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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)

OMB No 1545-0047 Open to Public Inspection

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

_				
-	Information about	form 990 and its	s instructions is a	t www.irs.gov/form990.

ΑF	or the	2015 calendar year, or tax year beginning an	d ending			
В	Check if	C Name of organization		D Employer identific	cation number	
	Addres change	s IBEW LOCAL UNION NO. 15				
	Name change	Doing business as		36-3	947727	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su			
	Final return/	6330 BELMONT RD	1	630-	515-0907	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,251,072.	
	Amend return	d DOWNERS GROVE, IL 60516		H(a) Is this a group re	eturn	
	Application	F Name and address of principal officer.		for subordinates	? Yes X No	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No	
		mpt status:) or 5	if "No," attach a	list (see instructions)	
JI	Nebsit	e: ► WWW.IBEWLOCAL15.ORG		H(c) Group exemption	n number 🕨	
K	orm of	organization: Corporation Trust X Association Other	L Ye	ear of formation: 1994 N	State of legal domicile: IL	
Pa	art I	Summary				
	1 1	Briefly describe the organization's mission or most significant activities. $\overline{ ext{THE}}$	LOCAL	REPRESENTS	ITS	
Activities & Governance]]	MEMBERSHIP TO MAINTAIN STANDARDS, PROVIDI	SECU	JRITY, NEGOTI.	ATE FAIR	
r.	2	Check this box if the organization discontinued its operations or disp	osed of m	ore than 25% of its net as	sets.	
ove.	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	11	
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	0	
SS		Fotal number of individuals employed in calendar year 2015 (Part V, line 2a)	•	5	364	
ij	ł .	Total number of volunteers (estimate if necessary)		6	0	
Ę	i .	Fotal unrelated business Pevenue from Part VIII column (6) line 12		7a	0.	
⋖	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.	
				Prior Year	Current Year	
a	8 (Contributions and grants (Part VIII) (@6) h) M, MI		0.	0.	
ğ	9 1	Program service revenue (Part-VIII, line 2g)	Ţ	6,340,252.	6,538,793.	
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	ſ	322,359.	176,844.	
Œ	4	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	İ	0.	5,815.	
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Ī	6,662,611.	6,721,452.	
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		234,095.	214,360.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
Ś	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) [3,292,478.	3,478,381.	
Expenses	•	Professional fundraising fees (Part IX, column (A), line 11e)	· [0.	0.	
ĝ	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.			
Ω	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,414,409.	2,463,585.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,940,982.	6,156,326.	
	19	Revenue less expenses Subtract line 18 from line 12	Ī	721,629.	565,126.	
sets or				Beginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)		8,312,332.	8,653,181.	
ASS	21	Total liabilities (Part X, line 26)	Ī	6,753.	9,279.	
Net Ass Fund B	22	Net assets or fund balances Subtract line 21 from line 20	ſ	8,305,579.	8,643,902.	
	art II	Signature Block				
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedu	les and stat	ements, and to the best of my	knowledge and belief, it is	
true	, correc	t, and complete Declaration of preparer (other than officer) is based on all information of	which prepa	irer has any knowledge.		
		Dlan ti Upole		ma	4 16 2016	
Sig	n	Signature of officer		Date C		
Her	·e	DEAN F. Apple PRESIDENT, BU	sines.	S MANAGER		
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	0	Date Check	PTIN	
Paid	đ	HOWARD SIMON Sovand &	, UA	3/11/16 (1 self-employe		
Pre	parer	Firm's name CALIBRE CPA GROUP PLLC	, _	Firm's EIN	47-0900880	
Use	Only	Firm's address 566 WEST LAKE ST SUITE 300				
		CHICAGO, IL 60661		Phone no. 31	<u>2-655-00</u> 37	
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2015) IBEW LOCAL UNION NO. 15	30-394/12/	Page 2
Pai	t III Statement of Program Service Accomplishments		
<u>`</u>	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission. THE LOCAL REPRESENTS ITS MEMBERSHIP TO MAINTAIN STANDAR	שתדעותם פתי	
	SECURITY, NEGOTIATE FAIR WAGES AND ARBITRATE DIFFERENCE		
	MANAGEMENT AND LABOR. THE ORGANIZATION HAD A MEMBERSHI		<u>m</u>
	THE END OF THE REPORTING PERIOD.	F OF 0,172 F	
	Did the organization undertake any significant program services during the year which were not listed on		
~	the prior Form 990 or 990-EZ?	Ves	X No
	If "Yes," describe these new services on Schedule O	163	LAL NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	2 Ves	X No
•	If "Yes," describe these changes on Schedule O.		L22 140
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expense	•
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	10.0, 11.0 10.11 0.40.1000,	4,10
4a	(Code) (Expenses \$ including grants of \$) (Reve	nue \$	<u> </u>
	THE LOCAL REPRESENTS ITS MEMBERSHIP TO MAINTAIN STANDAR		
	SECURITY, NEGOTIATE FAIR WAGES AND ARBITRATE DIFFERENCE	S BETWEEN	
	MANAGEMENT AND LABOR. THE ORGANIZATION HAD A MEMBERSHI	P OF 6,172 A	T
	THE END OF THE REPORTING PERIOD.		
4b	(Code) (Expenses \$) (Rever	nue \$)
			
			
			
4c	(Code) (Expenses \$ including grants of \$) (Rever	nue \$	<u> </u>
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses		90 (2015)
53200: 12-16-		Form 3	(2015)

IBEW LOCAL UNION NO. 15 36-3947727 Form 990 (2015) Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors X 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in 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 X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 6 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 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 Х 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 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? X If "Yes," complete Schedule D, Part IV 9 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 X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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, X Part VI 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 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 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a 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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule EX 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 X 15 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 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17

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17

18

X

Х

X

19

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

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

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

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

Form 990 (2015) IBEW LOCAL UNION N Part IV Checklist of Required Schedules (continued) IBEW LOCAL UNION NO. 15

				110
2 0a	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	X	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			l
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	├ ──
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ľ
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		
.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ļ
	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	230		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? /f "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	=		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			}
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1 1		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_		v
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	22		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u> </u>		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		$\neg \neg$	
	If "Yes," complete Schedule R, Part V, line 2	36	- 1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	\Box		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		Form	990 (2015)

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Pai										
	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	J								
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		İ						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	[[Į						
	(gambling) winnings to prize winners?	1c	Х							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ĺ								
	filed for the calendar year ending with or within the year covered by this return 2a 364									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	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		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	L							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ł								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	L	X						
ь	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)									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X						
	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						
Ь	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
_	were not tax deductible?									
7 Organizations that may receive deductible contributions under section 170(c).										
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b								
b If "Yes," did the organization notify the donor of the value of the goods or services provided?c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
C	to file Form 8282?	7-								
a		7c								
d e	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								
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
_	sponsoring organization have excess business holdings at any time during the year?	8	ĺ							
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:			_						
а	Initiation fees and capital contributions included on Part VIII, line 12	_								
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:		Ì							
а	Gross income from members or shareholders		ļ							
b	Gross income from other sources (Do not net amounts due or paid to other sources against		l							
	amounts due or received from them.)		ĺ							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	[
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	'	Ī							
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?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ĺ							
	organization is licensed to issue qualified health plans	j								
	Enter the amount of reserves on hand			- 						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								

IBEW LOCAL UNION NO. 15 36-3947727 Form 990 (2015) 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 Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 0 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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 Х 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: 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a $\overline{\mathbf{X}}$ b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X X 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 X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) Another's website

6330 BELMONT RD, DOWNERS GROVE, IL 60516 532006 12-16-15

statements available to the public during the tax year

DEAN APPLE - 630-515-0907

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19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

- 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

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

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

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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both ai officer and a director/trustee			than is bot	h an	n compensation	(E) Reportable compensation from related	(F) Estimated amount of	
	week (list any hours for related organizations below line)	director	ional trustee			Highest compensated employee		trom the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DEAN APPLE	40.00			x				100 614	•	
PRES/BUS MGR (2) CHRISTINE WATKINS	3.00	\vdash		4			_	190,614.	0.	0.
REC SEC/EXEC BD	3.00		.	$_{\mathbf{x}} $				9,521.	0.	0
(3) TERRY MCGOLDRICK	40.00	┞─┤	+	^		\vdash	-	9,341.	U •	0.
VP/EXEC-BRD	10.00	1		x				176,679.	0.	0.
(4) JOE ALVAREZ	3.00	\vdash	ᅻ	7		H	1	170,0731		
FMR EXECUTIVE BOARD				х				329.	0.	0.
(5) TOM TIBBLES	3.00	\Box	+			†				
EXECUTIVE BOARD	<u> </u>	1	- [:	х				3,741.	0.	0.
(6) FABIAN VELA	3.00			寸						
TREASURER/EXEC-BRD			:	x				14,132.	0.	0.
(7) JOHN GAVIN	3.00	П		٦						
EXECUTIVE BOARD			[:	X				3,491.	0.	0.
(8) PETRENNA MERKERSON	3.00]								
EXECUTIVE BOARD				X		<u> </u>		7,100.	0.	0.
(9) TOM HINSPETER	3.00	1 1	- 1.						_	
EXECUTIVE BOARD		\vdash	4	X		_	L	8,585.	0.	0.
(10) RICKY JOHNSON	3.00		- 1.					6 610		_
EXECUTIVE BOARD	2 00	\vdash	<u> </u>	X		_	<u> </u>	6,612.	0.	0.
(11) AMY ALLISON	3.00	1	- }.	\mathbf{x}				C 710	0	0
EXECUTIVE BOARD (12) MARK PODESCHI	3.00	\vdash	+	≏┨		├	H	6,712.	0.	0.
EXECUTIVE BOARD	3.00	1		\mathbf{x}			١,	5,889.	0.	0.
(13) ANNETTE KISALA	3.00	\vdash	+	^		\vdash	-	3,003.		<u> </u>
FORMER E BOARD/BUS REP	3.00		1	хĺ		1		83,897.	о.	0.
(14) TERRY SHERIDAN	40.00	\vdash	-ŀ	╕		\vdash	 	03,057.		
ASST BUSINESS MGR		1				x		166,274.	0.	0.
(15) DAVID WIGGINS	40.00	П	寸	1		 				
ASST BUSINESS MGR		1				X	1	164,853.	0.	0.
(16) DOUGLAS VEDAS	40.00	\Box	一	寸		Г				
BUSINESS REP				_		x		159,596.	0.	0.
(17) TERRENCE M CAGNEY	40.00		T	٦		Γ				
BUSINESS REP						Х		159,003.	0.	0.

532007 12-16-15

Form 990 (2015)

Part VII Section A. Officers, Directors, True		ploy	ees			ghe	st C	ompensated Employe	es (contir	nued)			
(A)	(B)	1		Pos	C) stion			(D)		(E)	_	(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable compensation		ortable ensation	1	stimati nount	
	week		cer ar					from	•	related	"	other	
	(list any	rector]			the		nizations		npensa	
	hours for related	or di	<u> </u>	l		sated		organization (W-2/1099-MISC)	(W-2/1	099-MISC)		rom th	
	organizations	ruste	l trus		8	mpen	l	(VV-2/1099-MISC)			1 -	janizat id relat	
	below	ndividual trustee or directo	Institutional trustee	, ja	Key employee	Highest compensated employee	ja j				1	anızatı	
	line)	텰	를	Officer	ě,	E e	Former						
(18) DAVID SERGENTI	40.00		ļ	l	l	,,	ļ	156 054		^			_
BUSINESS REP	 	╆	├	<u> </u>	⊢	X	╄	156,854.		0.	-		0.
		1			1	ł							
	 	\vdash	\vdash	\vdash	╁		1				 		_
	-/	1			l	İ	İ						
	<u> </u>	<u> </u>	<u> </u>	<u>L</u>	<u> </u>	<u> </u>	_			-	<u> </u>		
		-									1		
		┢	╂	\vdash	├	├	┝				┼		
		ł		1	İ	1		t I			İ		
	†	T					\vdash					_	
		1_				L							
	<u> </u>	╙		-	╙	<u> </u>	<u> </u>	ļ			↓		
		┨					ł						
1b Sub-total	1	<u> </u>	L		<u> </u>		╚	1,323,882.		0.	 		0.
c Total from continuation sheets to Part V	II. Section A							0.		0.	 		0.
d Total (add lines 1b and 1c)	.,, 000							1,323,882.		0.			0.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of re	eportable	•		
compensation from the organization													12
												Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee	on			х
4 For any individual listed on line 1a, is the s			omp	ensa	atıor	anı	d otl	her compensation from	the organ	uzation	3		
and related organizations greater than \$15									ino organ	in Edition	4	х	
5 Did any person listed on line 1a receive or									idual for s	ervices			
rendered to the organization? If "Yes," cor	nplete Schedu	le J i	for s	uch	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest c) of compens	sation	irom	
the organization. Report compensation for (A)	the calendar y	/ear	ena	ing v	vitri	Or w	/itrin	(B)	year				
Name and busines	s address						Ì	Description of s	ervices) (Compe		n
SCHUCHAT COOK & WERNER,							T				_		
STREET, STE 250, ST. LOU	IS, MO	<u>63:</u>	<u>10</u> :	3				LEGAL FEES			35	1,0	14.
							j						
							-						
							l						
							\dashv						
													_
						_							
2 Total number of independent contractors		not l	ımıte	ed to		_	stec	d above) who received r	ore than				
\$100,000 of compensation from the organ	nization >					1				L		000	20:-
											⊦orm	990 (2	2015)

532008 12-16-15

			Check if Schedule O cont	tains a resp	onse	or note to any li	ne in this Part VIII			
						-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats 1ts	1 :	а	Federated campaigns	1	а					
ē ā			Membership dues	1	ь		1			
ا ڳڙ			Fundraising events	1	c		1	\ \ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		1
# in			Related organizations		d	·····				
E,			Government grants (contribut	<u> </u>	e		1			1
Sign			All other contributions, gifts, gran		` -		1	}		1
E E		•	similar amounts not included abo							l
풀히		_		<u> </u>	<u>' </u>		-			
Contributions, Gifts, Grants and Other Similar Amounts		9 h	Noncash contributions included in lines Total. Add lines 1a-1f	s ia- ir 5			1			
-	-	:-	Total: Add lines 14 11			Business Code				
ا بو	2	а	MEMBERSHIP DUES	S & AS	SE	900099	6,538,793.	6,538,793.		1
ارکج		b								
Sel		С					<u> </u>			
E S		ď		•						
Program Service Revenue		e								
됩		f	All other program service reve	enue				-		
		g	Total. Add lines 2a-2f				6,538,793.		- -	
	3	3	Investment income (including	dividends	ıntere				·	
	•		other similar amounts)	,			224,182.	1		224,182.
	4		Income from investment of ta	x-exemnt h	ond r	roceeds				
	5		Royalties	o	٦ ٥٠٠٠٠			-		
	•		, toyuttoo	(i) Re	al	(II) Personal				
	6	2	Gross rents	(V : 10		(ii) i crooriur	†			
		-	Less: rental expenses	 			1	İ		
ŀ			Rental income or (loss)				1	ļ		
			Net rental income or (loss)	<u> </u>			1	1		
1			Gross amount from sales of	(i) Secur	rities	(II) Other				
	•	_	assets other than inventory	482,2	82.	,,,, <u>, , , , , , , , , , , , , , , , ,</u>	1	ŀ		
I		ь	Less cost or other basis	<u> </u>			1]		}
1		_	and sales expenses	529,6	20.					
}		c	Gain or (loss)	<47,3		>	†	}		}
ļ			Net gain or (loss)	<u> </u>			<47,338.	 		<47,338.
ا م			Gross income from fundraisin	a events (r	ot		† · · · · · ·			
Revenue			including \$	of		İ				
Š			contributions reported on line				1			
			Part IV, line 18	,	а	}	1	1		1
Other		b	Less direct expenses		b		1			
0			Net income or (loss) from fund	draising ev	ents		1	[
ł			Gross income from gaming as	_						
l			Part IV, line 19		а					
}		b	Less direct expenses		Ь		1	1		
		С	Net income or (loss) from gan	ning activiti	es]		
ļ			Gross sales of inventory, less	_						
			and allowances		а					1
		ь	Less: cost of goods sold		b					
l		С	Net income or (loss) from sale	es of invent	ory					
ſ			Miscellaneous Revent	ie		Business Code				
ĺ	11 :	а	MISCELLANEOUS F	REVENU	E	900099	5,815.	5,815.		
	I	b								
-		C								
1		d	All other revenue							
ļ		e	Total. Add lines 11a-11d			•	5,815.			
	12		Total revenue. See instructions.			<u> </u>	6,721,452.	6,544,608.	0.	176,844.

Form 990 (2015) IBEW LOCAL UN Part IX Statement of Functional Expenses

Şecti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respor				
	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	204,360.			
2	Grants and other assistance to domestic	40.000			
	ındıvıduals See Part IV, line 22	10,000.			
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,	400 000			
	trustees, and key employees	428,278.			
6	Compensation not included above, to disqualified]	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,757,335.			
8	Pension plan accruals and contributions (include	24 22 -			
	section 401(k) and 403(b) employer contributions)	31,907.		ļ	
9	Other employee benefits	45,672.			
10	Payroll taxes	215,189.			
11	Fees for services (non-employees):				
а	Management	254 075		L	
b	Legal	361,856.			
С	Accounting	36,125.			
	Lobbying			ļ	
е	Professional fundraising services. See Part IV, line 17			ļ	
f	Investment management fees			 	
g	Other (If line 11g amount exceeds 10% of line 25,	20 112			
	column (A) amount, list line 11g expenses on Sch 0.)	20,113. 21,161.		 	
12	Advertising and promotion	21,101.		ļ	
13	Office expenses	131,194.			
14	Information technology			ļ	
15	Royalties	93,297.			
16	Occupancy	76,281.			
17	Travel	76,201.	 	 	······································
18	Payments of travel or entertainment expenses			,	
	for any federal, state, or local public officials	174,427.			
19	Conferences, conventions, and meetings	1/3,24/•		 	
20 21	Interest Payments to affiliates	1,388,271.		 	
22	Depreciation, depletion, and amortization	124,741.		 	
23	Insurance	19,247.		 	
24	Other expenses, Itemize expenses not covered			 	
24	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.)	15,607.		 	
a	ARBITRATION	1,265.		 	
ь	FLOWERS AND GIFTS	1,203.		 	
c				 	
d	All all and an area	-		 	_
e	All other expenses	6,156,326.		 -	
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	0,130,320.		-	
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Information if following SOP 98-2 (ASC 958-720)				
<u></u>	0 12-16-15	·		 -	Form 990 (2015)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1,023,248. 1,193,813. 1 Cash - non-interest-bearing 489,624. 105,698. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 9,726. 5,994. Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 2,095,754. basis Complete Part VI of Schedule D 10a 636,560. 1,443,266. 1,459,194. 10b 10c b Less accumulated depreciation 4,808,168. 5,349,137. 11 Investments - publicly traded securities 11 538,300. 539,345. 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 8,312,332. 8,653,181. 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 6,753. 25 9,279. Schedule D 6,753. 9,279. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 8,305,579. 8,643,902. 27 Unrestricted net assets 27 28 28 Temporanly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 8,305,579. 8,312,332. 8,643,902. 8,653,181. 33 Total net assets or fund balances 33 Total liabilities and net assets/fund balances

Form 990 (2015)

SCHEDULE C (Form 990 or 990-EZ)

(1 0,111 000 01 000 12

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

	01(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of orga				Empl	oyer identification number
		CAL UNION NO. 15			36-3947727
Part I-A	Complete if the org	ganization is exempt unde	r section 501(c) o	or is a section 527 o	rganization.
	expenditures	zation's direct and indirect political .	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 tax	incurred by the organization unde	r section 4955	▶\$	
2 Enter the	amount of any excise tax	incurred by organization manager	s under section 4955	▶\$	
3 If the org	anization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a Was a co	orrection made?				Yes No
b If "Yes,"	describe in Part IV				
Part I-C	Complete if the or	ganization is exempt unde	r section 501(c),	except section 501(c)(3).
1 Enter the	amount directly expende	d by the filing organization for sect	ion 527 exempt function	on activities > \$	
2 Enter the	amount of the filing organ	nization's funds contributed to othe	er organizations for sec	ction 527	
exempt f	unction activities			▶ \$	
3 Total exe	mpt function expenditure	s. Add lines 1 and 2 Enter here an	d on Form 1120-POL,		
line 17b				▶\$	
4 Did the fi	ling organization file Form	1120-POL for this year?			Yes No
made pa contribut	yments. For each organizations received that were pi	mployer identification number (EIN ation listed, enter the amount paid romptly and directly delivered to a additional space is needed, provide	from the filing organiza separate political orgai	ition's funds Also enter th	ne 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
	ION LOCAL 15	DOWNERS GROVE, IL	t i	_	
PAC		60516	36-4383388	0.	75,737.
= -	de Destruction A at Matin	and the Instructions for Form Of	00 000 F7	0.1.1.1.0	/F

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 I	BEW LC	CAL	UNION NO. 1	5 501(a)(3) and fil	36-3	3947727 Page 2
section 501(h)).	111124(1011	15 exe	inpi under sectio	n sor(c)(s) and m	eu ronn 5706 (i	election under
				D 107 1 551 1 1		
• •	_		liated group (and list in	Part IV each amiliated	group member's nar	ne, address, EIN,
expenses, and share			•			
B Check L if the filing organization	on checked	box A a	nd "limited control" pro	visions apply	(a) Edua	(%) A#1-1-1
	s on Lobbyi itures" mea	-	nditures ınts paid or incurred.)	•	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public	opinion (grass roots lobbying)			
b Total lobbying expenditures to influence	ence a legisl	ative bo	dy (direct lobbying)		<u> </u>	
c Total lobbying expenditures (add lin	es 1a and 1	p)			L	
d Other exempt purpose expenditure:	s		•	-		
e Total exempt purpose expenditures	(add lines 1	c and 1	t)			
f Lobbying nontaxable amount Enter	the amoun	t from th	e following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000		*
Over \$17,000,000		\$1,000,				í
						
g Grassroots nontaxable amount (ent	er 25% of lii	ne 1f)				
h Subtract line 1g from line 1a If zero						
i Subtract line 1f from line 1c If zero	or less, ente	er -0-				
i If there is an amount other than zero	o on either li	ne 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y	rear?				[Yes No
		Year Av	eraging Period Under	section 501(h)		
(Some organizations th			01(h) election do not ate instructions for li	•	of the five columns l	pelow.
	Lobbyi	ng Expe	nditures During 4-Yea	ar Averaging Period		
	<u>-</u>	<u> </u>				T
Calendar year (or fiscal year beginning in)	(a) 20	12	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	_					
b Lobbying ceiling amount						
(150% of line 2a, column(e))						į
_						
c Total lobbying expenditures					_	
d Grassroots nontaxable amount			<u>i </u>			1
e Grassroots ceiling amount						
(150% of line 2d, column (e))			1		_	1
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 IBEW LOCAL UNION NO. 15 36-394772 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

 For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity	Yes	No	Amo	
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	! !	1		
	or referendum, through the use of		9		
а	Volunteers?	L			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	· ·				
f	Grants to other organizations for lobbying purposes?	<u> </u>			
g		<u> </u>			
þ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	 			
i	Other activities?	 			
j	Total Add lines 1c through 1i	<u> </u>			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	├ ──			
	If "Yes," enter the amount of any tax incurred under section 4912	} }			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	 			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? † III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501/o	(5) or so	ction	
Par	501(c)(6).		(5), or se	CHOH	
	301(0)(0).			Yes	No
4	Mara authorough, all (00% or mara) dues recoved pendeductible by members?			X	
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		1 2		X
3	Did the organization make only includes lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?	-	3		$\frac{x}{x}$
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(on 501(c)		ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		e 3. is
	answered "Yes."	,	. (-, : -:-		,
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exi	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	1 1		
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		_ 5		
Par	t IV Supplemental Information				
Provi	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	list), Part II	A, lines 1 a	nd 2 (see	
ınstrı	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INF	'ORMATI	ON:		
IBI	EW UNION LOCAL 15 PAC		-		
633	30 BELMONT ROAD, STE 1 DOWNERS GROVE, IL 60516				
_					
	DM T () E/E)				, _
PAL	RT I-C 5(E)				
THE	E LOCAL'S BOARD AND MEMBERSHIP APPROVED MONTHLY TRA		TO THE C (Form		
		- Concuu	- (ししし いりさし	

Part IV Supplemental Information (continued)	30-3947727 Page 4
LOCAL 15 PAC.	
BOCKE 17 FAC.	
	·
	
	
	
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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.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

IBEW LOCAL UNION NO. 15

Employer identification number 36-3947727

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	ls or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor advised funds	(b) Fu	inds 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	L		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds	
	are the organization's property, subject to the organization's	-		└ Yes
6	Did the organization inform all grantees, donors, and donor a	• •	•	
	for chantable purposes and not for the benefit of the donor	or donor advisor, or for any other purpos	e conferring	
	impermissible private benefit?			Yes No
Pa			Part IV, line	<u>7</u>
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	storically imp	ortant land area
	Protection of natural habitat	Preservation of a ce	rtified histori	c structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	n of a co <u>nser</u>	
	day of the tax year.		<u> </u>	Held at the End of the Tax Year
а	Total number of conservation easements		_2a	
ď	Total acreage restricted by conservation easements	-	2b	
С	Number of conservation easements on a certified historic st	` *	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc		}
_	listed in the National Register		_2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organizati	on during the tax
_	year -			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		i	
_	violations, and enforcement of the conservation easements			└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforcing col	nservation ea	isements during the year
-	Amount of our areas manufacture manufacture has	ding of welstrans and enforcing account	akan aaaan	anta di una stancia di
7	Amount of expenses incurred in monitoring, inspecting, han > \$	ding of violations, and emorcing conserv	ation easem	ents during the year
8	Does each conservation easement reported on line 2(d) abo	we satisfy the requirements of section 17	O(P)(4)(D)(!)	
•	and section 170(h)(4)(B)(ii)?	ive satisfy the requirements of section 17	0(1)(4)(0)(1)	Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expens	e etatement	
3	include, if applicable, the text of the footnote to the organization	•		•
	conservation easements	attorio in ariolal staterior its trial describe.	3 the organiz	ation's accounting for
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Sim	ilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (A		ement and ba	alance sheet works of art.
	historical treasures, or other similar assets held for public ex			
	the text of the footnote to its financial statements that described		'	, , , , ,
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue stateme	nt and baland	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service	, provide the following amounts
	relating to these items	·		
	(i) Revenue included on Form 990, Part VIII, line 1	_	•	\$
	(ii) Assets included in Form 990, Part X		>	\$
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financ	ıal gaın, prov	
	the following amounts required to be reported under SFAS		· · ·	
а	Revenue included on Form 990, Part VIII, line 1	• •	>	\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.		Schedule D (Form 990) 2015
53205	1 15			

	UNION NO. 15		36-3947727 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye			
(a) Description of security or category (including name of security	y) (b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other		<u> </u>	
(A) AFL-CIO HOUSING TRUST	539,345	• END-OF-YEA	R MARKET VALUE
(B)		<u> </u>	
(C)			
(D)			
(E)			
(F)		<u> </u>	
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u>· </u>	
Part VIII Investments - Program Related.	1		
Complete if the organization answered "Ye			
(a) Description of investment	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
(1)			
(2)		<u> </u>	
(3)	<u> </u>		
(4)			
(5)		<u> </u>	
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>	<u> </u>	
Part IX Other Assets.			
Complete if the organization answered "Ye		e 11d See Form 990, Part	
	(a) Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B)) line 15)		
Part X Other Liabilities.			_
Complete if the organization answered "Ye	es" on Form 990, Part IV, lin		0, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DUE TO PAC		9,180.	
(3) PAYROLL WITHHOLDINGS		99.	
(4)			
(5)			
(8)	l l	l l	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2015

9,279.

IBEW LOCAL UNION NO. 15

Schedule D (Form 990) 2015

36-3947727 Page 4

Schedule D (Form 990) 2015 IBEW LOCAL UNION NO. 15	36-3947727 Page 5
Part XIII Supplemental Information (continued)	
INCOME TAX, FOR THE FISCAL YEARS ENDING 2012, 2013. AND 201	4 ARE SUBJECT
TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER	THEY WERE
FILED.	
	·
	·
	
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 2015 Open to Public Inspection

Employer identification number 36-3947727 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. IBEW LOCAL UNION NO. General Information on Grants and Assistance Name of the organization Part

crite	criteria used to award the grants or assistance?	2
2 Des	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	

recipient that received more than \$5,000. Part II can be duplicated	\$5,000. Part II can	be duplicated if additi	if additional space is needed.	led.			•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS STATE CONFERENCE OF IBEW PAC - 3390 N. WOODFORD STREET - DECATUR, IL 62526-2838	37-1362153	527	123,480.	.0			CONTRIBUTION
IBEW EDUCATIONAL FUND 900 SEVENTH STREET, N.W. WASHINGTON, DC 20001	52-2257109	527	60,840.	0			MEMBER EDUCATION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	ganizations listed in the	e line 1 table				•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2015)

22

36-3947727

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 Part III

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

532102 10-28-15

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. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

IBEW LOCAL UNION NO. 15

Questions Regarding Compensation

Employer identification number 36-3947727

			Yes	No
ta	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	1	İ	
	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	ŀ		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	İ ,		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
		ŀ		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	' ,		
	Form 990 of other organizations Approval by the board or compensation committee	ļ		•
_				
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.			
	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	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 10 10 10 10 10 10 10 10 10 10 10 10 10			,
-	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.	_	j	,
	The organization?	5a		
D	Any related organization?	5b	\dashv	——
_	If "Yes" to line 5a or 5b, describe in Part III.			
0	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:		ł	
	The organization?	6a	-+	
D	Any related organization?	6b	-+	
7	If "Yes" on line 6a or 6b, describe in Part III.		İ	
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_	ŀ	
8	not described on lines 5 and 6? If "Yes," describe in Part III	7		
J	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ايا	1	
9	Initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	-	
3	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		ŀ	
	Regulations section 53 4958-6(c)?	9	ŀ	

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 IBEW LOCAL UNION NO. 15 30-324/1/2/

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	of W-2 and/or 1099-MISC compensation	SC 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	other deferred compensation		(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
(1) DEAN APPLE	ε	179,010.	8,974.	2,630.	0	0	190,614.	0
PRES/BUS MGR	(E)	0	0		0	0	0	0
(2) TERRY MCGOLDRICK	€	165,826.	8,355.	2,498.	0	0	176,679.	0
VP/EXEC-BRD	(ii)		0		0	0	0	0
(3) TERRY SHERIDAN	Θ	157,312.	7,891.	1,071.	0	0	166,274.	0.
ASST BUSINESS MGR	⊞		0	0	0	0	0	0
(4) DAVID WIGGINS	(:)	155,313.	7,890.	1,650.		0	164,853.	0
ASST BUSINESS MGR	(ii)		0	0	0	0	0	0
(5) DOUGLAS VEDAS	(1)	150,092.	7,426.	2,078.	0	0	159,596.	0
BUSINESS REP	Ξ		0	0	0	0	0	0
(6) TERRENCE M CAGNEY	(3)	147,79	7,427.	3,778.	0	0	159,003.	0
BUSINESS REP	Œ			0	0	0	0	0
(7) DAVID SERGENTI	(0)	146,75	7,427.	2,669.	0	0	156,854.	0
BUSINESS REP	(ii)	0	0	0.	0	0	0	0
	Ξ							
	(1)							
	Ξ							
	(3)							
	Ξ							
	⊞							
	Ξ							
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	€							

Schedule J (Form 990) 2015

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

IBEW LOCAL UNION NO. 15 36-3947727 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WAGES AND ARBITRATE DIFFERENCES BETWEEN MANAGEMENT AND LABOR. THE ORGANIZATION HAD A MEMBERSHIP OF 6,172 AT THE END OF THE REPORTING PERIOD. FORM 990, PART VI, SECTION A, LINE 6: LINE 6 EXPLANATION - "A" AND "BA" MEMBERS PAY THE FULL DUES AMOUNT OF THE MEMBER'S HOURLY RATE TIMES 1.75 TIMES 12 DIVIDED BY 26. THE "A" CLASSIFICATION IS FOR MEMBERS WHO ARE TO RECEIVE A PENSION FROM THE "BA" MEMBERS DO NOT. INTERNATIONAL. FORM 990, PART VI, SECTION A, LINE 7A: LINE 7A EXPLANATION - MEMBERS ELECT OFFICERS EVERY THREE YEARS. FORM 990, PART VI, SECTION A, LINE 7B: LINE 7B EXPLANATION - THE MEMBERSHIP APPROVES CHANGES, IF ANY, TO THE BY-LAWS OF THE LOCAL. FORM 990, PART VI, SECTION B, LINE 11: THE BUSINESS MANAGER AND THE SECRETARY-TREASURER ARE AUTHORIZED TO REVIEW THE FORM 990 PRIOR TO ITS FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS INCLUDED IN THE CONSTITUTION OF THE UNION (A AFFILIATED ORGANIZATION ALSO GOVERNED BY THE CONSTITUTION. ANY MEMBER CAN CONTACT THE INTERNATIONAL WITH ANY COMPLAINT AND A TRIAL WILL BE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015)

532211 09-02-15

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2015

OMB No 1545-0047

Open to Public Inspection

Employer identification number 36-3947727Direct controlling End-of-year assets Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Total income ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) ▶ Attach to Form 990. Primary activity IBEW LOCAL UNION NO. 15 Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part

entity

(g) Section 512(b)(13) controlled entity? Š Yes × Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling entity Public charity status (if section 501(c)(3)) e Exempt Code section 501 C 2 Legal domicile (state or foreign country) ITTINOIS HOLD TITLE TO CONDO UNIT Primary activity IBEW LOCAL 15 UNION BUILDING CORP Name, address, and EIN of related organization DOWNERS GROVE, IL 60516 6330 BELMONT Partil

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

532161 09-08-15 LHA

Schedule R (Form 990) 2015

36-3947727 Page 2

Schedule R (Form 990) 2015 IBEW LOCAL UNION NO. 15

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

(i) (k) General or Percentage managing ownership			e related	Section 512(bx13) controlled entity?	S			-	Schodulo D (Corm 000) 2045
(j) General or managing partner?	Yes No		e or mor	(h) Percentage ownership					100
Code V-UBI amount in box 20 of Schedule	K-i (Form 1065)		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.	Share of Percend-of-year assets					Schodulo
flonate	2		line 34 t	<u> </u>	1			 	
	Yes		Part IV,	(f) Share of total income					
(g) Share of end-of-year assets			orm 990,						
enc			ss" on Fc	(e) of entity p, S corp, trust)					
(f) Share of total income			ered "Ye	(e) Type of entity (C corp, S corp, or trust)					
			on answ						1
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			rganızatı	(d) Direct controlling entity					
(e) Predominant income (related, unrelated, colleded from tax under sortions 5,10,5,10).			e of the o		-			 	30
			 Complete	(C) Legal domicile (state or foreign country)					
(d) Direct controlling entity			r Trust (ıţ					
Direct			ration c	(b) Primary activity					
(c) Legal domicile (state or foreign	(Aguno)		us a Corpo	Primž		:			
thrity			axable a ust durin				\prod		
(b) Primary activity			ations T						
)rganiz a corporat	EIN					
N _{II} v			elated (ed as a	(a) Name, address, and EIN of related organization					
(a) Name, address, and EIN of related organization			ion of R	ne, addr related o					
(a) e, addres			entificat ganızatıc	Nar					
Name of re									532162 09-08-15
			Part IV						532162

Part V Transactions With Related Organizations Complete if the organization answered "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	ટ
	ns with one or more re	elated organizations listed	d in Parts II-IV?		1	
 Aeceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 				1a		×
 Gift, grant, or capital contribution to related organization(s) 				4		×
c Gift, grant, or capital contribution from related organization(s)				2		×
d Loans or loan guarantees to or for related organization(s)				Ę	T	×
• Loans or loan quarantees by related organization(s)				;	\dagger	
				9	\dagger	4
				 -		;
T Lividends from related organization(s)				=	_	×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				£		×
i Exchange of assets with related organization(s)				F	-	×
j Lease of facilities, equipment, or other assets to related organization(s)				F		×
					r	
k Lease of facilities, equipment, or other assets from related organization(s)				<u>,</u> *	1	×
l Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ē	_	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			5	T	×
o Sharing of paid employees with related organization(s)	•			٩	\dagger	×
					\dagger	
p Reimbursement paid to related organization(s) for expenses				우		×
q Reimbursement paid by related organization(s) for expenses				5		×
					T	
r Other transfer of cash or property to related organization(s)				+	×	
s Other transfer of cash or property from related organization(s)				18	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	ns line, including covered	for information on who must complete this line, including covered relationships and transaction thresholds.			
(e)	(A)	[3]	(4)			
Name of related organization	Transaction type (a-s)	(c) Amount involved	(a) Method of determining amount involved	olved		
(1) IBEW LOCAL 15 UNION BUILDING CORP	ĸ	36,540.CASH	CASH TRFD			
(2)						
(3)						1
(4)						j
(5)						
(6)						
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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.

) ntage rship						
Code V-UBI General of Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065)				_		
(j) General or managing partner?						
5) - 10 5) - 10 5) - 10				 		
(3) the V-UE on 106						
amour of Sch (For				ļ		
(h) Disproportionals allocations?						
<u>a </u>						
(g) Share of end-of-year assets						
Sy end						
(f) Share of total income						
(e) Are all partners sec 501(c)(3) ler orgs ?					-	
ad, add				 		
(d) nant inco , unrelate rom tax						
domina domina alated, u ded fro ctions						
Predominant income (related, unrelated, sections 512-514)		_		 		
9 jg						
(c) gal domic ate or fore country)			;			
Le _i						
vity						
(b) Iry acti						
(b) Primary activity						
	 	<u> </u>		 		
EIN						
ss, and						
(a) Name, address, and EIN of entity						
Vame,						
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Part VII Supr	990) 2015 Diementai Inforn	nation						
	le additional informat		sponses to d	uestions or	Schedu	ule R (see instructio	ns).	
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