

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

Open to Public Inspection

Form 990 (2011)

TEEA0113L 08/18/11

Depa Inter	irtment of the	e Treasury Service	► The organization may have to use a copy of this return to satisfy state reporting require	ments.	Inspection			
			lar year, or tax year beginning , 2011, and ending	<del></del>	1			
	Check if app		C	D Employer	dentification Number			
		s change	IRON WORKERS DISTRICT COUNCIL OF CHICAGO	36-12	67725			
	H		AND VICINITY	E Telephone number				
	Initial r		205 WEST GRAND AVENUE #101	(630)	238-1003			
	Termin		BENSENVILLE, IL 60106	1				
	$\vdash$	led return		G Gross rece	ipts \$ 359,355.			
	<b>—</b>	ation pending	F Name and address of principal officer ROBERT BOSKOVICH H(a) is this	a group return fo				
		ation pending	SAME AS C ABOVE	Il affiliates include	ed? Yes No			
ī	Tax-even	npt status	501(c)(3) X 501(c) ( 5 ) ◄ (insert no.) 4947(a)(1) or 527	,' attach a list (se	e instructions)			
j		te: ► N/		exemption numb	ner ►			
ĸ		organization	Corporation Trust X Association Other ► L Year of Formation		e of legal domicile:			
Pa		Summar			o or logal dominano.			
	1 Bri	efly descri	be the organization's mission or most significant activities: ORGANIZE WORK	ERS FOR	ADVANCEMENT			
da .		<b>,</b>		-50 7 7.7 3				
Ğ		<b>-</b> -		- <b></b>				
Activities & Governance								
ŏ	2 Ch	eck this bo	x ► If the organization discontinued its operations or disposed of more than	25% of its ne	et assets.			
ون مع			ting members of the governing body (Part VI, line 1a)	·	3 7			
63			dependent voting members of the governing body (Part VI, line 1b)	·	7			
Vit			of individuals employed in calendar year 2011 (Part V, line 2a)	·	5 3 6 0			
¥ct			of volunteers (estimate if necessary) ed business revenue from Part VIII, column (C), line 12	·· -	7a 0.			
			business taxable income from Form 990-T, line 34	· .	7b 0.			
				Prior Year	Current Year			
	8 Co	ntributions	and grants (Part VIII, line 1h)		162,198.			
en.			ice revenue (Part VIII, line 2g)	197,04				
Revenue		_	come (Part VIII, column (A), lines 3, 4, and 7d)	1,15				
æ	11 Ott	her revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,06				
	<b>12</b> To	tal revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	219,26	5. 359,355.			
	1		milar amounts paid (Part IX, column (A), lines 1-3)	12,35	0. 10,395.			
	<b>14</b> Be	nefits paid	to or for members (Part IX, column (A), line 4)					
•	<b>15</b> Sa	laries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	34,63	0. 58,358.			
Expenses	<b>16a</b> Pro	ofessional	fundraising fees (Part IX, column (A), line 11e)					
Ē	<b>b</b> To	tal fundrais	sing expenses (Part IX, column (D), line 25 CEIVED	* *,				
ũ	17 Ot		es (Part IX, column (A), lines 11a-11pd, 11f-24e)	190,17	5. 263,535.			
				237,15				
	19 Re	venue less	es. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses Subtract line 18 from line 12 JUL 3 0 2012	-17,89				
b \$			1111	ing of Current				
Net Assets or Fund Balances	<b>20</b> To	tal assets	(Part X, line 16) OGDFN_IIT	115,30				
4 a	<b>21</b> To	tal liabilitie	s (Part X, line 26)	1,08	5. 1,072.			
\$ 5	22 Ne	t assets or	fund balances. Subtract line 21 from line 20	114,22	2. 141,289.			
Pa	art II	Signatur	e Block					
Und			eclare that I have examined this return, including accompanying schedules and statements, and to the best of arer (other than officer) is based on all information of which preparer has any knowledge	f my knowledge a	nd belief, it is true, correct, and			
con	nplete Decla	aration of prep	arer (other than officer) is based on all information of which preparer has any knowledge		1,,			
		<b></b>	Refund Prokovan		110			
Sig	gn	Signatu	re of officer	Date				
He	ere	<b>.</b>						
		<del>                                     </del>	print name and title		Torus			
		1	preparer's name Preparer's signature Date	Check	If PTIN			
Pa		HOWARI	SIMON Savon 1 7/11/12	self-employed	P00158008			
	eparer	Firm's name		_				
Us	e Only	Firm's addr	ess ► 566 WEST LAKE STREET, SUITE 300		36-3701668			
		<u></u>	CHICAGO, IL 60661-1414	Phone no	312-655-0037			
Ma	y the IRS	discuss th	is return with the preparer shown above? (see instructions)		X Yes No			

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

Form	1 990 (2011) IRON WORKERS DISTRICT COUNCIL OF CHICAGO	36-1267725	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	ORGANIZE WORKERS FOR ADVANCEMENT		
			<b></b> _
2	Did the organization undertake any significant program services during the year which were not listed o	n the prior	
	Form 990 or 990-EZ?	Ye	s X No
	If 'Yes,' describe these new services on Schedule O.	<u></u>	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices?	s X No
_	If 'Yes,' describe these changes on Schedule O.		
4		vices, as measured t	v expenses.
•	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the authors, the total expenses, and revenue, if any, for each program service reported	mount of grants and	allocations to
	others, the total expenses, and revenue, if any, for each program service reported		
48		Revenue \$	)
	THE IRON WORKERS DISTRICT COUNCIL OF CHICAGO AND VICINITY HAS BE		
	ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL, AND SOCIAL ADVANCE	MENT OF THEIR	<u></u>
	CONDITION AND STATUS.		
		·	
			<b>-</b>
			<del>-</del>
	h (Onder National Control of Cont	Davienus è	
41	b (Code:) (Expenses \$) (I	Revenue \$	
		<del></del> _	. <b>_</b>
4	c (Code:) (Expenses \$ including grants of \$) (	Revenue \$	
•	, (COOK)	+ <u></u>	
			· <b></b> -
			· <b></b> -
4	d Other program services. (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$	<u> </u>	
4	e Total program service expenses ▶		
BA		-	Form <b>990</b> (2011)

Page 3 Part V | 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 1 Х 2 X 2 is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 X 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 X 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.... 8 X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV . 9 X . .. .. -.. 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI .... 11 a Х 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 11 b X c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. 11 c **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* . . . 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11 e Х 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... 11 f X 12a Х **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, XII, and XIII is optional . . . . 12b Х X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E ... 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV. 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV . . . . X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X 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 X 19

X

20

20 b

**20 a**Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H* . .

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

Part IV Checklist of Required Schedules (continued) No Yes 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III . 22 Х 23 X 24a Х 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . c 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 25 a Section 501(cX3) and 501(cX4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х 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 -\_-; 3 'N. 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): Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . . . . . 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28b **c** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV* 28c X X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If 'Yes,' complete Schedule M. . .... . ..... . Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L. Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II X 32 .. ... .. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 line 1 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a **b** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 X 35b 36 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 Х 37

38 BAA

38

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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

#### Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	· · · · · · · · · · · · · · · · · · ·			
				Yes	No
1 a l	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0	1	
b١	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0 🕏	连续	2.7
c l	Oid the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners?	rs and reportable gaming	ائِدِرُ مُعَدِّدُ 1 (		
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	3/3/4	<b>34</b>	
	•		2	X X	m26 1864
	If at least one is reported on line 2a, did the organization file all required federal employment		<u>2</u> 1		Link will
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see ii		- 1		غرية <b>ح</b>
	Did the organization have unrelated business gross income of \$1,000 or more during the year		. 3	-	X
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		. 3	<del> </del>	
	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over, a inancial account)?	. 4	1.54 11	X
	If 'Yes,' enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and f		25.00		تنصفا
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	' <del>=</del> '	5	+	<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax sheli	ter transaction?	5	2	X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5	<u>: </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	and did the organization	6	2	x
	If 'Yes,' did the organization include with every solicitation an express statement that such control tax deductible?	ontributions or gifts were	6	0	
7	Organizations that may receive deductible contributions under section 170(c).		3	2.7	100
				200	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and particles provided to the payor?	partly for goods and	7	a	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7	6	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w				
	Form 8282?		. 7		<u> </u>
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	* 1 mg	引起	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract? .	7	<u>e                                    </u>	ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bei	nefit contract?	7	<u> </u>	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organizat as required?	ion file Form 8899	7	g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7	h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ing organizations. Did the nave excess business	8		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9	Sponsoring organizations maintaining donor advised funds.		13.05	La Car	173 14.14
а	Did the organization make any taxable distributions under section 4966?		9		
	Did the organization make a distribution to a donor, donor advisor, or related person?		. 9	b	1
	Section 501(c)(7) organizations. Enter:			أرثس ا	
	Initiation fees and capital contributions included on Part VIII, line 12	10a		a Charles	<b>1</b>
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	٦, <u>ئ</u>	5	1
	Section 501(c)(12) organizations. Enter:		77	1000	15,
	Gross income from members or shareholders	11a	ئىو ئىمەء		1
b	Gross income from other sources (Do not net amounts due or paid to other sources				30.17
	against amounts due or received from them.)	116			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1 1	12	a	, ,
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	—,	1	1645
	Section 501(c)(29) qualified nonprofit health insurance issuers.		- 324		E & O
а	Is the organization licensed to issue qualified health plans in more than one state?		13	a	
	Note. See the instructions for additional information the organization must report on Schedu	ule O.	بار د با		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	136			
C	Enter the amount of reserves on hand	13c		<u> </u>	٠.
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14	а	X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O .	14	ь	<u> </u>

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent. \$ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee? ... Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 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 more 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other 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 8Ь X **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates?. 10b X 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? · 1000 · **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b X to conflicts?. ..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done . . . . 12c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy?... 14 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? 15 a a The organization's CEO, Executive Director, or top management official 15b **b** Other officers of key employees of the organization ro (t If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) ن فاتند، 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to SEE SCHEDULE O the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► ROBERT BOSKOVICH 205 WEST GRAND AVENUE, 101 BENSENVILLE IL 60106 (630)238-1003

TEEA0106L 01/23/12

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

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

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

- 1 a 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 employees.'
- 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.

X Check this box if neither the organization	n nor any	relate	d or	ganı	ızatı	on co	mpe	nsated any current of	ficer, director, or trus	tee.
			(C)				l			
(A) Name and title	(B) Average hours per week	á	t chec s per and a	Posi ck mo son is direc	ition ore that s both tor/tru	an one l an offic ustee)	box, cer	(D)  Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) ALL OFFICERS CAN BE REA	0							0.	0.	0.
(2) ROBERT BOSKOVICH PRESIDENT	8			Х				0.	0.	0.
(3) HOWARD NORBERG FIN SEC/TREASUR	1			Х				0.	0.	0.
(4) JOHN KECK 2ND V.P.	1			х				0.	0.	0.
(5) CRAIG SATALIC 1ST V.P.	1			х				0.	0.	0.
(6) ROBERT FULTON SERGEANT AT ARM	1			х				0.	0.	0.
	1			х				0.	0.	0.
(8) DOUGLAS STRAYER TRUSTEE	1			х				0.	0.	0.
<u>(10)</u>			<u>.</u>							
(11)								!		
(12)										
(13)		_								
(14)										

Part VII Section A. Officers, Directors, Trust	ees, k	(ey	Em	plo	ye	es,	and	Highest Com	pensated Em	ployees	(con	<u>t)</u>
(A) Name and title	(B) Average hours per	ge box, unless per officer and a di				s bott r/trus	n an I tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	amo	(F) stimated unt of oth opensation	ier in
	week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	inshtutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	org ar	rom the ganization nd related anization:	j
(15)												
(16)	<u> </u>											
מנו)										1		
(18)						<u>                                      </u>						
(19)												
(20)							-			1		
(21)										1		
(22)												
(23)					-							
(24)											,	
(25)			-									
1 b Sub-total c Total from continuation sheets to Part VII, Section	^	٠.			1		<b>&gt;</b>	0.		0.		0
d Total (add lines 1b and 1c)			•	• • •	•		<b>•</b>	0.		0.		<del></del> 0
2 Total number of individuals (including but not limite from the organization ► 0	d to th	ose	liste	d at	bove	e) wh	no re	ceived more than	\$100,000 of rep	ortable co	mpens	atio
											Yes	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	r or tru <i>ındıvıdı</i>	stee, <i>ial</i>				yee,		ighest compensa	ted employee	(.* 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual	eportat than \$	ole co 150,0	omp 000?	ensa If '	atıoı Yes	n and ' con	d oth nple	ner compensation te Schedule J for 	from	. 4	\$ 19. To	بر 12 تا X
5 Did any person listed on line 1a receive or accrue of services rendered to the organization? If 'Yes,'	compe comple	nsatı e <i>te Ş</i>	on fi	rom <i>dule</i>	any J f	unr or su	elate	ed organization of person	r individual	5 5	الك الما الله	X
Section B. Independent Contractors  1 Complete this table for your five highest compensa	ited inc	lenei	nder	nt co	ontra	ctor	s tha	at received more	than \$100,000 of			
compensation from the organization. Report compe	ensatio	n for	the	cal	end	ar ye	ar e	nding with or with	nin the organizati	on's tax y		
(A) Name and business addres	ss							Description	of services		(C) ensatio	on
2 Total number of independent contractors (including		ot lın	nited	i to	thos	se lis	sted	above) who recei	ved more than	Je A.		·.
\$100,000 in compensation from the organization	· U									1 + 12.5		

	, ye 200 - 1	II Statement Of New			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b c d e f	Federated campaigns Membership dues Fundraising events. Related organizations Government grants (contribution All other contributions, gifts, gr similar amounts not included a Noncash contributions included Total. Add lines 1a-1f	ns) . 1e ants, and bove 1f	60,668. 101,530.	162,198.			
				Business Code	and the	عدد المالية ا	المناه المحاملية المستد	
PROGRAM SERVICE REVENUE	b c d e	MEMBERSHIP DUES & I			191,513.	191,513.		
- Š		Total. Add lines 2a-2f		▶	191,513.	ाक्षर, विशेष	and the figure of the first	-1211 Fry -1378 14
	3 4 5	Investment income (incl other similar amounts). Income from investment Royalties		· · · · · · · · · · · · · · · · · · ·	644.			644.
	b	Gross rents Less: rental expenses. Rental income or (loss)	(ı) Real	(II) Personal				
		Net rental income or (lo	SS) (i) Securities	(ii) Other		I November 1		A THE SECRET STATE OF THE
	b	Gross amount from sales of assets other than inventory  Less: cost or other basis and sales expenses  Gain or (loss)						
		Net gain or (loss)	···	•	स्टिंग के स्टिंग्सेंट बंध	41147214432	ART CASHERMAN	The state of the s
OTHER REVENUE	b	Gross income from function (not including. \$	d on line 1c).					
		Gross income from gam See Part IV, line 19	_					
	b	Less: direct expenses	<b>b</b>			I see I do not in		1700年金金金金
	10 a	Net income or (loss) from the control of the c	/, less returns a		The state of the s			
		Miscellaneous Reven	ue	Business Code	34-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Entre State Same	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dia idea id
	t c	REIMB FROM IN	<u>r'L</u>		5,000.	5,000.		
		Total. Add lines 11a-11	<u>∟</u> d	, ,	5,000.	e file fright o	13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Court of
		Total revenue. See inst		•		196,513.	0.	644.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a r	esponse to any question	in this Part IX		
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	10,395.			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				<b>建筑建筑</b>
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			AR JAMES AND	強,突翻發理談話問題
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages.	29,540.			
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	26,233.			
9	Other employee benefits.				
10	Payroll taxes	2,585.			
11	Fees for services (non-employees):			•	
a	Management				
Ł	Legal	10,935.			
•	: Accounting .	6,200.			
•	Lobbying .				
	Professional fundraising services. See Part IV, line 17		に、勢力能力である	the state of the state of the	
	Investment management fees				
	Other				
	Advertising and promotion	4,150.			
13	Office expenses	1,393.			
14	Information technology				
15	Royalties				<u> </u>
16	Occupancy Travel			-	
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	171,470.			
21	Payments to affiliates	33,756.			
22	Depreciation, depletion, and amortization	160.			
23	Insurance	1,856.			
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)				
a	PAC CONTRIBUTIONS	18,000.			
ı	APPRENTICE COMPETITION	8,000.			
•	CHRISTMAS PARTY	2,511.			
(	TELEPHONE	1,756.			
•	All other expenses .	3,348.			
25	Total functional expenses. Add lines 1 through 24e	332,288.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► if following				
	SOP 98-2 (ASC 958-720)	L	·	<u> </u>	<u> </u>

Page 11

Par	<u>t X</u>	- Balance Sheet				
				(A) Beginning of year		<b>(B)</b> End of year
Π	1.	Cash – non-interest-bearing.			1	
	2	Savings and temporary cash investments		114,666.	2	141,880.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trustees, key employees, II of Schedule L	الأنافية المنافية المنافية	5 5	
	6	Receivables from other disqualified persons (as defining persons described in section 4958(c)(3)(B), and contributions or section 501(c)(9) voluntary organizations (see instructions)	ed under section 4958(f)(1)), ibuting employers and ry employees' beneficiary		6	
SSETS	7	Notes and loans receivable, net			7	
Ē	8	Inventories for sale or use			8	
s	9	Prepaid expenses and deferred charges	,,		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 45,753.	(1) to the second of the secon		The same of the state of the same of the s
		Less: accumulated depreciation	10b 45,272.	641.	10 c	
-	11	Investments – publicly traded securities			11	
ı	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
ļ	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line		115,307.	16	142,361.
	17	Accounts payable and accrued expenses.			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
Ļ	20	Tax-exempt bond liabilities			20	
Å	21	Escrow or custodial account liability Complete Part	IV of Schedule D		21	<u></u>
L	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe of Schedule L	stees, key employees, rsons. Complete Part II	Sign of the state	22	The second state of the second
ι 1	23	Secured mortgages and notes payable to unrelated the	hird parties		23	
Š	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	es to related third parties, inplete Part X of Schedule D.	1,085.	25	1,072.
	26	Total liabilities. Add lines 17 through 25.		1,085.	26	1,072.
Ρ̈́		Organizations that follow SFAS 117, check here ▶	X and complete lines	· 通過	(10)	TOWN THE PERSON OF
Ť		27 through 29 and lines 33 and 34.			E.S.	
Ş	27	Unrestricted net assets		114,222.	27	141,289.
くろう	28	Temporarily restricted net assets .			28	
	29	Permanently restricted net assets .			29	
R		Organizations that do not follow SFAS 117, check he	ere ►  and complete	[17] 农业教授教育。	1 100	
ξĺ		lines 30 through 34.		مُ الشَّمَةُ الْمُعْلِمُ اللَّهِ اللَّ	1.25	15. [基图注译语
UZCT	30	Capital stock or trust principal, or current funds			30	
及	31	Paid-in or capital surplus, or land, building, or equipr	ment fund		31	
֝֝֝֝֝֝֝֝֝֝֝ <u>֚֚֚֚</u>	32	Retained earnings, endowment, accumulated income	e, or other funds		32	
日本 して とし い	33	Total net assets or fund balances		114,222.	33	141,289.
5	34	Total liabilities and net assets/fund balances		115,307.	34	142,361.
RΔ	Λ					Form <b>990</b> (2011

BAA

Form 990 (2011)

Form 990 (2011) IRON WORKERS DISTRICT COUNCIL OF CHICAGO	<u> 36-1267725</u>	Pa	ige 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI	<u> </u>		$\Box$
1 Total revenue (must equal Part VIII, column (A), line 12)	. 1	359,3	<u> 355.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	. 2	332,2	288.
3 Revenue less expenses Subtract line 2 from line 1	3	27,0	<u>)67.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	114,2	222.
5 Other changes in net assets or fund balances (explain in Schedule O)	. 5		0.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	141,2	289.
Part XII Financial Statements and Reporting			_
Check if Schedule O contains a response to any question in this Part XII		<u>.                                    </u>	Щ,
1 Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	X
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b X	<u> </u>
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	2c X	
If the organization changed either its oversight process or selection process during the tax year, expla in Schedule O.	ın		44.8
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year was eparate basis, consolidated basis, or both:	ere issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			المتحد
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	ı ın the Single	3a	x
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits	the required audit	3b	
BAA		Form <b>990</b>	(2011)

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

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

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

Complete if the organization is described below.

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2011

Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number IRON WORKERS DISTRICT COUNCIL OF CHICAGO 36-1267725 Part I-A: Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-Bi Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . ▶\$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 4a Was a correction made? ... Yes No b If 'Yes,' describe in Part IV. Part I-Ca Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b. 4 Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (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 (a) Name (b) Address political organization. If none, enter -0-. 27-2631913 18,000. IWDC OF CHICAGO PAC 756 RIVER EDGE CIRCLE (1) OTTAWA, IL 61350 (2) (3) (4)(5)

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

(6)

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 201	IRON WORKERS	DISTRICT COUNCI	L OF CHICAGO	36-126	
Part II-A Complete if section 501(	the organization h)).	is exempt under sec	tion 501(c)(3) and	d filed Form 5/68 (e	lection under
A Check ► if the filin	ng organization belon	gs to an affiliated group (	and list in Part IV eac	ch affiliated group membe	er's name,
` address,	EIN, expenses, and	share of excess lobbying	expenditures).		
B Check ► If the filir	ng organization check	ked box A and 'limited cor	ntrol' provisions apply	<del>'</del>	
(The term	Limits on Lobbyir 'expenditures' mean	ig Expenditures s amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditi	ures to influence pub	lic opinion (grass roots lo	bbying)		
<b>b</b> Total lobbying expendition	ures to influence a le	gislative body (direct lobb	yıng)		
c Total lobbying expenditi	ures (add lines 1a an	d 1b)			<del></del>
d Other exempt purpose of	expenditures				
e Total exempt purpose e	expenditures (add line	es 1c and 1d)	•		
f Lobbying nontaxable an both columns.	nount. Enter the amo	unt from the following tab	ole in		
If the amount on line 1e, col	umn (a) or (b) is: Ti	ne lobbying nontaxable a	mount is:	المراجع	
Not over \$500,000	2	0% of the amount on line 1e.			<b>建筑建设设施</b> 。
Over \$500,000 but not over \$1	,000,000	100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$		175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	\$17,000,000	3225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.		100 Per 100 Pe	THE SHARE SHEET STATES
g Grassroots nontaxable					
h Subtract line 1g from lii					
i Subtract line 1f from lin	·		• • •		<u> </u>
j If there is an amount of section 4911 tax for this	ther than zero on eith s year?	ner line 1h or line 1i, did t	he organization file Fo	orm 4720 reporting	Yes No
(Som	e organizations that	-Year Averaging Period l made a section 501(h) el below. See the instructi	ection do not have to	complete all of the five 19th 2f.)	
	Lobby	ring Expenditures During	4-Year Averaging Pe	riod	I
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
<b>b</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)) .					
f Grassroots lobbying expenditures				Sobodula 6 /F-	rm 990 or 990-EZ) 2011
BAA				Schedule C (FO	いい ブラレ い ブラレ・ヒエノ といい

1. During the year did the filing organization attempt to influence foreign, national state or local	(es	No		Amour	nt
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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?.  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?					
c Media advertisements?  d Mailings to members, legislators, or the public?.  e Publications, or published or broadcast statements?			A car	aruni.	3. A 4. C. A . C.
d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?	_				
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
	_				
h Delline, demonstrations, comingre, conventions, speeches, lectures, or any similar means?					
rigatiles, demonstrations, seminars, conventions, speeches, lectures, or any similar means					
i Other activities?					
j Total. Add lines 1c through 1i	1	生地			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912		100			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	73/5/5 				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		l	医乳糖	and the same	100
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	)(5)	, or			
				Y	es No
1 Were substantially all (90% or more) dues received nondeductible by members?				1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			[	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			Γ	3	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR answered 'Yes.'	(b)	Parl	i III-A,	line 3	, is
1 Dues, assessments and similar amounts from members		,2-1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year	•	2 a	<del>                                     </del>		
<b>b</b> Carryover from last year		2 b			
c Total	•	20	<del>                                     </del>		
<b>3</b> 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic	; cal	19,11	1		
expenditure next year?	•	4	<b>├</b>		
5 Taxable amount of lobbying and political expenditures (see instructions)	•	5	<u></u>		
Part IV: Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part Also, complete this part for any additional information.	rt II-	A; and	l Part II	-B, line	1.

Schedule C (Form 990 or 990-EZ) 2011 IRON WORKE	RS DISTRICT	COUNCIL OF	CHICAGO	36-1267	725	Page 4
Chedule C (Form 990 or 990-EZ) 2011 IRON WORKE  Part IV: Supplemental Information (	continued)					
			·			
•						
<b></b>					. <b></b>	
		1				
. —						
	- <b></b>				<del>_</del>	
		. – – – <b>– – –</b> –			·	
	<b></b>					
		<b></b> -				
		- <b></b>				
			·			
	_ <b></b>					
						•
				<b></b>		
				·	<del>-</del>	
				·	<del></del>	
		<b></b>				
				. <b></b>		
	- — — <del>—</del> -				-	

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Supplemental Financial Statements**

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

2011

Que la Bublica

Open to Public Inspection

ANI	ON WORKERS DISTRICT COUNCIL OF VICINITY	36-1267725				
Pai	Part   Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered 'Yes' to Form 990, Part IV, line 6.					
1 2 3 4	Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year)	(a) Donor advised funds	<b>(b)</b> Ft	unds and other acco	unts	
5	Did the organization inform all donors and dor funds are the organization's property, subject	onor advisors in writing that the assets held in donor advised to the organization's exclusive legal control?				
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	<del>:fit?</del>		. Yes	☐ No	
Pai	t III Conservation Easements. Compl	ete if the organization answered 'Yes'	to Form 99	90, Part IV, line	7	
	Purpose(s) of conservation easements held by Preservation of land for public use (e.g., r Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organizatilast day of the tax year	y the organization (check all that apply). ecreation or education) Preservation Preservation	of an historica	ally important land a historic structure	rea	
			-	leld at the End of the	e Tax Year	
Į.	<ul> <li>Total number of conservation easements.</li> <li>Total acreage restricted by conservation ease</li> <li>Number of conservation easements on a certical distribution.</li> <li>Number of conservation easements included in the conservation.</li> </ul>	fied historic structure included in (a)	2b 2c 2c			
3	d Number of conservation easements included structure listed in the National Register Number of conservation easements modified,			ganization during the		
А	tax year ►Number of states where property subject to co	onservation easement is located ▶				
5	Does the organization have a written policy re and enforcement of the conservation easeme		— andling of viol	ations,	□No	
6	Staff and volunteer hours devoted to monitori				<b>—</b>	
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation easeme	nts during the	e year		
8		n line 2(d) above satisfy the requirements of s		Yes	No	
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expe to the organization's financial statements that	nse statement describes the	, and balance sheet, a organization's acco	and unting for	
Pa	rt.III Organizations Maintaining Collection Complete if the organization and	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Sin	nilar Assets.		
1	a If the organization elected, as permitted unde art, historical treasures, or other similar asse in Part XIV, the text of the footnote to its fina	s held for public exhibition, education, or research	enue stateme arch in furthe	nt and balance shee rance of public servi	t works of ce, provide,	
	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items:	r SFAS 116 (ASC 958), to report in its revenue eld for public exhibition, education, or research	statement a in furtherand	and balance sheet we be of public service, p	orks of art, provide the	
	(i) Revenues included in Form 990, Part VIII	, line 1		<b>-</b> \$		
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$		
	If the organization received or held works of amounts required to be reported under SFAS	116 (ASC 958) relating to these items.	for financial		lowing	
	a Revenues included in Form 990, Part VIII, lin	e 1		<u> </u>		
	b Assets included in Form 990, Part X			. ▶\$		

Schedule D (Form 990) 2011 IRON WO				36-126		Page 2
Part III Organizations Maintaini	ng Collection	s of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (contin	ued)
3 Using the organization's acquisition, items (check all that apply)	accession, and	other records, che	eck any of the following	g that are a significant u	se of its colle	ction
a Public exhibition		<b>d</b> Loan o	or exchange programs			
<b>b</b> Scholarly research		e 🗌 Other				
c Preservation for future generation						
4 Provide a description of the organize Part XIV.	ation's collection	s and explain how	they further the organ	nization's exempt purpos	se in	
5 During the year, did the organization assets to be sold to raise funds rath	n solicit or receiv ier than to be ma	e donations of art	t, historical treasures, of of the organization's co	or other similar	Yes	No
Part IV* Escrow and Custodial A	rrangements	Complete if t	he organization an		m 990, Pai	rt IV,
line 9, or reported an am	nount on Form	990, Part X,	line 21.			
1 a is the organization an agent, trustee included on Form 990, Part X?	•	• • • • •		ner assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIV and cor	nplete the follows	ng table:			
					Amount	
c Beginning balance			• • • • • • • •	1c		
<b>d</b> Additions during the year				1d		
e Distributions during the year .	• • •		•	1 e		
f Ending balance			*****	1f		
2a Did the organization include an amo		), Part X, line 21?			Yes	∐ No
b If 'Yes,' explain the arrangement in						
Part V. Endowment Funds. Com						
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four yea	
1a Beginning of year balance.					. The market with	
<b>b</b> Contributions		<del> </del>			· wife the contraction of the co	در در ای و دانوی آهی مراد این میشود این
c Net investment earnings, gains, and losses						
<b>d</b> Grants or scholarships					世代政治	<b>海</b> 斯尔
e Other expenditures for facilities and programs					12.00	
f Administrative expenses	<del></del> -				17/4/2018	
<b>g</b> End of year balance					7. 1	<b>数据针 电电</b>
2 Provide the estimated percentage o	f the current yea	r end balance (lin	e 1g, column (a)) held	as:		
a Board designated or quasi-endowm	ent <b>&gt;</b>	ક				
<b>b</b> Permanent endowment ►	<b>%</b>					
c Temporarily restricted endowment	<b></b>	<b></b> %				
The percentages in lines 2a, 2b, and	d 2c should equa	1 100%.				
3a Are there endowment funds not in t	he possession of	the organization	that are held and adm	inistered for the		
organization by:	possession of				Yes	No
(i) unrelated organizations					3a(i)	
* * *					3a(ii)	
<b>b</b> If 'Yes' to 3a(ıı), are the related orga	anızatıons listed	as required on So	chedule R?	• •	. 3b	
4 Describe in Part XIV the intended u						
Part VI Land, Buildings, and Eq	uipment. See	Form 990, Pa	art X, line 10.	_		
Description of property		st or other basis investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
<b>1 a</b> Land				13 7 7 148 8		
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment			43,234.	42,753.		481.
e Other			2,519.	2,519.		0.
Total. Add lines 1a through 1e. (Column	(d) must equal F	orm 990, Part X,	column (B), line 10(c).	) . ▶		481.

BAA

Schedule **D** (Form 990) 2011

Part VII   Investments - Other Securities. See Form 990, Part X, line 12. N/A   (a) Description of security or category (including name of security)   (b) Book value	Page 3
(including name of security)  Cost or end-of-year market value of security of the security of	ue
(2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)	
(3) Other (A) (B) (C) (D) (E) (F) (G) (H)	
(A) (B) (C) (D) (E) (F) (G) (H)	
(B) (C) (D) (E) (F) (G) (H)	
(B) (C) (D) (E) (F) (G) (H)	
(C) (D) (E) (F) (G) (H)	
(D) (E) (F) (G) (H)	
(F) (G) (H)	
(F) (G) (H)	
(H)	
(1)	
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.). ▶	(1961年) 1963年 -
Part VIII Investments - Program Related. See Form 990, Part X, line 13. N/A	
(a) Description of investment type (b) Book value (c) Method of valuation:	
Cost or end-of-year market val	ue
_(1)	
(2)	
(3)	
_ (4)	
(5)	
(6)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ►    Part IX   Other Assets. See Form 990, Part X, line 15. N/A	· · · · · · · · · · · · · · · · · · ·
	\D1
	) Book value
(1) (2)	
	<del></del>
(3)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	
Part X Other Liabilities. See Form 990, Part X, line 25.	<u> </u>
(a) Description of liability (b) Book value	and trader on first
(1) Federal income taxes	1, 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(i) redefail income taxes	jangstanding to the second
(2) PAYPOIL TAYES WITHHEID 1 072 MEN SELECTION OF THE PAYPOINT TAYER WITHHEID	
(2) PAYROLL TAXES WITHHELD 1,072.	
(3)	Harry Comment
(3) (4)	
(3) (4) (5)	
(3) (4) (5) (6)	
(3) (4) (5) (6) (7)	
(3) (4) (5) (6) (7) (8)	
(3) (4) (5) (6) (7) (8) (9)	
(3) (4) (5) (6) (7) (8) (9) (10)	
(3) (4) (5) (6) (7) (8) (9)	

Sch	dule D (Form 990) 2011 IRON WORKERS DISTRICT COUNCIL OF CH	IICAGO	) ;	36-1267725	Page <b>4</b>
Pa	t XI: Reconciliation of Change in Net Assets from Form 990 to Audited Financi	al State	ments		
1	Total revenue (Form 990, Part VIII, column (A), line 12)				359,355.
2	Total expenses (Form 990, Part IX, column (A), line 25)				332,288.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				27,067.
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities.				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				<del></del>
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9			27,067.
	t XII Reconciliation of Revenue per Audited Financial Statement		Revenue per	Return	21/0011
1			ito coma por	1	197,157.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•		1	
	Net unrealized gains on investments	2a			
	Donated services and use of facilities.	2b			
	Recoveries of prior year grants	2c			
	I Other (Describe in Part XIV.)	2d			
	Add lines 2a through 2d.			. 2e	
3	Subtract line 2e from line 1			3	197,157.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	•	1 11425	
7	Investment expenses not included on Ferry 200. Best VIII. Inc. 7h	4a			
	Other (Describe in Part XIV) . SEE. PART . XIV	4b	162,19	<del>-</del>	
	· · · · · · · · · · · · · · · · · · ·			4c	162 100
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		• • • • • • • • • • • • • • • • • • • •	5	162,198. 359,355.
	t XIII Reconciliation of Expenses per Audited Financial Statemen	nte Wit	h Evpances n		339, 333.
1	Total expenses and losses per audited financial statements	1112 4411	iii Expenses p	1 1	170,090.
,	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•		170,030.
		اءه ا			
	Donated services and use of facilities	2a			
	OPrior year adjustments	2b			
	, , , , , , , , , , , , , , , , , , , ,	2c			
	1 Other (Describe in Part XIV ).	2d			
_	Add lines 2a through 2d			2e	170 000
3	Subtract line 2e from line 1	1 1		3	170,090.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
	n Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.). SEE PART XIV	4a 4b	162,19	8.	
	Add lines 4s and 4h	<u> 40</u>	102,19	4c	162,198.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	ı		5	332,288.
	t XIV   Supplemental Information	• • •	• • •		332/200.
Con Part any	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, line additional information.				
				- <b>-</b>	
<b>-</b> -					

TEEA3304L 05/25/11

Schedule **D** (Form 990) 2011

BAA

Schedule D	(Form 990) 2011	IRON	WORKERS	DISTRICT	COUNCIL	OF CHICAG	GO	36-1267725	Page <b>5</b>
Part XIV.	(Form 990) 2011 Supplementa	l Inforn	nation (co	ntinued)					
	•								
•									
							<del></del>		
								- <b></b> -	
					<b>-</b>				
									<b></b>
								<del></del>	
							•		
						. – – – – -			
							_ <b></b>		
									<b></b> _

# SCHEDULE I (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' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

1545-0047	11
OMB No	20

	1.27
_	호 =
_	결호
	마땅
<b>5</b>	∖ <b>2</b> §
7	2.2
V	<u>  8</u> .5
	1.18
	7.7

**2** (h) Purpose of grant or assistance Employer identification number Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered 'Yes' to 36-1267725 (g) Description of non-cash assistance 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 criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant (c) IRC section if applicable Part II can be duplicated if additional space is needed General Information on Grants and Assistance IRON WORKERS DISTRICT COUNCIL OF CHICAGO (p) EIN -----1 | | | | | | (a) Name and address of organization or government 1111 1 Name of the organization ١ 1 Part 은 8 ପ୍ର € 9 e ତ୍ର ෂ

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

8

TEEA3901L 06/01/11

Schedule I (Form 990) (2011)

Page 2 Schedule I (Form 990) (2011) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 36-1267725 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance IRON WORKERS DISTRICT COUNCIL OF CHICAGO (c) Amount of cash grant PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION THE BOARD APPROVES ALL GRANTS ISSUED. (a) Type of grant or assistance Schedule 1 (Form 990) (2011) BAA ~ က 2 9

#### **SCHEDULE 0** (Form 990 or 990-EZ)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization IRON WORKERS DISTRICT COUNCIL OF CHICAGO AND VICINITY	Employer identification number 36-1267725					
	30-1207723					
FORM 990, PART VI. LINE 11B - FORM 990 REVIEW PROCESS						
AN OFFICER REVIEWS THE FORM 990 BEFORE IT IS FILED. IN ADDIT	ION, FORM 990 IS MADE					
AVAILABLE TO THE ENTIRE BOARD FOR THEIR REVIEW UPON REQUEST.	AVAILABLE TO THE ENTIRE BOARD FOR THEIR REVIEW UPON REQUEST.					
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY	AVAILABLE					
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMEN	TS ARE AVAILABLE UPON					
REQUEST AT THE DISTRICT COUNCIL'S OFFICE. IN ADDITION, THE C	RGANIZATION FILES AN					
ANNUAL FINANCIAL REPORT WITH THE DEPARTMENT OF LABOR WHICH CA	N ALSO BE OBTAINED ON					
THE ONLINE PUBLIC DISCLOSURE ROOM.						

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATIONPAGE 6 2011 IRON WORKERS DISTRICT COUNCIL OF CHICAGO AND VICINITY 36-1267725 **CLIENT IWDC** 7/11/12 09:48AM **SCHEDULE D, PART XII, LINE 4B** OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S 162,198. 162,198. TOTAL \$ SCHEDULE D, PART XIII, LINE 4B OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S 162,198. 162,198. RPTD AS REIMB EXP ON FS . . . TOTAL \$

2011 PAGE 1 **FEDERAL WORKSHEETS** IRON WORKERS DISTRICT COUNCIL OF CHICAGO AND VICINITY **CLIENT IWDC** 36-1267725 7/11/12 09:56AM FORM 990, PART IX, LINE 24E OTHER EXPENSES (C) MANAGEMENT (D) (A) (B) PROGRAM TOTAL SERVICES & GENERAL FUNDRAISING BANK FEES 510. COMPUTER CONSULTING 1,462. **FLOWERS** 216. 1,160. 3,348. POSTAGE AND SHIPPING 0. TOTAL \$ <u>0.</u> ş

## Form **8868** (Rev January 2012)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

_	e filing for an <b>Automatic 3-Month Extension, com</b>					<b>►</b> [X]
	e filing for an <b>Additional (Not Automatic) 3-Montl</b> <i>plete Part II unless</i> you have already been grante					
Electronic fi corporation equest an e Associated \	ling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which musing of this form, visit www.irs.gov/efile and click of	if you need automatic) Part I or Pa ust be sent	d a 3-month automatic extension of time 3-month extension of time. You can elegant II with the exception of Form 8870, Into the IRS in paper format (see instruction	to file stronic format	(6 months ally file Fo ion Return	orm 8868 to for Transfers
Part l A	utomatic 3-Month Extension of Time. O	nlv subm	it original (no copies needed).			
	n required to file Form 990-T and requesting an a			omple	te Part I o	nly
All other cor	porations (including 1120-C filers), partnerships,			•		• —
ncome tax i	returns.		Enter filer's identif	vina n	umber se	e instructions
	Name of exempt organization or other filer, see instructions.		Enter the Sidenti			on number (EiN) or
Type or print	/Pe or TRON WORKERS DISTRICT COUNCIL OF CUICACO					725
Tile by the due date for	Number, street, and room or suite number. If a P.O. box, see in	structions.		S	ocial security i	number (SSN)
ılıng your eturn See	205 WEST GRAND AVENUE #101					<del></del>
nstructions	City, town or post office, state, and ZIP code For a foreign additional control of the code of the cod	ress, see instru	ctions			
_	BENSENVILLE, IL 60106					
Enter the Re	eturn code for the return that this application is fo	r (file a sep	parate application for each return) .			. 01
Application Is For		Return Code	Application Is For			Return Code
Form 990		01	Form 990-T (corporation)		07	
Form 990-BI	<u> </u>	02	Form 1041-A	orm 1041-A		
Form 990-E	Z	01	Form 4720	Form 4720		
Form 990-PI	F	04	Form 5227			10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
Telephon If the ore If this is check the exte I I requesting the external or t	nsion is for.  est an automatic 3-month (6 months for a corpora  8/15, 20 _ 12, to file the exempt org  ttension is for the organization's return for.	FAX Notes in the digit Group theck this beattern require	be United States, check this box	this is		
▶ _	tax year beginning, 20					
	tax year entered in line 1 is for less than 12 montaining period	ths, check r	reason: Initial return Initial return	al retu	ırn	
nonref	application is for Form 990-BL, 990-PF, 990-T, 4 undable credits. See instructions	·.·	<u> </u>		\$	0.
payme	application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment a	llowed as a	credit .	3 t	\$	0.
EFTPS	ce due. Subtract line 3b from line 3a. Include you 6 (Electronic Federal Tax Payment System) See	instruction	s		\$	0.
Caution. If y	you are going to make an electronic fund withdra structions.	wal with thi	s Form 8868, see Form 8453-EO and Fo	rm 88	79-EO for	

OMB No 1545-1709