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# Form **990**

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 **Open to Public** Inspection

A	For th	e 2015 calendar year, or tax year beginning and e	nding		
В	Check i applicat	C Name of organization		D Employer identification	n number
	Addr chan	ess SHEET METAL WORKERS INTL LOCAL 265			
	Nam Chan	ge   Doing business as		36-2368	3182
Ļ	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
_	Final retur termi	n- ZOJ RIBINATOKA WAI		<del>- `</del>	68-0110
	ated Ame	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,602,723.
늗	lretur ∐Appl			H(a) Is this a group return	<b></b>
	tion pend	SAME AS C ABOVE		for subordinates?	Yes X No
	Tax-e)	tempt status:	527	H(b) Are all subordinates included  If "No," attach a list. (	
		ite: SMART265.ORG	<u> </u>	H(c) Group exemption nur	•
		forganization: Corporation Trust X Association Other	L Year	of formation: 1913 M Stat	
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities THE L	OCAL'	S MISSION IS T	0.
RV TAKINIANS Activities & Governance		ORGANIZE AND REPRESENT SHEET METAL WORKER	S WIT	HIN THE LOCAL'	S
S, ra	2	Check this box  If the organization discontinued its operations or dispose	ed of more	than 25% of its net assets.	
Z è	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
- A	4	Number of independent voting members of the governing body (Part VI, line ib)		4	0
11. i	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	B 12 0	5 5	37
ţ, Ţ	6	Total number of volunteers (estimate if necessary)		6	0
HINV   Acti	1	Total unrelated business revenue from Part VIII, column (C), line 12	JUL 2	8 2016 - 7a	0.
	0	Net unrelated business taxable income from Form 990-T, line 34			
: ഈ ഉ	8	Contributions and grants (Part VIII, line 1h)	€ 63E	Prior Year 191,068.	Current Year 94,220.
Z 2	9	Program service revenue (Part VIII, line 2g)		-3-1-79,098.	3,501,465.
SEUZ Revenu	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	.	8,604.	7,038.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c. 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,278,770.	3,602,723.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13,885.	19,478.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,156,519.	2,125,600.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		1 4
		Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)		1,098,938.	1,075,720.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,269,342.	3,220,798.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		9,428.	381,925.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beg	ginning of Current Year 3,775,146.	End of Year 4,147,595.
Asse	20 21	Total liabilities (Part X, line 26)	<u> </u>	175,613.	165,689.
Set	22	Net assets or fund balances Subtract line 21 from line 20	·	3,599,533.	3,981,906.
	rt II	Signature Block		3733373334	3,301,3001
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my know	vledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which			,
		Che FX		7/21/16	
Sign	1	Signature of officer		Dáte	
Her	е	Type or print name and title			
					KUNI
		Print/Type preparer's name Preparer's signature		a   Check   If   Self-employed   P	PTIN
Paid		ANDY HEIN			00499757
•	arer	Firm's name CALIBRE CPA GROUP PLLC		Firm's EIN 47	-0900880
456	Only	Firm's address 566 WEST LAKE ST SUITE 300 CHICAGO, IL 60661		Phone no. 312 – 6	55_0037
Mari	the !!				751
		RS discuss this return with the preparer shown above? (see instructions)	<u> </u>	<u></u>	Yes No No 15

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

#### SHEET METAL WORKERS INTL LOCAL 265 36-2368182 Page 3 Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 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 X 3 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X Schedule D, Part III 8 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 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 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 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Form 990 (2015)

16

17

18

X

X

X

X

17

18

19

complete Schedule G, Part III

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Form 990 (2015) SHEET METAL WORKERS INTL LOCAL 265
Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		-	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ь	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	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<del></del>		
	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		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	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		$\frac{x}{x}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31	ı	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-22
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	·	33		
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			Х
25-		34		X
35a		35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
27	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			X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	x	
	Note. All Form 990 filers are required to complete Schedule O	38 50m		2015)
		L.OUII		EU 13)

	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,	.00	1.0
b		'	`	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c	X	
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 37			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
¢	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 \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a	_	ĺ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ļ	
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		Ì	
a	Initiation fees and capital contributions included on Part VIII, line 12			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		1	
a	Gross income from members or shareholders  11a	. 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	. 1		
10-	amounts due or received from them.)  Section 4047(a)(d) many averaged about the latest and the section of the s	40-		-
	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  Section 501(a)(20) qualified a consens to be a labeliance and the labeliance are a labe			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	125		
d	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.	٠		
Ü	Enter the amount of reserves the organization is required to maintain by the states in which the			
С	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b		ļ	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990 (	2015

532005 12-16-15

SHEET METAL WORKERS INTL LOCAL 265 36-2368182 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 officer, director, trustee, or key employee? X 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? X 6 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 persons other than the governing body? 7b 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? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 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 X 12c Did the organization have a written whistleblower policy? X 13 13 14 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 **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? 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 \_\_\_ Own website ☐ Another's website Upon request → 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: CHARLES RUEGGE - 630 668-0110

Form 990 (2015)

60188

205 ALEXANDRA WAY, CAROL STREAM,

Form 990 (2015)

## 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.

(A)	(B)	(C) Position (do not check more than one box, unless person is both an		(D)	(E)	(F)				
Name and Title	Average			Reportable	Reportable	Estimated				
	hours per week		cer an					compensation from	compensation from related	amount of other
	(list any	director						the	organizations	compensation
	hours for	or dire	ا بو		1	ated		organization	(W-2/1099-MISC)	from the
	related organizations	trustee or	truste		   g	bens		(W-2/1099-MISC)		organization and related
	below	曹	Institutional trustee	_		st con				organizations
	line)	Individual 1	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) LARRY PARISOT	3.00									!
EXEC BOARD		X		X				1,400.	0.	0.
(2) JOHN BOSKE	40.00								_	
FMR PRES / BUS MGR		X		X	<u> </u>	<u>L</u> .		98,007.	0.	46,998.
(3) BRIAN MCSHERRY	40.00	↓ .		_					_	
REC SEC / ORGANIZER		X		X	<u> </u>	_		125,434.	0.	72,464.
(4) CHARLES RUEGGE	40.00	١						145 606		E0 46E
PRES / BUS MGR		X	ļ.	X		ļ	<u> </u>	147,686.	0.	78,167.
(5) JAMES JONES	3.00						l	1 606		•
TRUSTEE	3 00	X	Н	X			<u> </u>	1,696.	0.	0.
(6) LOUISE MEDINA	3.00	x		X				1,300.	0.	^
EXEC BOARD (7) ROGER WEBER	40.00	₽	$\vdash$	Λ		-		1,300.		0.
VICE PRES / ORGANIZER	30.00	X		х			1	48,750.	0.	28,656.
(8) JIM CROSBY	3.00	1	$\vdash$	71		-		40,730.		20,030
FMR EXEC BOARD	- 3,00	x		X				700.	0.	0.
(9) JOHN DANIEL	40.00		Н		_		┢═			
FIN SEC / TREASURER / BUS REP		X		х			l	128,737.	0.	72,755.
(10) RICHARD OOMS	3.00	T	П				$\vdash$			
EXEC BOARD		X		x				1,300.	0.	0.
(11) KEVIN GALASS	3.00									
EXEC BOARD		X		X	ļ		l _	1,300.	0.	0 .
(12) DAVID WILLE	3.00									
TRUSTEE		X		X				1,200.	0.	0.
(13) GEORGE SKORUP	3.00								_	
TRUSTEE		X		Х			L	958.	0.	0.
(14) GLEN RACHNER	3.00						l			
TRUSTEE		X		X			<u> </u>	689.	0.	0.
(15) MIKE POWERS	3.00	]			1		]	[	_	_
SGT AT ARMS	<del> </del>	X	-	X		_		600.	0.	0.
(16) MIKE PERSHEY	3.00	,		,,				600	^	^
CONDUCTOR		X	$\vdash$	X	<u> </u>	<del>  -</del>	<u> </u>	600.	0.	0.
(17) LEO RESENDEZ	3.00	- I		Ţ				600.	0.	0.
WARDEN		X	لـــا	X				000.	<u> </u>	Form 990 (2015

532007 12-16-15

Form 990 (2015)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ighe	st	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	(do	(C) Position (do not check more than one box, unless person is both an		one	(D) Reportable	(E) Reportable compensatio		E	(F) stimate			
	week (list any hours for related organizations below	Individual trustee or director Institutional trustee Officer Officer Key employee Highest compensated employee			stee)	from the	from related organization (W-2/1099-MIS	i s	com f org an	other pensa rom th janizat d relat	ation le tion ted		
	line)	Individual	Institution	Officer	Кеу етр	Highest employe	Former				org	anizatı	ons
(18) JOHN HOPP BUS REP	40.00					x		125,919.		0.	_ 7	2,1	16.
(19) DON MORAN BUS REP	40.00					x		127,376.		0.	7	4,0	74.
(20) KEVIN PRINCE BUS REP	40.00					х		126,444.		0.		6,6	
(21) BOB BAIER	40.00				-				<del></del>				
BUS REP						X	H	126,447.		0.		2,6	<u> 29.</u>
							_				ļ	_	
									_				
							L						
-													
1b Sub-total							<u> </u>	1,067,143.		0.	59	4,5	
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A						<u>►</u>	1,067,143.		0.	59	4,5	$\frac{0.}{11.}$
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wł	no r	received more than \$100	,000 of reportabl	e			7
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		stee	e, ke	y en	nplo	yee,	or	highest compensated e	mployee on		3		x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4	х	
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on f	rom	any	unr		•	dual for services			*	
rendered to the organization? If "Yes," comp Section B. Independent Contractors	olete Schedule	e J f	or su	ich į	oers	on				_	5		X
Complete this table for your five highest counties the organization. Report compensation for the organization.										pens	ation	from	
(A) Name and business					7161	01 44		(B)  Description of s			((		
- Ivalite and business	address	INC	NE				-	Description of s	ervices		ompe	nsatio	<u> </u>
							_				<del></del> -		
			_							_			
<del></del>													
2 Total number of independent contractors (in		ot lir	nited	d to	thos		tec	d above) who received m	ore than			`	_
\$100,000 of compensation from the organiz	ation -										Form	990 (2	2015)

٢٠٠	, .	Check if Schedule O cor		or note to any l	ing in this Port VIII			<u></u>
		Should be contained at the	itairis a response	or note to any i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ifts, Grants ir Amounts	، ا	Federated campaigns     Membership dues     Fundraising events     Related organizations	1a 1b 1c					
Contributions, Gifts, Grants and Other Similar Amounts	•	Government grants (contributed All other contributions, gifts, grants similar amounts not included above.)	nts, and	94,220		, .		
Cont	t	Noncash contributions included in line Total. Add lines 1a-1f	s 1a-1f \$	<u> </u>	94,220.			
rvice	2 a	<del></del>		900099		3,501,465.		
Program Service Revenue	6	i						
Pro	f	All other program service rev	enue .		3,501,465.			
	3	Investment income (including other similar amounts) Income from investment of ta	·	. <b>▶</b>	7,038.			7,038.
	5 6 a		(i) Real	(ii) Personal				·
		Rental income or (loss)  Net rental income or (loss)		<b>•</b>				
		Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(II) Other				
	c	and sales expenses Gain or (loss) Net gain or (loss)		. •			ï	
Other Revenue	8 a	Gross income from fundraisin including \$	of 1c). See				,	
Othe		Less: direct expenses  Net income or (loss) from fund	a b drawsing events					
	9 a	Gross income from gaming ac Part IV, line 19 Less: direct expenses	ctivities. See				- ,	
	С	Net income or (loss) from gam Gross sales of inventory, less		. •	:			
		and allowances  Less: cost of goods sold  Net income or (loss) from sale	a b s of inventory	. •				
	11 a	Miscellaneous Revenu		Business Code				
	c b							
		All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.			3,602,723.	3 501 465	0.	7 020
532009	12-16		<u> </u>		D,004, <u>/4</u> 3.	5,5V1,403.	<u> </u>	7,038. Form <b>990</b> (2015)

Pa	rt IX   Statement of Functional Expens	ses			
Sect	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oti	her organizations must o	complete column (A).	
	Check if Schedule O contains a respon				
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	19,478.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	•			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	859,996.			
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	698,854.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	289,662.			
9	Other employee benefits	184,421.			
10	Payroll taxes	92,667.			
11	Fees for services (non-employees):				
а	Management				
b	Legal	15,383.			
С	Accounting	23,248.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	-			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	46,194.			
13	Office expenses	61,327.			
14	Information technology	21,663.			
15	Royalties				
16	Occupancy	38,457.			
17	Travel	18,835.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			<u>                                     </u>	
19	Conferences, conventions, and meetings	12,819.			
20	Interest .				
21	Payments to affiliates	750,580.			
22	Depreciation, depletion, and amortization	60,260.			
23	Insurance	20,606.			
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	RETIREMENT AND 25TH ANN	6,348.			
b					
C					
d					<u>.</u>
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	3,220,798.			· <del></del>
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	aducational campaign and fundraicing adjointation				

Check here

Part	X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line ın this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			12,453.	1	702,103
ľ	2	Savings and temporary cash investments			3,191,226.	2	2,827,480
	3	Pledges and grants receivable, net			3		
- }	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and f	ormer o	fficers, directors,			
		trustees, key employees, and highest compens	ated en	nployees. Complete			
		Part II of Schedule L		. ,	•	5	
	6	Loans and other receivables from other disqual	ified pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec		·····			
,		employees' beneficiary organizations (see instr)			·	6	
23361	7	Notes and loans receivable, net	ООр			7	
€	8	Inventories for sale or use		•		8	
	9	Prepaid expenses and deferred charges		•	3,595.	9	
1.	-	Land, buildings, and equipment: cost or other	1 1			_	
- [ ]	104	basis. Complete Part VI of Schedule D	10a	415,619.			
	h	Less: accumulated depreciation	10b	174,233.	219,598.	10c	241,386
١.	11	Investments - publicly traded securities	TOD	1,1,233.	215,550.	11	241,300
- 1	12	Investments - other securities. See Part IV, line		• • •		12	
i	13	Investments - program-related. See Part IV, line				13	
		Intangible assets		14			
	14 15	Other assets See Part IV, line 11	•	348,274.	15	376,626	
- 1	15 16	•	 Ial lina 3		3,775,146.	16	4,147,595
-	<u>16</u> _ 17	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses	iai iirie c	(4)	75,266.	17	65,118
- 1		• •	75,200.	18	03,110		
)	18	Grants payable Deferred revenue		19			
	19	•		_			
- 1	20	Tax-exempt bond liabilities	Dark IV	of Cabadula D		20	
	21	Escrow or custodial account liability Complete		F		_21	
2	22	Loans and other payables to current and forme		· · · · · · · · · · · · · · · · · · ·			
		key employees, highest compensated employe	es, and	disquaimed persons.	• •		
2		Complete Part II of Schedule L			<del></del>	22	
- 1		Secured mortgages and notes payable to unrel		· · · · · · · · · · · · · · · · · · ·	<del></del>	23	
- 1		Unsecured notes and loans payable to unrelate		<b>-</b>		_24	
2		Other liabilities (including federal income tax, pa		Į.			
		parties, and other liabilities not included on lines	s 1 <i>1-</i> 24)	Complete Part X of	100,347.	05	100,571
١,		Schedule D		• •	175,613.	25	165,689
+2	26	Total liabilities. Add lines 17 through 25	N - b	la base N V and	173,013.	26	103,003
. [		Organizations that follow SFAS 117 (ASC 956		Knere Las and			
		complete lines 27 through 29, and lines 33 ar Unrestricted net assets	10 34.		3,599,533.	27	3,981,906
				j	3,333,333.	28	3,301,300
		Temporarily restricted net assets		t		29	
2		Permanently restricted net assets	CO 050	N abaak bawa N 🗀		29	
		Organizations that do not follow SFAS 117 (A	13C 93t	), check here			
		and complete lines 30 through 34.		}		30	,
3		Capital stock or trust principal, or current funds					
3		Paid-in or capital surplus, or land, building, or ed				31	
; )		Retained earnings, endowment, accumulated in	icome,	or other funds	3 200 233	32	2 001 004
3		Total net assets or fund balances			3,599,533.	33	3,981,906
3	<u> </u>	Total liabilities and net assets/fund balances			3,775,146.	34	4,147,595 Form <b>990</b> (201

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2015)

#### 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.lrs.gov/form990.

2015

Open to Public Inspection

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

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

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

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

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

<ul> <li>Section 501(c)(4), (5), or (6) organiz</li> </ul>	ations: Complete Part III.			
Name of organization		<u></u>	Empl	oyer identification number
	<u>METAL WORKERS INTL</u>			36-2368182
Part I-A Complete if the or	rganization is exempt unde	r section 501(c) c	or is a section 527 o	rganization.
<ul><li>1 Provide a description of the organ</li><li>2 Political expenditures</li><li>3 Volunteer hours</li></ul>	nization's direct and indirect politica	campaign activities in	Part IV.	
Part I-B Complete if the or	ganization is exempt unde	r section 501(c)(3	3).	
1 Enter the amount of any excise ta	x incurred by the organization unde	r section 4955	▶\$	
2 Enter the amount of any excise ta	, ,		▶\$	
3 If the organization incurred a section	ion 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a Was a correction made?			•	└─ Yes └─ No
b If "Yes," describe in Part IV.				-1/01
	ganization is exempt unde			c)(3).
1 Enter the amount directly expende	, ,	•	•	
2 Enter the amount of the filing orga	inization's funds contributed to other	er organizations for sec	tion 527	
exempt function activities  3 Total exempt function expenditure		d an Farm 1100 DOI		
line 17b	es. Add lines 1 and 2 Enter here an	a on Form 1120-POL,	<b>▶</b> ¢	
4 Did the filing organization file Forn	n 1120-POL for this year?	•	<b>5</b>	Yes No
made payments. For each organiz contributions received that were p	employer identification number (EIN) ation listed, enter the amount paid promptly and directly delivered to a f additional space is needed, provid	from the filing organiza separate political orgai	ition's funds Also enter th nization, such as a separa	e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
POLITICAL ACTION	CAROL STREAM, IL			
COMM OF LOCAL 265	60188	91-2066384	0.	17,647.

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

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041 10-05-15 SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990 EZ) 2015  Part II-A Complete if the or section 501(h)).	SHEET METAL ganization is exe	WORKERS IN mpt under section	TTL LOCAL 26 on 501(c)(3) and fil	5 36- ed Form 5768 (	2368182 Page 2 election under
A Check ▶ if the filing organization expenses, and share	re of excess lobbying	expenditures).	n Part IV each affiliated	group member's na	me, address, EIN,
Lim	ation checked box A a its on Lobbying Expe ditures" means amo	nditures		(a) Filing organization's totals	(b) Affiliated group totals
<ul> <li>1a Total lobbying expenditures to infi</li> <li>b Total lobbying expenditures to infi</li> <li>c Total lobbying expenditures (add</li> <li>d Other exempt purpose expenditures)</li> </ul>	uence a legislative bo lines 1a and 1b)	-			
e Total exempt purpose expenditure		•			
f Lobbying nontaxable amount. Ent					
If the amount on line 1e, column (a) Not over \$500,000	<del>' ' '  </del>	bying nontaxable an			
Over \$500,000 but not over \$1,00		the amount on line 1e 00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5	<del></del>	00 plus 10% of the ex			
Over \$1,500,000 but not over \$17		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,				
g Grassroots nontaxable amount (er					
h Subtract line 1g from line 1a. If zer	•				
i Subtract line 1f from line 1c If zero	•				
j If there is an amount other than ze		line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this		eraging Period Under	section 501/h)	<del>-</del>	Yes No
(Some organizations t	hat made a section 5		have to complete all o	of the five columns	below.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount				· · ·	
(150% of line 2a, column(e))				*	
c Total lobbying expenditures	_				
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))	•				

Schedule C (Form 990 or 990-EZ) 2015

f Grassroots lobbying expenditures

## Schedule C (Form 990 or 990-EZ) 2015 SHEET METAL WORKERS INTL LOCAL 265 36-236818 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(1	(b)	
of the lobbying activity.		Yes	No	Am	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?	j				
b Paid staff or management (include compensation in expenses reported on lines 1c throug c Media advertisements?	h 1i)?			<u></u>	
d Mailings to members, legislators, or the public?	·  -			<b>†</b>	
e Publications, or published or broadcast statements?	<b>├</b>			<del>†                                     </del>	
f Grants to other organizations for lobbying purposes?	<u> </u>				
g Direct contact with legislators, their staffs, government officials, or a legislative body?	<u></u>				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	, ⊢			<del>                                     </del>	
i Other activities?	` <u> </u>	<del></del>		<del>                                     </del>	
j Total. Add lines 1c through 1i	<u> </u>		-	<del>                                     </del>	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>			<del> </del>	
b If "Yes," enter the amount of any tax incurred under section 4912	.  -		<u> </u>	†	
c If "Yes," enter the amount of any tax incurred by organization managers under section 49	12		Ì		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	`` <u> </u>			<del>                                     </del>	
Part III-A Complete if the organization is exempt under section 501(c)(6).	4), section	501(c)	(5), or s	ection	
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			T 1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<del></del>	X
3 _ Did the organization agree to carry over lobbying and political expenditures from the prior			3		X
answered "Yes."  1 Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid).	ts of political				
a Current year			2a	ļ	
b Carryover from last year	•		2b	<u>†                                     </u>	
c Total	•		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(	(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion		5			
does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
expenditure next year?			4	1.	
5 Taxable amount of lobbying and political expenditures (see instructions)			5		
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affili	ated group lis	t); Part I	I-A, lines 1	and 2 (see	
estructions); and Part II-B, line 1. Also, complete this part for any additional information. PART $I-A$ , LINE 1:			·		
THE LOCAL ENGAGES WITH SEPARATE SEGREGATED FUNDS	TO COL	IDUCI	r POL	TICAL	
ACTIVITY. THE LOCAL RECEIVES FUNDS AND PROMPTLY	DELIVI	ERS_1	гнем т	O THE	SE
SEPARATE SEGREGATED FUNDS.					
			ON:		

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 SHEET METAL WORKERS INTL LOCAL 265  Part IV   Supplemental Information (continued)	36-2368182 Page 4
Part IV   Supplemental Information (continued)	
POLITICAL ACTION COMM OF LOCAL 265	
FORTICAL ACTION COMM OF LOCAL 205	
205 ALEXANDRA CAROL STREAM, IL 60188	
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SHEET METAL WORKERS INTL LOCAL 265

Employer identification number 36-2368182

Pa	rt I Organizations Maintaining Donor Advise		Accounts. Complete if the
_	organization answered "Yes" on Form 990, Part IV, lin		recomplete ii ale
		(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		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ends
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	•
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	we do not deviced, or not daily build purpose do not	Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		ly important land area
	Protection of natural habitat	Preservation of a certified I	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	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 str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	
	year▶	, J	
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservations	tion easements during the year
	<b>&gt;</b>		5 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	easements during the year
	<b>▶</b> \$		<b>.</b>
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ubition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 1:	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
<u>b</u>	Assets included in Form 990, Part X	<u> </u>	<b>▶</b> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2015
532051 11-02-	5		

Schedule D (Form 990) 2015

Part VII	Investments -	<ul> <li>Other Securities.</li> </ul>
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<ul> <li>Complete if the organization answered "Yes"</li> </ul>	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part Vill Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<b>▶</b>	

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(b) Book value
286.
15,812.
147,007.
17,861.
42,737.
152,923.
376,626.

Part X Other Liabilities.

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

<u>1</u>	(a) Description of liability	(b) Book value
	ral income taxes	_
(2) ACC	CRUED TAXES AND WITHHOLDINGS	3,549.
(3) PEF	R CAPITA TAXES PAYABLE	97,022.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25 )	<b>▶</b> 100,571.

<sup>2.</sup> 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

Schedule D (Form 990) 2015

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,620,818.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	,	
а	Net unrealized gains (losses) on investments 2a 448.		
b	Donated services and use of facilities 2b	] [	
c	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 17,647.		
е	Add lines 2a through 2d	2e	18,095.
3	Subtract line 2e from line 1	3	3,602,723.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII )	]	
C	Add lines 4a and 4b .	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,602,723.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,238,445.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a	] [	
b	Pnor year adjustments	] .	
С	Other losses	] ,	
d	Other (Describe in Part XIII.)	]	
е	Add lines 2a through 2d	2e	17,647.
3	Subtract line 2e from line 1	3	3,220,798.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	, .,	
b	Other (Describe in Part XIII.)	]	

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

#### PART X, LINE 2:

c Add lines 4a and 4b

MANAGEMENT IS REQUIRED TO EVALUATE TAX POSITIONS TAKEN BY THE UNION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE UNION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES. AS OF DECEMBER 31, 2015, THERE WERE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE UNION'S FORMS 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FOR THE FISCAL YEARS ENDING 2012, 2013, AND 2014 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

532054 09-21-15 3.220.

Schedule D (Form 990) 2015 SHEET METAL WORKERS INTL LOCAL 265	36-2368182 Page 5
Part XIII   Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
PAC TRANSFERS - SHOWN AS EXP ON AUDIT (LOCAL USED AS A	<u> </u>
CONDUIT)	17,647.
	·
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
PAC TRANSFERS - SHOWN AS EXP ON AUDIT (LOCAL IS USED AS A	
CONDUIT)	17,647.
	<del></del>

#### 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.

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

► Attach to Form 990.

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

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

SHEET METAL WORKERS INTL LOCAL 265

Employer identification number 36-2368182

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			$\overline{}$
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			ĺ
	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			ĺ
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			ĺ
ь	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,			$\Box$
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
				$\overline{}$
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		-	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			ĺ
	Compensation committee Written employment contract			1
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee	; ]		
			•	ĺ
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			l
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			ĺ
а	The organization?	5a		i
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		1
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on 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_		Ĺ
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	. 9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ule J (Forn	n 990	2015

Schedule J (Form 990) 2015

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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	compensation	Denefits	(a)·(b)(a)	in column (B) reported as deferred on prior Form 990
(1) BRIAN MCSHERRY	Ξ	117,735.	0	7,699.	48,027.	24,437.	197,898.	0
REC SEC / ORGANIZER	Ξ			ı		0		0
(2) CHARLES RUEGGE	(3)	132,473.		15,213.	53,754.	24,413.	225,853.	0
PRES / BUS MGR	<u>(ii)</u>		0	0	0	0		0
(3) JOHN DANIEL	(i)	117,		11,002.	48,38	24,371.	201,49	0
FIN SEC / TREASURER / BUS REP	(ii)		0					0
(4) ЈОНИ НОРР	Θ	117,		8,184.	47,783.	24,333.	198,03	0
BUS REP	<u> </u>				0	ı		0
(5) DON MORAN	(0)	117,73		9,641.	51,595.	22,479.	201,450.	0
BUS REP	▣					1		0
(6) KEVIN PRINCE	Θ	117,73		8,709.	52,37	24,279.	203,096.	0
BUS REP	$\equiv$	0	0	0	0	0	0	0
(7) BOB BAIER	ε	117,735.	0	8,712.	48,193.	24,436.	199,07	0
BUS REP	Œ	0	0	0	0	0		0
	Ξ							
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Schedule J (Form 990) 2015

## SCHEDULE O

(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.lrs.gov/form990. OMB No 1545-0047 Open to Public

Inspection

Name of the organization

SHEET METAL WORKERS INTL LOCAL 265

**Employer identification number** 36-2368182

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: JURISDICTION FOR THEIR ECONOMIC, MORAL AND SOCIAL ADVANCEMENT. FORM 990, PART VI, SECTION A, LINE 6: LINE 6 EXPLANATION - REGULAR MEMBERS CONSIST OF FULL DUES PAYING MEMBERS AND HAVE VOTING RIGHTS. PRE APPRENTICE MEMBERS HAVE BEEN MEMBERS LESS THAN 90 DAYS AND HAVE NO VOTING RIGHTS. LIMITED MEMBERSHIP MEMBERS MAY BE GRANTED TO GOOD STANDING MEMBERS OVER SIXTY YEARS OF AGE WHOSE EARNINGS CAPACITY HAS BEEN SUBSTANTIALLY REDUCED BECAUSE OF AGE, RETIREMENT OR DISABILITY AND WHO HAVE MAINTAINED A CONTINUOUS GOOD STANDING RECORD FOR TWENTY FIVE OR MORE CONSECUTIVE YEARS. THESE MEMBERS HAVE NO VOTING RIGHTS. FORM 990, PART VI, SECTION A, LINE 7A: LINE 7A EXPLANATION - OFFICERS OF THE LOCAL ARE ELECTED EVERY THREE YEARS BY MEMBERSHIP. ONLY REGULAR MEMBERS HAVE VOTING RIGHTS FOR THE ELECTION OF OFFICERS. ELECTIONS ARE CONDUCTED BY FOLLOWING PRESCRIBED PROCEDURES AS OUTLINED IN THE CONSTITUTION OF THE SHEET METAL WORKERS INTERNATIONAL ASSOCIATION. FORM 990, PART VI, SECTION A, LINE 7B: LINE 7B EXPLANATION - ALL ACTIONS AND DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERSHIP PER THE CONSTITUTION OF THE SHEET METAL WORKERS INTERNATIONAL ASSOCIATION.

FORM 990, PART VI, SECTION B, LINE 11:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 99-02-15

Schedule O (Form 990 or 990-EZ) (2015)

SHEET METAL WORKERS INTL LOCAL 265

Employer identification number 36-2368182

THE GOVERNING BODY (EXECUTIVE BOARD) AUTHORIZES THE BUSINESS MANAGER AND FINANCIAL SECRETARY TREASURER TO REVIEW THE FORM 990 BEFORE IT IS FILED. IN ADDITION, THE FORM 990 IS MADE AVAILABLE TO THE ENTIRE GOVERNING BODY FOR THEIR REVIEW UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 12C:

THE WRITTEN CONFLICT OF INTEREST POLICY IS INCLUDED IN THE CONSTITUTION BY WHICH OUR ORGANIZATION IS GOVERNED. ANY MEMBER OR EMPLOYEE OF THE ORGANIZATION CAN CONTACT SHEET METAL WORKERS INTERNATIONAL ASSOCIATION (AN AFFILIATED ORGANIZATION ALSO GOVERNED BY THE CONSTITUTION) WITH ANY COMPLAINT ARISING UNDER THE CONSTITUTION, OR ANY OTHER DISCIPLINARY RULE, REGULATION, PRACTICE OR PROCEDURE ADOPTED BY THE INTERNATIONAL ASSOCIATION.

THE US DEPARTMENT OF LABOR REQUIRES ALL NON-CLERICAL EMPLOYEES TO REPORT ON FORM LM-30 POTENTIAL SITUATIONS WHERE THERE MAY BE CONFLICTS OF INTEREST.

THIS INFORMATION IS OPEN TO THE PUBLIC.

FORM 990, PART VI, SECTION B, LINE 15:

OFFICERS ARE COMPENSATED IN ACCORDANCE WITH COLLECTIVE BARGAINING AGREEMENT AND CONSTITUTION.

FORM 990, PART VI, SECTION C, LINE 19:

THE CONSTITUTION (GOVERNING DOCUMENT AND CONFLICT OF INTEREST POLICY) IS

AVAILABLE UPON REQUEST AT THE OFFICES OF THE ORGANIZATION. IN ADDITION, OUR

ORGANIZATION FILES AN ANNUAL FINANCIAL REPORT WITH THE DEPARTMENT OF LABOR

WHICH CAN BE OBTAINED THROUGH THE UNITED STATES DEPARTMENT OF LABOR, OLMS,

ONLINE PUBLIC DISCLOSURE ROOM.

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