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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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

A	For the	2013 calendar year, or tax year beginning and	ending	_	
В	Check If applicable	C Name of organization	- <u>-</u>	D Employer identific	ation number
		INI D ONION OF DETCEDING & ADDIED			
누	Address change Name			26.26	00000
┝	lchange lnitlal	Doing Business As	5	<del></del>	028328
┝	]return ]Termin-	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		) 941-2300
<u> -</u>	lated TiAmenda	660 NORTH INDUSTRIAL DRIVE			8,692,389.
┝	—ireturn ∏Applica-	City or town, state or province, country, and ZIP or foreign postal code ELMHURST, IL 60126		G Gross receipts \$	
L	ltion pending			H(a) Is this a group re for subordinates	
		same as C above		H(b) Are all subordinates in	
_	Tayleyer	mpt status.	or 52	- ' '	list. (see instructions)
_		: ► N/A	0 02	H(c) Group exemption	•
_		organization: Corporation Trust X Association Other	L Yea		State of legal domicile: IL
_		Summary			
		Briefly describe the organization's mission or most significant activities: THE	PURPO	SE OF THE LO	CAL IS TO
Activities & Governance	6	ORGANIZE ALL WORKERS FOR THE ECONOMIC, M	ORAL,	AND SOCIAL	ADVANCEMENT
ra B	-	Check this box   If the organization discontinued its operations or dispo			
ove.	I .	lumber of voting members of the governing body (Part VI, line 1a)		3	5
رق	1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	0
es 2		otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	51
vi Ž	6 T	otal number of volunteers (estimate if necessary)		6	0
Ę	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	ЬЛ	let unrelated business taxable income from Form 990-T, line 34		7b	0.
			_	Prior Year	Current Year
Revenue	8 0	Contributions and grants (Part VIII, line 1h)	_	0.	0.
	9 F	Program service revenue (Part VIII, line 2g)	<u> </u>	7,209,856.	7,605,913.
₽ev	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	19,377.	<48,989.>
_	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	613,679.	339,031.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,842,912.	7,895,955.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	48,133.	41,469.
		Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	67,664.	57,819.
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	4,733,194.	5,352,343.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	. ⊢	0.	0.
ğ	ьТ	otal fundraising expenses (Part IX, column (D), fine 25)	<u> </u>	2 511 164	2 220 062
_	11/	Other expenses (Part IX, column (A), lines 1 latite (1)	-	2,511,164. 7,360,155.	2,238,962. 7,690,593.
	18 7	otal expenses Add lines 13-17 (must expal Part IX, column (A), line 25)	<u> </u>	482,757.	205,362.
- To	19 F	Revenue less expenses Subtract line 18 rpm lifter 12 1 4 2014		Beginning of Current Year	
o sta			<u>                                     </u>	12,485,641.	End of Year 11,144,470.
SSE	20 T		-	2,860,723.	1,381,413.
Net Assets	21 7	(**************************************		9,624,918.	9,763,057.
	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		3,021,3101	3,103,0311
		ties of perjury, I declare that I have examined this return, including accompanying schedule	es and state	ments, and to the best of m	v knowledge and belief, it is
		, and complete. Declaratio <u>n of preparer</u> (other than officer) is based on all information of w			yo.,,,ougo en e e e e e e e
	1	h Dung		7/10/14	
Sig	an	Signature of officer	· · ·	Date	
He		MICHAEL LOWERY, SEC-TREAS/EX BD			
.,.		Type or print name and title			
_		Print/Type preparer's name Preparer's signature,		Date / Check	PTIN
Pa		Howard & Simon Howard & Sim	CPA	7/8/14 If self-employ	P00158008
Pre	eparer	Firm's name Calibre CPA Group PLLC		Firm's EIN	47-0900880
Us	e Only	Firm's address 566 West Lake St Suite 300			
		Chicago, IL 60661	==	Phone no. 31	2-655-0037
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

	990 (2013) CRAFTSMEN ADMIN DISTRICT COUNCIL	36-3028328	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1.	Briefly describe the organization's mission:		
	THE PURPOSE OF THE LOCAL IS TO ORGANIZE ALL WORKERS FOR	THE ECONOM	IIC.
	MORAL AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STA		
	THE POST IN PROPERTY OF THE PR	1001	
		<del></del>	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	<b>_Y</b>	es 🗓 No
	If "Yes," describe these new services on Schedule O.		
3		<b>□</b> ∨	es X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		es LTT NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expen	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expense	es, and
	revenue, if any, for each program service reported.		
4a	(Code ) (Expenses \$ including grants of \$ ) (Reven	ue \$	1
	TO ORGANIZE ALL WORKERS FOR THEIR ECONOMIC, MORAL, AND		
	ADVANCEMENT OF THEIR CONDITION AND STATUS. THERE WERE		PDC Am
		0,007 MEMBI	SKS AT
	YEAR END.		
			<del></del>
4b	(Code ) (Expenses \$ including grants of \$) (Reven	ua \$	
70	/ (Labelines 4		
			-
		. <u></u>	
4c	10-1-		
40	(Code) (Expenses \$) (Rever	nue \$	
			<del>_</del>
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ Including grants of \$ ) (Revenue \$	)	
40	Total program service expenses		
		For	m <b>990</b> (2013)

## INT'L UNION OF BRICKLAYERS & ALLIED CRAFTSMEN ADMIN DISTRICT COUNCIL Form 990 (2013) CRAFTSMEN AD Part IV Checklist of Required Schedules

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	х	
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		
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	一		<b></b> -
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9_		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	140	x	
	Part VI	11a	<del>  ^^</del> -	<del> </del>
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	х
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	11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X	1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110	<del> </del> -	+
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	111	x	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<sub>~</sub>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	+-	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	┼┈	X
	Did the organization maintain an office, employees, or agents outside of the United States?	148	╁	+*
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<del>  </del>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		A
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	+	X
19	complete Schedule G, Part III	19	1	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	X
h	If "Ves" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	) [	1

332003 10-29-13

Form **990** (2013)

CRAFTSMEN ADMIN DISTRICT COUNCIL Part IV Checklist of Required Schedules (continued)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on 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	<del></del>		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	[ .	[
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete		ļ	1
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	ĺ	[	•
	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ŀ		į
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	l		
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	[		ĺ
	instructions for applicable filing thresholds, conditions, and exceptions):		}	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<del> </del>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
	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	├	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
24	• •	30	├	<del></del>
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31	1	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	$\vdash$	<del></del> -
<b>J</b> 2	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>"</u>		<del>                                     </del>
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ł	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>	<u> </u>	
	Part V, line 1	34	ł	X
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			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L	L
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	<u>L</u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	/2013

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	1 :		
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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<del> </del>	X
b	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 Financial Accounts.	-		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<del> </del> -	X
		5b 5c	<b></b>	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	36		$\vdash$
оа	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	х	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<del>"</del>		<del> </del>
	were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
·	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	<u>.</u>	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	<b></b>	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.		}	
a	Did the organization make any taxable distributions under section 4966?	9a	$\vdash$	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			1
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	-		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:	┪	1	
''		1	1	1
	Gross income from other sources (Do not net amounts due or paid to other sources against	┪	İ	1
J	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	
_	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		1	
_	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand		<u>L</u>	<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		For	<sub>m</sub> qqñ	(2013)

## INT'L UNION OF BRICKLAYERS & ALLIED

CRAFTSMEN ADMIN DISTRICT COUNCIL Form 990 (2013)

36-3028328

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year5			
	If there are material differences in voting rights among members of the governing body, or if the governing	ı		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0	- 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>_x</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		1	
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	37	X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	v	
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		x	
_	persons other than the governing body?	7b_	^	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	х	
	The governing body?	8b	X	
_	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	<u> </u>	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		لـــــا	<del></del>
	The state of the section of the state of the		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		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	İ		
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	ĺ		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ĺ	- V	
	The organization's CEO, Executive Director, or top management official	15a	X	├──
D	Other officers or key employees of the organization	15b	<del>  ^</del> -	<del> </del>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	1	
.va	taxable entity during the year?	16a	]	х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	<del></del>	<del></del> -
J	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	l	1	
	exempt status with respect to such arrangements?	16b	ł	1
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion:		
	MICHAEL LOWERY - (630)941-2300			
	660 NORTH INDUSTRIAL DRIVE, ELMHURST, IL 60126			
33200	3 10-29-13	Forn	n <b>990</b>	(2013)

CRAFTSMEN ADMIN DISTRICT COUNCIL

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

- 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 (Ď), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	nor any related	orga	niza	tion	cor	nper	nsat	ed any current officer, o	lirector, or trustee.	
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi	tion	than	опа	Reportable	Reportable	Estimated
	hours per	box	, unle:	ss pe	rson i	is boti	han	compensation	compensation	amount of
	week	⊢	cer an	oao	recto	x/trus	(ee)	from	from related	other
	(list any	ec to	!			1		the	organizations	compensation
	hours for	- <del>-</del> =	يو ا			ated		organization	(W-2/1099-MISC)	from the
	related	şe	trust	1		Be		(W-2/1099-MISC)		organization
	organizations below	rat E	oga		ploye	100 an				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key em	Highest compensated employee	Former			Organizations
(1) JEFFREY BLOOM	40.00									
DIRECTOR/EX BD				X				125,819.	0.	62,747.
(2) JAMES ALLEN	40.00									
PRES/EXEC BD				X	l			191,178.	0.	80,716.
(3) MICHAEL LOWERY	40.00	П		П						
SEC-TREAS/EX BD	1	]		X	l _		l	159,210.	0.	74,547.
(4) TIMOTHY AIKENS	40.00	Г				Γ				
DIRECTOR/EX BD			L	X		<u> </u>		126,357.	0.	67,694.
(5) WILLIAM BREHENY	40.00					Ì				
LOCAL DIRECTOR	ļ	L		X	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	<u> </u>	L.	126,973.	0.	67,694.
(6) PETER CULVER	40.00	1	ł	1	1		l	105 500	1	61 004
LOCAL DIRECTOR	1	_	<u> </u>	L.		X		126,509.	0.	61,924.
(7) GREGORY POSCH	40.00	4	l	İ	ĺ	١.,	ĺ	105 050		67 604
LOCAL DIRECTOR	10.00		┝-	_	├-	X	┡	125,950.	0.	67,694.
(8) JOSEPH GAGLIARDO	40.00	4		ſ	[	X	1	125 022	0.	67 604
LOCAL DIRECTOR	1-40-00	-	<b>⊢</b> -	_	├	<u> </u>	<b>├</b>	125,832.	<u> </u>	67,694.
(9) MICHAEL ERDENBERGER	40.00	-						105 701	0.	67 604
BUSINESS AGENT	10.00	↓	<b>├</b>	<u> </u>	_	X	_	125,701.	<u> </u>	67,694.
(10) MICHAEL PETRITIS	40.00	4		1	1		1	111 073	0.	E4 600
BUSINESS AGENT	<del> </del>	₩		ļ	┡	X		111,873.	<u> </u>	54,689.
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	+	┼	┢	}	╁	┼	╁	<del> </del>		<del> </del>
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Form 990 (2013)

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	(A)	(B) Average			۱) Pos	C) Ition	1		(D)	(E)		(F)	-4
•	Name and title	hours per		not d	heck	more	than is bot		Reportable compensation	Reportable compensation	ı	stimat: mount	
		week	offic	cer an	nd a d	irecto	or/trus	tee)	from	from related	[ "	other	_
		(list any	ctor						the	organizations	com	npensa	
		hours for	r dare		l	ł	豆	1	organization	(W-2/1099-MISC)	f	rom th	e
		related	stee c	ruste	]		Belas		(W-2/1099-MISC)	,	, .	ganiza	
		organizations below	altu	onaf t		e de	E 8				1	id relat	
		line)	ndividual trustee or director	institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	<b>Рог</b> шет			org	anizat	ions
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			1	l	1	1		ł					
1b	Sub-total			•				<b>▶</b>	1,345,402.			73 <u>,</u> 0	93.
С	Total from continuation sheets to F	Part VII, Section A						ightharpoons	0.	0			0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	1,345,402.	0	. 67	73,C	193.
2	Total number of individuals (including	but not limited to the	nose	e list	ed a	bov	/e) w	ho r	eceived more than \$100	0,000 of reportable			4.0
	compensation from the organization	<u> </u>										1.2	10
_												Yes	No
3	Did the organization list any former of			e, k	ey e	mpl	loyee	, or	highest compensated e	employee on		Ì	x
	line 1a? If "Yes," complete Schedule									Al	3	+	1-
4	For any individual listed on line 1a, is									the organization	1.	x	
_	and related organizations greater tha									udual for acqueon	4	+	+-
5	Did any person listed on line 1a received to the organization? If "Yes	•					•		ted organization or man	Adda for Services	5		х
Sec	tion B. Independent Contractors	, complete acrieda	<i>ie                                    </i>	101 3	ucr.	, pe	3011				1 9	<del></del>	
1	Complete this table for your five high	est compensated in	den	end	ent	con	tract	ors	that received more than	\$100.000 of comper	sation	from	
	the organization. Report compensati												
		A)							(B)			(C)	
		siness address							Description of	services	Comp	ensati	on
	WD, BLOCH, AND BENN	•					1						
<u>AV</u>	ENUE, 19TH FLOOR, C	HICAGO, IL	6	06	03				LEGAL		1	78,2	286.
	<del> </del>								<del> </del>				
									<del> </del>				
									1				

332008 10-29-13

Form **990** (2013)

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

\$100,000 of compensation from the organization

CRAFTSMEN ADMIN DISTRICT COUNCIL Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin		<del>                                     </del>		
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts st	1 a	Federated campaigns	1a					T
Contributions, Gifts, Grants and Other Similar Amounts	þ	Membership dues	1b			(		
S, E	c	Fundraising events	1c					
통회	d	Related organizations	1d					
is,	e	Government grants (contribut	ions) 1e					1
is is	f	All other contributions, gifts, grant	ts, and			]		1
夏		similar amounts not included above	ve 1f	_		Ì		
음	g	Noncash contributions included in lines	1a-1f \$					
<u>용</u>	h	Total. Add lines 1a-1f						
				Business Code				
8	2 a	MEMBERSHIP DUES			<u>7,283,113.</u>	7,283,113.	<u> </u>	
او چ	b	Fines Collected		900099	263,608.	263,608.		
S E	C	Benefits Coll f	or Othe	900099	59,192.	59,192.		
Program Service Revenue	d		·			<u> </u>		
Ş.,	е			L				
<u>-</u>	f	All other program service reve	enue					<del></del>
$\rightarrow$	g	Total. Add lines 2a-2f			7,605,913.			<del></del>
	3	Investment income (including	dividends, inter	est, and	46 010		ı	46 010
		other similar amounts)			46,812.	·		46,812.
	4	Income from investment of ta	x-exempt bond (	proceeds >				
J	5	Royalties				<del> </del>		<del></del>
i			(i) Real	(ii) Personal		1		
1		Gross rents		ļ	ļ	}	ļ	}
		Less: rental expenses				}		
		Rental income or (loss)	L	<u> </u>			į	
		Net rental income or (loss)		<u>P</u> _		<del> </del>	ļ <u>.</u>	<del></del>
i	7 a	Gross amount from sales of	(i) Securities	(ii) Other 700,633.				
		assets other than inventory	<u> </u>	700,033.	ł	1	1	
	מ	Less: cost or other basis	]	796,434.				
	_	and sales expenses		<95,801.		ľ	ĺ	
		Gain or (loss)	L	K22,001.	<95,801	L	]	<95,801.
		Net gain or (loss) Gross income from fundraising	a avanta (nat		<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	<del>' </del>	<del> </del>	135,0011
venue	o a	including \$	- 1	ł	l	}	ł	
, Kei		contributions reported on line	of					
8		Part IV, line 18	7 10). See 8		ľ		l	İ
Other R	h	Less: direct expenses	t	<del></del>	†		}	
ō		Net income or (loss) from fund	_		1			
		Gross income from gaming a	_		<del></del>	<del> </del>	<del> </del>	<del></del>
	• •	Part IV, line 19	e :	, i				
	ь	Less: direct expenses	ŀ		1			
		Net income or (loss) from gan		<b></b>	1			
		Gross sales of inventory, less	<del>-</del>					
		and allowances	a a	1	İ	i e		1
	ь	Less: cost of goods sold	k	,	1	}		
		Net income or (loss) from sale	es of inventory	<b>&gt;</b>	1			
		Miscellaneous Revenu		Business Code				
	11 a	DESIGN DETAINED		900099	207,644	207,644.		
	b	LEGAL REIMBURSI	EMENTS	900099	90,287	. 90,287.		
	c	REIMBURSEMENTS		900099	36,246		.]	
	d	All other revenue		900099	4,854			
	е	Total. Add lines 11a-11d		<b></b>	339,031			
	12	Total revenue. See instructions.			7,895,955	.7,944,944.		0. <48,989.
33200 10-29	9 - 13							Form <b>990</b> (2013)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must c	omplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, Bb, 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 governments and				
	organizations in the United States. See Part IV, line 21	41,469.		<u> </u>	
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			ļ	
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	57,819.			
5	Compensation of current officers, directors,	4 054 000			
	trustees, and key employees	1,851,932.		<u> </u>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 020 110	·	ļ	<u> </u>
7	Other salaries and wages	1,938,110.		<del> </del>	ļ ————————————————————————————————————
8	Pension plan accruals and contributions (include	022 242			
_	section 401(k) and 403(b) employer contributions)	833,343.		<del> </del>	
9	Other employee benefits	456,359. 272,599.		<del></del>	<del></del>
10	Payroll taxes	414,333.	<del> </del>	<del> </del>	<del> </del>
11	Fees for services (non-employees):				
	Management	226,669.		<del> </del>	
	Legal Accounting	47,665.		<del>}</del>	<del> </del>
	Lobbying	47,003.	<del></del>	<del> </del>	<del></del>
e	Professional fundraising services. See Part IV, line 17		<del></del>	<del> </del>	<del></del>
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				<del> </del>
5	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	49,468.			
13	Office expenses	382,791.			
14	Information technology	47,802.			
15	Royalties				
16	Occupancy	206,448.			
17	Travel	109,502.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			<u> </u>	<u> </u>
19	Conferences, conventions, and meetings	44,284.			
20	Interest				
21	Payments to affiliates	736,766.		<u> </u>	· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	255,475.			ļ
23	Insurance	109,412.		<u> </u>	
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 0.)				
а	MARKET PROGRESS PASSONS	10,000.		<del> </del>	
ь	ORGANIZER EXPENSES	4,123.			<u> </u>
c	MEMBERSHIP FEES	4,000.			<del> </del>
d	ADJUSTMENT TO CASH BOND	3,000.			
	All other expenses	1,557.	<del></del>		
25	Total functional expenses. Add lines 1 through 24e	7,690,593.			
26	Joint costs. Complete this line only if the organization				1
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		[		1
	Check here If following SOP 98-2 (ASC 958-720)		<u> </u>		<u> </u>

1ADC\_\_\_1

tΧ	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
. 1	Cash - non-interest-bearing		1	990,006.
2	Savings and temporary cash investments	4,168,066.	2	3,323,609.
3	-		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			-
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net	37,167.	7	0.
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a				
				F 200 F00
ь	Less: accumulated depreciation 10b 1,775,833.	6,176,098.		5,392,588.
11	Investments - publicly traded securities	1,425,293.		1,398,835.
12	Investments - other secunties. See Part IV, line 11			
13	Investments - program-related. See Part IV, line 11		<del>                                     </del>	
14	Intangible assets			20 422
15				39,432. 11,144,470.
		12,405,041.	1	11,144,470.
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1	· · ·			<del></del>
22				
			22	
22		1.655.057		510,093.
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l	• •			
	•		]	
		1,205,666	25	871,320.
26		2,860,723	26	1,381,413.
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	9,624,918	27	9,763,057.
28	Temporanly restricted net assets		28	
29	Permanently restricted net assets		29	
1	Organizations that do not follow SFAS 117 (ASC 958), check here ▶└─			
	and complete lines 30 through 34.		1	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	0.601.010		0 762 057
33	Total net assets or fund balances			9,763,057.
34	Total liabilities and net assets/fund balances	12,485,641	• 34	11,144,470. Form <b>990</b> (2013)
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33	1 Cash - non-interest-bearing 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7,168,421. 1 Investments - publicly traded securities 1 Investments - program-related. See Part IV, line 11 1 Intragible assets 1 Other assets. See Part IV, line 11 1 Intragible assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   27 Tordal liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   28 Temporanly restricted net assets  1 Temporanly restricted net assets  29 Permanently restricted net assets  29 Permanently restricted net assets  20 Organizations that do not follow SFAS 117 (ASC 958), check here   20 Capital stock or trust principal, or current funds  21 Pad-in or capital surplu	1 Cash - non-interest-bearing 679 , 017 . 2 Savings and temporary cash investments 7, 1689 , 066 . 3 Pledges and grants receivable, net 1 Accounts receivable, net 1 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part I of Schedule L 1	Cash - non-interest bearing   G79 , 017 , 1

Check if Schedule O contains a response or note to any line in this Part XI	,955.
,	<u>,955.</u>
1 Total revenue (must equal Part VIII, column (A), line 12)	
2 Total expenses (must equal Part IX, column (A), line 25)	<u>, 593.</u>
	,362.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	
	,223.
6 Donated services and use of facilities 6	
7 Investment expenses 7	
8 Prior period adjustments 8	
9 Other changes in net assets or fund balances (explain in Schedule O)	0.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	
	<u>,057.</u>
Part XII Financial Statements and Reporting	_
Check if Schedule O contains a response or note to any line in this Part XII	X
1 Accounting method used to prepare the Form 990: X Cash Accrual Other	es No
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	l x
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	<del></del>
separate basis, consolidated basis, or both:	1
Separate basis Consolidated basis Both consolidated and separate basis	
	$\mathbf{x}$
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	<del>^</del>
consolidated basis, or both:	ı
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
	x
	<del>^</del>
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit  Act and OMB Circular A-133?  3a	x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	
	90 (2013)

### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

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

▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.rs.gov/form990.

Inspection

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

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

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

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

<ul> <li>Section 501(c)(4), (5), or (6) org</li> <li>Name of organization</li> <li>INT</li> </ul>	L UNION OF BRICKLA	ZERS & ALLITED	Emplo	oyer identification number
=	TSMEN ADMIN DISTRIC			36-3028328
Part I-A   Complete if th	e organization is exempt un	der section 501(c) o	r is a section 527 or	
<ol> <li>Provide a description of the c</li> <li>Political expenditures</li> <li>Volunteer hours</li> </ol>	organization's direct and indirect politi	cal campaign activities in	Part IV. ►\$	
		504/->/0	·	
	e organization is exempt un			
•	se tax incurred by the organization ur		<b>▶</b> \$	
· ·	se tax incurred by organization mana	-	▶\$	
•	section 4955 tax, did it file Form 472	0 for this year?		Yes No
4a Was a correction made?				☐ Yes ☐ No
b If "Yes," describe in Part IV.  Part I-C Complete if th	e organization is exempt un	der section 501(c).	except section 501(	c)(3).
	pended by the filing organization for s		<del></del>	,,,
	organization's funds contributed to			<del></del>
exempt function activities			<b>▶</b> \$	
•	ditures. Add lines 1 and 2. Enter here	and on Form 1120-POL,	·	
line 17b		ŕ	<b>▶</b> \$	
4 Did the filing organization file	Form 1120-POL for this year?			Yes No
made payments. For each or contributions received that w	and employer identification number (l ganization listed, enter the amount pa vere promptly and directly delivered to AC). If additional space is needed, pro	aid from the filing organiza o a separate political organ	tion's funds. Also enter th nization, such as a separa	e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
INT'L UN OF BAC P		26 2020200		50.664
FUND	60126	36-3028328	0.	59,664.
	otice see the Instructions for Form			(Form 990 or 990-EZ) 2013

See Part IV for Continuation LHA

332041

## INT'L UNION OF BRICKLAYERS & ALLIED

Schedule C (Form 990 or 990-EZ) 2013 CRAF	TSMEN A	DMIN DISTRI	CT COUNCIL	36-3	3028328 Page 2
Part II-A Complete if the organiza	tion is exer	npt under section	n 501(c)(3) and file	ed Form 5768	
(election under section 5	01(h)).				
A · Check ► If the filing organization be	ongs to an affi	liated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of ex	cess lobbying	expenditures).			
B Check ► L if the filing organization ch	ecked box A ar	nd "limited control" pro	visions apply.		<del></del>
Limits on L (The term "expenditures	obbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lebburg expenditures to influence of	ublic comics (	grane roots lobbying)			<del> </del>
<ul> <li>1a Total lobbying expenditures to influence p</li> <li>b Total lobbying expenditures to influence a</li> </ul>		=	•		<del> </del>
c Total lobbying expenditures (add lines 1a	=	ay (direct loopying)	ł		
d Other exempt purpose expenditures	and 1b)				
e Total exempt purpose expenditures (add	lines 1c and 1c	41	}		
f Lobbying nontaxable amount. Enter the a		*	h columns		<del> </del>
If the amount on line 1e, column (a) or (b) is:				<del></del>	<del> </del>
Not over \$500,000		bying nontaxable am the amount on line 1e.			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000	_				
Over \$1,500,000 but not over \$1,500,000		00 plus 10% of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of the except of t			
Over \$17,000,000	\$1,000,		35 OVER \$1,500,000.		
Over \$17,000,000	1 \$1,000,	000.			
g Grassroots nontaxable amount (enter 25	6 of line 1ft				<del> </del>
h Subtract line 1g from line 1a. If zero or les	•			······································	
i Subtract line 1f from line 1c. If zero or les				<del></del>	
j If there is an amount other than zero on e		line 1i. did the organiz	ation file Form 4720		_ <del></del>
reporting section 4911 tax for this year?		mio in ala ma organia			Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
(Some organizations			n do not have to com	olete all of the five	
			es 2a through 2f on pa		
L	obbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d</b> ) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

36-3028328 Page 3

Schedule C (Form 990 or 990-EZ) 2013 CRAFTSMEN ADMIN DISTRICT COUNCIL

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(b)		
of the lobbying activity.	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?					
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?		<u> </u>			
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?	<u> </u>				
g Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		ļ			
i Other activities?		ļ			
j Total. Add lines 1c through 1i			L		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<u> </u>			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912		ł	L		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ļ	<u> </u>		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1 75.11	<u> </u>	<u> </u>		
Part III-A Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).	ection 501(c	)(5), or se	ection		
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X	
Part III-B Complete if the organization is exempt under section 501(c)(4), se					
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer	ered "No," C	R (b) Par	t III-A, li	ne 3, is	
answered "Yes."	· · <del></del>				
1 Dues, assessments and similar amounts from members		1	<del> </del>	<del></del>	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p	political	l l			
expenses for which the section 527(f) tax was paid).			1		
a Current year		2a	<b>├</b> ──		
b Carryover from last year		2b	<del> </del>		
c Total		. 2c	<del>                                     </del>		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	3	<del> </del>			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	and political	1			
expenditure next year?		4	<del> </del>		
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information	· <del></del>	5			
		11 A June Oc	and Dark III	D. Ivan 1	
Provide 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, IIN <del>e</del> 2;	ano Part II-I	B, line 1.	
Also, complete this part for any additional information.  Part I-A, Line 1:				<u> </u>	
Ermlanation, Mile LOGAL MAG & GERARAME GEORGEMEN N	מומוט א				
Explanation: THE LOCAL HAS A SEPARATE SEGREGATED PA	UC LOND.				
Part I-C Continuation for Incomplete Name/Address	Informat	ion:			
INT'L UN OF BAC PAC FUND					
660 NORTH INDUSTRIAL DR. ELMHURST, IL 60126			- 000 - 55	0 571 0040	
332043	Sched	iule C (Forn	n 990 or 99	0-EZ) 2013	

11-08-13

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/fprm990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INT'L UNION OF BRICKLAYERS & ALLIED CRAFTSMEN ADMIN DISTRICT COUNCIL

Employer identification number 36-3028328

Par	ort I Organizations Maintaining Donor Advised Fu		ds or Accounts. Complete if the						
	organization answered "Yes" to Form 990, Part IV, line 6.								
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year)								
	Aggregate grants from (during year)								
	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor adv	vised funds						
•	are the organization's property, subject to the organization's exclu-		Yes No						
6	Did the organization inform all grantees, donors, and donor advisor								
•	for charitable purposes and not for the benefit of the donor or don-								
	impermissible private benefit?	or advisor, or for any other purpos	Yes No						
Par	art II Conservation Easements. Complete if the organiza	tion answered "Ves" to Form 990							
1			, 1 4.117, 11.101.						
•	Preservation of land for public use (e.g., recreation or education)		nistorically important land area						
	Protection of natural habitat		ertified historic structure						
	Preservation of open space								
_									
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the for	m of a conservation easement on the last						
	day of the tax year.		Held at the End of the Tax Year						
			<del></del>						
а	Total number of conservation easements	2a							
Þ	,		2b						
		2c							
đ	Mumber of conservation easements included in (c) acquired after 8	3/17/06, and not on a historic stru	l 1						
	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by t	the organization during the tax						
	year ▶	_							
4	Number of states where property subject to conservation easeme	· · · · · · · · · · · · · · · · · · ·	_						
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements it hold		Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting, and		· · · · · · · · · · · · · · · · · · ·						
7	Amount of expenses incurred in monitoring, inspecting, and enfor-								
8	Does each conservation easement reported on line 2(d) above sat	isfy the requirements of section 1							
	and section 170(h)(4)(B)(ı)?		L_ Yes						
9	In Part XIII, describe how the organization reports conservation ea	isements in its revenue and exper	nse statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organization's	financial statements that describe	es the organization's accounting for						
	conservation easements.								
Pa	art III Organizations Maintaining Collections of Ar		Other Similar Assets.						
	Complete if the organization answered "Yes" to Form 990,								
1a	a If the organization elected, as permitted under SFAS 116 (ASC 95	8), not to report in its revenue sta	tement and balance sheet works of art,						
	historical treasures, or other similar assets held for public exhibition	on, education, or research in furthe	erance of public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that describes t	hese items.							
b	b If the organization elected, as permitted under SFAS 116 (ASC 95	8), to report in its revenue statem	ent and balance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, educate	tion, or research in furtherance of	public service, provide the following amounts						
	relating to these items:								
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$						
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$						
2		es, or other similar assets for finan							
	the following amounts required to be reported under SFAS 116 (A								
а	a Revenues included in Form 990, Part VIII, line 1	· -	<b>▶</b> \$						
	Assets included in Form 990, Part X		<b>▶</b> \$						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

## INT'L UNION OF BRICKLAYERS & ALLIED

		EN ADMIN D						<u> 36-302</u>		Page 2
Par	t III   Organizations Maintaining C	ollections of A	rt, Histo	rical Tr	easures, o	r Othe	r Simil	ar Asset	<b>S</b> (continue	d)
3	Using the organization's acquisition, accession	on, and other record	ds, check a	ny of the	following that	are a si	gnificant	use of its c	ollection it	ems
	(check all that apply):									
а	Public exhibition	c	ا 🗀 لو	an or exc	hange progra	ms				
b	Scholarly research	e	, 🗀 o	her						
С	Preservation for future generations					·				
4	Provide a description of the organization's co	llections and explai	in how the	y further t	he organizatio	on's exer	npt purp	ose in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hist	orical trea	sures, or othe	er sımilar	assets			
	to be sold to raise funds rather than to be ma	intained as part of	the organi	ation's co	ollection?				Yes	No
Par	t IV Escrow and Custodial Arran	gements. Compi	ete if the c	rganizatio	n answered "	Yes" to	Form 990	), Part IV, li	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for co	ntribution	s or other as	sets not	included			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ole:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
<b>2</b> a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				•		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanation	has been	provided in f	Part XIII				
Par	t V Endowment Funds. Complete in	the organization a	nswered "	es" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three	years back	(e) Four ye	ars back
1a	Beginning of year balance							•••		
b										
c										
d										
е	Other expenditures for facilities									-
	and programs									
f	Administrative expenses					Î				
g	End of year balance								-	
2	Provide the estimated percentage of the curr	rent year end balan	ce (line 1a	column (a	a)) held as:					
а	<ul> <li>Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:</li> <li>Board designated or quasi-endowment</li> <li>%</li> </ul>									
b	Permanent endowment	%	_							
С	Temporanly restricted endowment ▶	<del></del> %								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posse	· · · · · · · · · · · · · · · · · · ·	zation that	are heid a	and administe	red for t	he organ	ızation		
	by.	•					_		Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	•							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Schedi	ile R?					3b	
4	Describe in Part XIII the intended uses of the	•						•		
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" to Form 99	0, Part IV,	ine 11a. S	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or			t or other		ccumulat	ted	(d) Book v	alue
	,	basis (invest			(other)		preciatio			
1a	Land									
	Buildings			3,91	9,952.		343,1	.18.	3,576	,834.
	Leasehold improvements				2,015.		131,2		1,510	
	Equipment	-			1,071.		372,3		188	,748.
	Other				5,383.		929,1		116	,231.
	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Par	t X, colum					. •	5,392	

Schedule D (Form 990) 2013

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

TM.L. T	ONTO	N OF.	RKI	CKLAYE	KS	δc	<b>YPTTED</b>
CRAFTS	MEN	ADMII	זמ ע	STRICT	CC	יתו	ICTL

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Va	luation: Cost or end-	of-year market value
(1) Financial derivatives			<del></del> _	
(2) Closely-held equity interests			<del></del>	
(3) Other	<del></del>			
(A)				
(B)		<del></del>	<del></del>	
(C) (D)			<del></del>	<del></del>
(E)				<del></del>
(F)				
(G)		· · · · · · · · · · · · · · · · · · ·		
(H)	<del></del>	<del></del>		<del></del>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.		<del></del>		
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11c. See Form 990, P	art X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	lluation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	<u> </u>			
(7)				
(8)			<del></del>	
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			<del></del>	
Part IX Other Assets.	1- E 000 B-+ N/	l 44 d. Can Farm 000 F	3-4V I 45	
Complete if the organization answered "Yes"	Description	ine 11a. See Form 990, F	art X, line 15.	(b) Book value
	Description			(b) Book Valdo
(1)		<del></del>		
(2)	<del> </del>			
(4)	<del></del>			
(5)				
(6)				
(7)		<del></del>		
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11e or 11f. See Form	990, Part X, line 25.	
1. (a) Description of liability		(b) Book value	,	
(1) Federal income taxes				
(2) CONTRACTOR CASH BONDS		869,135.		
(3) PAYROLL TAXES AND WITHHOL	DINGS	2,185.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		074 300		
Total. (Column (b) must equal Form 990, Part X, col (B) lin		871,320.		
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footn	ote to the organization's f	inancial statements t	hat reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2013

332053 09-25-13

	INT L UNION OF BRICKLAYERS & ALLIED	26	2020200
	edule D (Form 990) 2013 CRAFTSMEN ADMIN DISTRICT COUNCIL		3028328 <sub>Page</sub>
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Reve	nue per Heturr	٦.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	<del></del>	7 000 000
1	Total revenue, gains, and other support per audited financial statements	1	7,828,732
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments  2a < 0	57,223.	
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		68.000
е	Add lines 2a through 2d	2e	<67,223
3	Subtract line 2e from line 1	3_	7,895,955
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	] ]	
а		i	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		7,895,955
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expe	enses per Hetu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1_	7,690,593
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	i i	
а	Donated services and use of facilities 2a		Į.
b	Prior year adjustments 2b		ļ
C	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d .	2e_	0
3	Subtract line 2e from line 1	3	7,690,593
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	0
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,690,593
Pa	rt XIII Supplemental Information.	<del></del>	
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b	; Part V, line 4; Par	t X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
Pa	rt X, Line 2:		
Ex	planation: As of December 31, 2013, there were no un	ncertain r	ositions
ta	ken or expected to be taken that would require recog	gnition of	a
<u>li</u>	ability (or asset) or disclosure in the financial st	tatements.	The
Co	uncil's Forms 990 for the fiscal years 2010, 2011 as	nd 2012 ar	re subject
to	examination by the IRS, generally for three years a	after they	y were
	led.		
	<del></del>		

2 [] **Employer identification number** Schedule I (Form 990) (2013) 36-3028328 2013. OMB No 1545-0047 **Open to Public** Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of INT'L UNION OF BRICKLAYERS & ALLIED (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 7,000,7 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CRAFTSMEN ADMIN DISTRICT COUNCIL (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501 c (3) Enter total number of other organizations listed in the line 1 table 36-2911506 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government 660 N. INDUSTRIAL DRIVE Name of the organization ELMHURST, IL 60126 Department of the Treasury Internal Revenue Service SHEPHERD FUND SCHEDULEI (Form 990) Parti Part

# INT'L UNION OF BRICKLAYERS & ALLIED CRAFTSMEN ADMIN DISTRICT COUNCIL

Schedule I (Form 990) (2013)

Page 2

36-3028328

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 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. Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information DONATIONS ARE MADE UPON REQUESTS THE DISTRICT COUNCIL WILL INQUIRE WITH ORGANIZATIONS RECEIVING SIGNIFICANT DONATIONS AS TO THE USE OF THE LINE 2: THE BOARD APPROVES ALL (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients THE ORGANIZATION. н Explanation: SCHEDULE I, PART FROM VARIOUS ORGANIZATIONS. (1 (a) Type of grant or assistance LINE H DONATIONS MADE BY PART FUNDS RECEIVED SCHEDULE I, Part III

Schedule I (Form 990) (2013)

## **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. ➤ See separate instructions. Information about Schedule J (Form 990) and its instructions is at www.us.gov/form990

INT'L UNION OF BRICKLAYERS & ALLIED

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CRAFTSMEN ADMIN DISTRICT COUNCIL

**Employer identification number** 36-3028328

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account 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, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 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 Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a 4h b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization? 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2013

## INT'L UNION OF BRICKLAYERS & ALLIED

CRAFTSMEN ADMIN DISTRICT COUNCIL

Schedule J (Form 990) 2013

36-3028328

Page 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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Sellents	(a) (i)(a)	in prior Form 990
(1) JEPPREY BLOOM	(9)	109.482.	0	16,337.	46,845.	15,902.	188,566.	0
2	3 (5	٠I	0	٠l		0	0	0
(2) JAMES ALLEN	9	156,516.	0	34,662.	61,08	19,632.	271,894.	0
	) (E	-1	0	1 1	1 1		1	0
(3) MICHAEL LOWERY	ε	132,801.	0	26,409.	24,915	19,632.	233,757.	
	<u> </u>	0	0			0.	0.	
(4) TIMOTHY AIKENS	Ξ	109,482.	0	16,875.	48,979	18,715.	194,051.	
	: 🖹	0	0	1				
(5) WILLIAM BREHENY	€	109,482.	0	17,491.	48,979.	18,715.	194,66	
LOCAL DIRECTOR	3	0	0			0		0
(6) PETER CULVER	Ξ	109,482.	0	17,027.	42,567.	19,357.	188,43	0.
٦	: 🖹	0	0			0.		0.
(7) GREGORY POSCH	ε	109,482.	0	16,468.	48,979	18,715.	193,64	0
LOCAL DIRECTOR	: ≘	0	0			l		0
(8) JOSEPH GAGLIARDO	Ξ	109,482.	0	16,350.	48,97	18,715.	193,526.	0
LOCAL DIRECTOR	: <u>@</u>	0	0					0
(9) MICHAEL ENDENBERGER	Ξ	109,482.	0.	16,219.	48,979.	18,715.	193,395.	
BUSINESS AGENT	≘	0	0		- 1		- 1	
(10) MICHAEL PETRITIS	Θ	96,373.	0.	15,500.	37,896.	16,793.	166,562.	
BUSINESS AGENT	≘	0	0	0	0	0.	0	0
	Ξ							
	(II)							
	Θ							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	Ξ							
	≘							
	<u>e</u>							
	(ii)							
				(			Schedi	Schedule J (Form 990) 2013

INT'L UNION OF BRICKLAYERS & ALLIED CRAFTSMEN ADMIN DISTRICT COUNCIL

Page 3

36-3028328

Schedule J (Form 990) 2013	CRAFTSMEN ADMIN DISTRICT COUNCIL		36-3028328 Page 18	Pag
Part III Supplemental Information				ŀ
Provide the information, explanation, or descriptions required for Part	or descriptions required for Part I, lines 1a, 1b, 3, 4	Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information	ny additional information.	

						·			
						:			

Schedule J (Form 990) 2013

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

INT'L UNION OF BRICKLAYERS & ALLIED

Employer identification number

CRAFTSMEN ADMIN DISTRICT COUNCIL 36-3028328 Form 990, Part I, Line 1, Description of Organization Mission: OF THEIR CONDITION AND STATUS. Form 990, Part III, Line 4d, Other Program Services: TO ORGANIZE ALL WORKERS FOR THEIR ECONOMIC, MORAL AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STATUS. THERE WERE 6,687 MEMBERS AT YEAR END. Form 990, Part VI, Section A, line 6: Explanation: Line 6 explanation - THERE IS ONLY ONE CATEGORY OF MEMBERSHIP IN THE DISTRICT COUNCIL. THEY PAY DUES AT A RATE OF \$20-\$25/MONTH. Form 990, Part VI, Section A, line 7a: Explanation: Line 7a explanation - IN THE PREVIOUS ELECTION (NOVEMBER 2010), THE CURRENT DELEGATES FOR EACH OF THE MERGED LOCALS VOTED TO ELECT NEW OFFICERS (PRESIDENT, SECRETARY-TREASURER AND THREE EXECUTIVE VICE PRESIDENTS). BEGINNING IN 2014, AND THEN EVERY FOUR YEARS THEREAFTER, PRESIDENT, THE SECRETARY-TREASURER AND THE THREE EXECUTIVE VICE-PRESIDENTS SHALL BE ELECTED BY MAIL BALLOT FROM AMONG THE MEMBERS IN GOOD STANDING.

Form 990, Part VI, Section A, line 7b:

Explanation: Line 7b explanation - THE ULTIMATE POWERS OF THE DISTRICT COUNCIL ARE VESTED IN THE DISTRICT COUNCIL CONVENTION. THE CONVENTION'S AUTHORITY SHALL INCLUDE, BUT IS NOT LIMITED TO, AMENDING THE CONSTITUTION, ELECTING COUNCIL OFFICERS, DETERMINING THE RATE OF DISTRICT COUNCIL PER

CAPITA TAX AND/OR DISTRICT COUNCIL DUES, PRESCRIBING ITS OWN RULES OF ORDER Schedule O (Form 990 or 990-EZ) (2013) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

WAGE RATES NEGOTIATED FOR EACH OF THE DIFFERENT CRAFTS, AND SHALL ALSO BE EMPOWERED TO PROVIDE FOR ALLOWANCES AND FOR THE REIMBURSEMENT OF LEGITIMATE EXPENSES FOR THE SECRETARY-TREASURER, PRESIDENT AND MEMBERS OF THE EXECUTIVE BOARD.

Form 990, Part VI, Section C, Line 19:

Explanation: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE DISTRICT COUNCIL'S OFFICE. IN ADDITION, THE ORGANIZATION FILES AN ANNUAL FINANCIAL REPORT WITH THE DEPARTMENT OF LABOR WHICH CAN ALSO BE OBTAINED ON THE

ONLINE PUBLIC DISCLOSURE ROOM.

332212 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990 EZ) (2013)	Page 2
Name of the organization INT'L UNION OF BRICKLAYERS & ALLIED CRAFTSMEN ADMIN DISTRICT COUNCIL	Employer identification number 36-3028328
•	
FORM 990, PAGE 12, PART XII; LINE 2C:	
Explanation: DURING THE YEAR ENDED DECEMBER 31, 2013, THE	RE WAS NO
CHANGE IN THE OVERSIGHT PROCESS OR SELECTION PROCESS.	· · · · · · · · · · · · · · · · · · ·
<del></del>	
<del></del>	

## Form **8868** (Rev January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 •

OMB No. 1545-1709

					l		
If you a	re filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box		<b>&gt;</b>	X	
If you a	re filing for an Additional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of t	this form).			
Do not co	implete Part II unless you have already been granted a	n automa	tic 3-month extension on a previous	ly filed For	n 8868.		
	c filing (e-file). You can electronically file Form 8868 if ye					oration	
required t	o file Form 990-T), or an additional (not automatic) 3-mor	ith extens	ion of time. You can electronically fi	ile Form 88	68 to request an ex	ctension .	
of time to	file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for I	Transfers A	ssociated With Ce	tain	
Personal	Benefit Contracts, which must be sent to the IRS in paper	er format (	see instructions). For more details of	on the elect	ronic filing of this f	orm,	
vísit www	irs gov/efile and click on e-file for Charities & Nonprofits.						
Part I	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).			
A corpora	ition required to file Form 990-T and requesting an autom	natic 6-mo	nth extension - check this box and	complete			
Part I only	1				<b>&gt;</b>		
	corporations (including 1120-C filers), partnerships, REMi	ICs, and tr	usts must use Form 7004 to reques	st an extens	ion of time		
to file inco	ome tax returns.	_		Enter file	's identifying nun	nber	
Type or	ype or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print	INT'L UNION OF BRICKLAYERS & ALLIED						
	CRAFTSMEN ADMIN DISTRICT COUNCIL				36-3028328		
File by the due date for	for Number, street, and room or suite no. If a P.O. box, see instructions.			Social security number (SSN)		)	
iling your eturn See							
nstructions							
	ELMHURST, IL 60126						
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
Application			Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01_	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
	MICHAEL LOWERY						
<ul><li>The be</li></ul>	ooks are in the care of > 660 NORTH INDUS	STRIA	L DRIVE - ELMHURSI	', IL	601 <u>26</u>		
Teleph	none No. ► (630)941-2300		Fax No. ▶ (630)941-2	301			
If the	organization does not have an office or place of business	s in the Ur	nited States, check this box			. 🗀	
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is for	the whole group,	check this	
box 🖊	. If it is for part of the group, check this box	and atta	ich a list with the names and EINs o	of all memb	ers the extension is	s for.	
1 Ire	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	e until			
August 15, 2014 , to file the exempt organization return for the organization named above. The extension							
is f	s for the organization's return for:						
	X calendar year 2013 or						
	tax year beginning, and ending						
					_ <del>_</del>		
2 If ti	he tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final retur	n		
	Change in accounting period						
3a If ti	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	nonrefundable credits. See instructions. 3a \$				\$	0.	
b If t	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	imated tax payments made. Include any prior year over			3b	\$	0.	
_	lance due. Subtract line 3b from line 3a. Include your pa						
	using EFTPS (Electronic Federal Tax Payment System).	-		3c	\$	0.	
	If you are going to make an electronic funds withdrawal				nd Form 8879-FO f		
netrictic		,	,			<del></del> y	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)