990, PART VI, SECTION B, LINE 15B	THE LOCAL'S BY-LAWS ARTICLE VII DEFINE THE MAXIMUM SALARIES FOR THE LOCAL'S OFFICERS AND B USINESS MANAGER ANY CHANGES TO THE BY-LAWS MUST BE APPROVED BY THE LOCAL'S MEMBERSHIP
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE LOCAL'S OFFICE

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

DLN: 93493073004026

SCHEDULE R (Form 990)

Name of the organization

WORKERS LOCAL UNION 697

INTERNATIONAL BROTHERHOOD OF ELECTRICAL

Related Organizations and Unrelated Partnerships

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

2015

OMB No 1545-0047

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Schedule R (Form 990) 2015

Employer identification number

35-0415488

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Part I Identification of Disregarded Entities Comple	te if the organization a	answered "Yes" on	Form 990, P	art IV	/, line 33.				
(a) Name, address, and EIN (ıf applıcable) of dısregarded entıty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		ets (f) Direct controlling entity			
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	ne tax year.	_		on Fo		irt IV, l			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se) (e) de section Public chari (if section 5		status (c)(3))		Section (13) c	(g) n 512(t ontrolle ntity?
(1)LOCAL UNION NO 697 IBEW BUILDING CORPORATION	HOLDS TITLES TO	IN	501C(2)					Yes Yes	No
7200 MISSISSIPPI ST SUITE 200 MERRILLVILLE, IN 46410	PROPERTIES USED BY UNION MEMBERS TO CONDUCT UNION BUSINESS	114	3010(2)					103	
31-1030818 (2)IBEW LOCAL NO 697 POLITICAL ACTION COMMITTEE 7200 MISSISSIPPI ST SUITE 200	PROVIDE SUPPORT TO CANDIDATES FOR STATE	IN	527						No
MERRILLVILLE, IN 46410 90-0880462	AND LOCAL OFFICES								

Cat No 50135Y

Schedule R (Form 990) 2015												Page 2
Part III Identification of Related Organizations Taxable a because it had one or more related organizations treate					ation answ	ered "Yes	s" on l	Form	990, Part I'	V, lın	ie 34	ŀ
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	unrelated, excluded from tax under sections 512-	(f) Share of total income		(h) Disproprtionater allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentag ownership
				514)			Yes	No		Yes	No	

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.

(a) Name, address, and EIN of related organization	(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 end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
									<u> </u>

Part V Transactions With Related Organizations Complete if the organization answe	red "Yes" on 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	No				
1 During the tax year, did the orgranization engage in any of the following transactions with one or more rel	lated organizations li	sted in Parts II-IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No				
b Gift, grant, or capital contribution to related organization(s)										
c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)				1d		No				
e Loans or loan guarantees by related organization(s)				1e		No				
f Dividends from related organization(s)				1f		No				
g Sale of assets to related organization(s)										
h Purchase of assets from related organization(s)										
i Exchange of assets with related organization(s)				1i		No				
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No				
k Lease of facilities, equipment, or other assets from related organization(s)				1k 1l		No				
l Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)				10	Yes					
p Reimbursement paid to related organization(s) for expenses				1р		No				
q Reimbursement paid by related organization(s) for expenses				1q		No				
r Other transfer of cash or property to related organization(s)				1r	Yes					
s Other transfer of cash or property from related organization(s)				1 s		No				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete		· · · · · · · · · · · · · · · · · · ·								
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	ıvolved					

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

revenue) that was not a related organization. See instructions														
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	otal end-of-year	(h) Disproprtionate		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No		
											1	1	İ	
			<u> </u>	_			1	I	_	<u> </u>				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015