

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 private foundations)

Department of the Treasury Internal Revenue Service

▶ 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

<u> </u>	or the	2013 calendar year, or tax year beginning JUL 1, 2013 and end	ding J	<u>UN 30, 2014</u>	
B c	heck if	C Name of organization		D Employer identific	ation number
aļ	oplicable	NORTH CENTRAL STATES IRONWORKERS		-	
	Address				
	Name change	Doing Business As		41-13	280913
	Initial	··-	om/suite	E Telephone number	
<u> </u>	_!return ∏Termin-		onvante i		485-0501
<u> </u>	Jated]Amend∈				468,099.
=	Jreturn ∃Applica	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	
L	⊥tiòn pendini	HORICON, WI 33032		H(a) Is this a group re	
		F Name and address of principal officer: COLIN J. MILLARD		for subordinates	
_		same as C above	7	H(b) Are all subordinates in	
		mpt status 501(c)(3)X 501(c)(5) ◀ (insert no.) 4947(a)(1) or	527	1	list. (see instructions)
		e: ► N/A	т	H(c) Group exemption	
		organization: Corporation Trust X Association Other	L Year	of formation: 1976 M	State of legal domicile: MN
Pa		Summary		1	7
ė		Briefly describe the organization's mission or most significant activities: TO CRE			
EB 2 0 2015 Activities & Governance	_	BETWEEN THE LOCAL UNIONS AND ISSUES AFFECT			
ē		Check this box If the organization discontinued its operations or disposed	of more	i I	
കള്		Number of voting members of the governing body (Part VI, line 1a)		3	12
2		Number of independent voting members of the governing body (Part VI, line 1b)		4	12
ies	i .	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		. 5	3
₩ ¥	1	Total number of volunteers (estimate if necessary)		6	0
A Co	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line LECEIVED	المامانة ا	<u>7a</u>	0.
11	<u>b</u> !		_()		0.
L.		Contributions and grants (Part VIII, line 1h)	ુ જ્⊱	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	19	32,000.	32,000.
Z 5	9 1	Program service revenue (Part VIII, line 2g)	- 88 -	299,875.	390,241.
SCANNED	10	investment income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT		351.	546.
ت	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c-10c-and-11e)		34,522.	45,312.
<u> </u>	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	$-\!$	366,748.	468,099.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		52,278.	33,169.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	ļ	106,369.	90,950.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	<u> </u>
ă. S	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0. </u> _		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	188,803.	278,048.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	347,450.	402,167.
	19	Revenue less expenses Subtract line 18 from line 12		19,298.	65,932.
sets or	}		<u> Be</u>	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		<u>364,913.</u>	431,356.
¥	21	Total liabilities (Part X, line 26)		1,750.	2,261.
Net		Net assets or fund balances Subtract line 21 from line 20		<u>363,163.</u>	429,095.
	art II	Signature Block			
Und	ler pena	ities of perjury, I declare that I have examined this return, including accompanying schedules at	and statem	nents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h prepare	r has any knowledge.	
		Colin Mille			
Sig	ın	Signature of officer		Date	-
He	re	COLIN J. MILLARD, President		2-2-205	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d	HOWARD SIMON Mount of the C	SPA	2/5/15 self-employ	
Pre	parer	Firm's name Calibre CPA Group PLLC		Firm's EIN	47-0900880
Use	Only	Firm's address 566 West Lake St Suite 300			
_	_	Chicago, IL 60661		Phone no. 31	2-655-0037
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		<u> </u>	X Yes No

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$

) (Revenue \$

Total program service expenses

Form **990** (2013)

4e

Form 990 (2013) DISTRICT COUNCIL
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
	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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ì		
	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		ļ	ł
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			17
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			i
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			X
4-	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.	'		,
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-		· *
a	Part VI	11a	х	1
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			$\overline{}$
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	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	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in]	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ـــــ	X
9	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Ì		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	X	—
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	l	_v	
	Schedule D, Parts XI and XII	12a	X	—
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	\vdash	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	\vdash	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148	 	 ^
a	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	1	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	,	1	† <u> </u>
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	Γ
-	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	$oxed{oxed}$	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Forr	n 990	(2013)

41-1280913 Page 4 DISTRICT COUNCIL Forth 990 (2013) 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 1? 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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ļ]	
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		1
	Schedule K. If "No", go to line 25a	24a	ì	Х
ь	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) 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		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		ļ —	
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			}
	Schedule L, Part I	25b	[1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	<u> </u>	<u> </u>	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		}	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	- 		
	instructions for applicable filing thresholds, conditions, and exceptions):	ì	1	ľ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u> </u>	t	
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>	t	
	If "Yes," complete Schedule N, Part I	31	1	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>	1	T
	Schedule N, Part II	32	1	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34	1	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36				
	If "Yes," complete Schedule R, Part V, line 2	36	1	ļ
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	[x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		\top	
	Note. All Form 990 filers are required to complete Schedule O .	38	X	
_				(2013

	990 (2013) DISTRICT COUNCIL 41-1280	<u> 113</u>	Pa	ge 5
Par	t 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		- (
		,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ì	ı	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		- [4
•	(gambling) winnings to prize winners?	1c	1	- `
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			 ;
40	filed for the calendar year ending with or within the year covered by this return 2a 3	l	ŀ	- [
.	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	_ '
D		-	 +	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	-	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	}	 -
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	30	\dashv	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	.	1	X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>~</u>
b	If "Yes," enter the name of the foreign country:	ŀ		:
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	· .	-	v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		.]	
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	X	
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		,,	
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).	ľ	- 1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		1	:
	to file Form 8282?	7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year		- 1	,
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	-	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		1	i
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1	-	ĺ
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1 1	*	l
a	· · · · · · · · · · · · · · · · · · ·		`	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ļļ		1
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			l
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			1
t	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	1		
(Enter the amount of reserves on hand	<u></u>		<u>L.</u>
148	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			= = =	

NORTH CENTRAL STATES IRONWORKERS

Form 990 (2013)

DISTRICT COUNCIL

41-1280913

Page 6

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					
Sect	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 year	12	-	-	-					
	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 0.	İ	· [. I	1					
b	Enter the number of voting members included in line 1a, above, who are independent	12								
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		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ı ļ								
	of officers, directors, or trustees, or key employees to a management company or other person?	- 1	3		X					
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?									
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									
	more members of the governing body?		7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?		7b	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		-	.	. 1					
	The governing body?		8a_	X						
	Each committee with authority to act on behalf of the governing body?		8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				х					
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No					
100	Did the organization have local chapters, branches, or affiliates?	1	10a	162	No X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	•	100							
U	and branches to ensure their operations are consistent with the organization's exempt purposes?									
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a	and the second s									
b			12b							
c	The state of the s									
	in Schedule O how this was done	ļ	12c	<u>'</u>						
13	Did the organization have a written whistleblower policy?		13		X					
14	Did the organization have a written document retention and destruction policy?		14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent		l							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		١.		٠.					
а	The organization's CEO, Executive Director, or top management official		15a		X					
þ	Other officers or key employees of the organization		15b	<u> </u>	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		!]·	1					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				w					
	taxable entity during the year?		16a	 -	X_					
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			ł						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			-	-					
<u></u>	exempt status with respect to such arrangements?		16b		Ь					
	List the states with which a copy of this Form 990 is required to be filed None									
17			!							
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) a	avanat	718						
	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 0)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest programme of the conflict of interest programmes and its programmes of the conflict of interest programmes.	alieu an	d fina	ncial						
יס	statements available to the public during the tax year.	nicy, an	iu iirid	iciai						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	raanize	tion:							
_0	COLIN MILLARD - (920) 485-0501	gui iiza								
	403 E LAKE STREET, HORICON, WI 53032									
3320	08 10-29-13		Forn	n 990	(2013)					

Form 990 (2013) 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

(A) Name and Title	(B) Average hours per week	offi	not cl	ss pe	ntion more rson	than than the street of the st	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) COLIN J. MILLARD	40.00										
President				X				0.	0.	0.	
(2) JAMES WATT	2.00]									
1ST VP		<u> </u>	<u> </u>	X		L	L	0.	0.	0.	
(3) JACK O'DONNELL	2.00]	Į		İ		l				
2ND VP		L	L_	X	<u> </u>		L	0.	0.	0.	
(4) TIM DEMINTER	2.00	1						Ì			
FINANCIAL SEC.		_	ļ	X	<u> </u>	<u> </u>		0.	0.	0.	
(5) TOM SPANSKI	2.00	1		}	1	}		}	}	}	
Trustee		<u> </u>	1	X	<u> </u>	╄-	_	0.	0.	0.	
(6) KURT GREZINSKI	2.00	4		Ì				_		i _	
Trustee			-	X	╙	╀-	<u> </u>	0.	0.	0.	
(7) ZACH GORMAN	2.00	4			1		1				
RECORDING SEC		┼-	╀	X	1	⊬	├	0.	0.	0.	
(8) ED ABBOTT	2.00	∤					}		1	1	
1ST EXEC. VP		╄-	╁	X	├-	╄	├	0.	0.	0.	
(9) ROBERT SCHEBLI	2.00	-	1		1	1		0.		0.	
EXEC. VP	2 00	╁╌	+	X	╁	╁╌	╁	<u> </u>	0.		
(10) CHARLIE ROBERTS	2.00	┪		x				0.	0.	0.	
3RD VP (11) TONY MAYRHOFER	2.00	1	+	1	t	1-	一	<u> </u>	-	<u></u>	
TRUSTEE	2.00	1	ł	x			l	0.	0.	0	
(12) JOSH DALLMAN	2.00	╁	T	† <u>~</u>	T	\top	t	 	 		
SERGEANT AT ARMS	1 200	1	1	x		1	(0.	o.	0	
BRODENT IN TRAID		+	+-	+	1	1	T				
		1				1	1	}			
		\top	十	T	Τ	\top	\top	<u> </u>			
		7	1	1	1		}			}	
		\top	\top	1	Τ	T	Г				
		1	L		1			<u> </u>	<u> </u>	<u> </u>	
			Т	Τ	Г	Τ					
		1			\perp		\perp	<u> </u>	<u> </u>	<u> </u>	
		J									
				1			1		<u> </u>	1	

Form 990 (2013)

DISTRICT COUNCIL

art VII Section A. Officers, Directors, Tru	(B)	Pioy			<u>a m</u> 3)	9110	3. U	* * * *	(E)	$\neg \neg$	(F)	
(A) Name and title	Average	1		Pos	rtion			(D) Reportable	(E) Reportable	l.		
Hamo and title	hours per	box	not c	heck : ss pe	more rson	than	han	compensation	compensation	, [amount o	
	week					or/trus		from	from related		oth	er
	(list any	텵		1	ì			the	organizations		compen	
	hours for related	흉		١,	ł	aled		organization	(W-2/1099-MIS	c)	from	
	organizations	ustae	智		 •	Suadu		(W-2/1099-MISC)			organiz and re	
	below	Individual frustee or director	Institutional trustae		Key employee	st co				1	organiz	
	line)	흁	instr	Officer	Š	Highest compensated employee	Former					_
		Γ										
	+	├-		-	├	\vdash	<u> </u>	 	: 	\dashv		
		<u> </u>	L	_		_	_	ļ				
		$\left\{ \right.$		1						i		
										\Box		
	<u> </u>	┢	┢		-	+	-	<u> </u>				
		_	L	_	_		_					
		<u>L</u>										
		-										
		<u> </u>	\vdash	\vdash	一	 				一		
		┢	<u> </u>	├-	H	╄	<u> </u>			\dashv		
		1_	L_				L					
b Sub-total								0.		0.		0
c Total from continuation sheets to Part	VII, Section A							0.	<u> </u>	0.		0
d Total (add lines 1b and 1c) Total number of individuals (including but	t not limited to the	boss	lict		bov	(a) ve	bo r	<u> </u>	000 of reportable			
compensation from the organization		1036	7 1130	eu a		6) W				-		
Did the organization list any former office	er director ortr	uete	ا م	ov 6	mol	ovec		highest companyated a	amployee on	1	Ye	s No
line 1a? If "Yes," complete Schedule J fo			50, N	oy o	щр	Oyee	, 0	riigitest compensated t	inployee on		3	X
For any individual listed on line 1a, is the			omp	ens	atio	n an	d ot	her compensation from	the organization			
and related organizations greater than \$			-						J		4	X
Did any person listed on line 1a receive of						-	relat	ted organization or indiv	ndual for services			T
rendered to the organization? If "Yes," co ection B. Independent Contractors	omplete Schedu	le J	for s	uch	per	rson					5	<u> </u>
Complete this table for your five highest	compensated in	ndep	end	ent o	cont	tract	ors	that received more than	\$100,000 of com	npens	ation from	n
the organization. Report compensation f	or the calendar	year	end	ling '	with	or v	vithi		year.		(C)	
(A) Name and busine	ess address	N	ON	E				(B) Description of	services		compensa	tion
												_
			_	_		_						
	··											
												
2 Total number of independent contractor	s (includina but	not	limit	ed to	o the	ose i	iste	d above) who received	more than			
\$100,000 of compensation from the org						0				<u></u>		
											Form 99	0 (201

Form 990 (2013) DISTRIC
Part VIII Statement of Revenue

DISTRICT COUNCIL

		Check if Schedule O conta	uns a response c	r note to any line	in this Part VIII			
_					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts st	1 a	Federated campaigns	1a					
ira Paral	b		1b					}
اچَي	C	Fundraising events	1c					1
計画	d	d Related organizations	1d					
S,E	е	Government grants (contribute	ons) 1e					
i Sign	f	All other contributions, gifts, grant	s, and]				
E E		similar amounts not included above	/e 11	32,000.				
P S	g	Noncash contributions included in lines	1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		. ▶	32,000.			
ļ				Business Code				
8	2 a			900099	301,680.	301,680.		<u> </u>
ادِ جَ	b	MPACT GRANTS		900099	88,561.	88,561.		<u> </u>
Program Service Revenue	C	c						<u> </u>
Rev	d	d						ļ
5	e	· ——-		i				ļ
-	f	f All other program service reve	nue		200 041			
-	9	g Total. Add lines 2a-2f		· · · · · · · · · · · · · · · · · · ·	390,241.			
	3	Investment income (including	dividends, intere	st, and	E 4 6)		546
		other similar amounts)			546.	·		546.
- {	4	Income from investment of tax	k-exempt bona p	roceeds				
	5	Royalties	(ı) Real	(ii) Personal				
{		a Gross rents	(I) Neal	(II) Personal				-
	6 a		}					}
		D 1-1				1		
	ĺ	d Net rental income or (loss)						}
		a Gross amount from sales of	(i) Securities	(II) Other	 - -			
	' '	assets other than inventory	(7 0000.11.00	(1,7 5 1,151				
		b Less: cost or other basis	<u> </u>				I	1
	`	and sales expenses	,	,				
	١,	c Gain or (loss)				'		
	١	d Net gain or (loss)		•				}
0		a Gross income from fundraisin	g events (not		· · · · ·			
Š		including \$	of	[
Other Revenue	ł	contributions reported on line	1c). See			}	}	
Α.		Part IV, line 18	. а					
£	1	b Less: direct expenses	b			1		
0		c Net income or (loss) from fund	draising events			ļ		<u></u>
	9	a Gross income from gaming as	ctivities. See			1	Ì	
	1	Part IV, line 19	а				ĺ	
	1	b Less: direct expenses	b	l]	1
		c Net income or (loss) from gan	-		 	 	 	
	10	a Gross sales of inventory, less	returns	1			1	1
]	and allowances	а	ļ		,		
	L	b Less: cost of goods sold	. b	L				ĺ
	<u> </u>	c Net income or (loss) from sale			 	 	 	
	-	Miscellaneous Revenu		Business Code		45 310	ļ]
	1	a REIMBURSED SALA	AKIES AN	900099	45,312.	45,312.	 	
		b		 	 	 	 	
		C		 		 	 	-
		d All other revenue e Total, Add lines 11a-11d			4E 212	 		
	40		•		45,312 468,099		0	. 546.
3320 10-2	<u>12</u> 09 9-13	TOTAL TEVERNA . SEE HISH OCHORS.		· · · · · · · · · · · · · · · · · · ·	1 -30,037	· - 427,723.	<u> </u>	Form 990 (2013)

Form 990 (2013)

Part IX Statement of Functional Expenses

Section	ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX										
Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)						
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses						
1	Grants and other assistance to governments and										
	organizations in the United States. See Part IV, line 21	30,379.									
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22	2,790.		<u> </u>							
3	Grants and other assistance to governments,	İ									
	organizations, and individuals outside the			j							
	United States. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified			ĺ							
	persons (as defined under section 4958(f)(1)) and			}							
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	51,310.		 							
8	Pension plan accruals and contributions (include	21 221									
_	section 401(k) and 403(b) employer contributions)	21,321.		 							
9	Other employee benefits	13,213. 5,106.		 							
10	Payroll taxes	2,100.			<u> </u>						
11_	Fees for services (non-employees):	1									
a	Management . Legal	4,270.	 -	 							
b	Accounting	8,805.	·····	 							
d	Lobbying	36,000.	· · · · · · · · · · · · · · · · · · ·								
	Professional fundraising services. See Part IV, line 17	307000.		 							
1	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,										
•	column (A) amount, list line 11g expenses on Sch O.)										
12	Advertising and promotion										
13	Office expenses .	12,763.									
14	Information technology	7,635.									
15	Royalties										
16	Occupancy	12,296.		 							
17	Travel .	32,472.		ļ							
18	Payments of travel or entertainment expenses	Į									
	for any federal, state, or local public officials		····	 							
19	Conferences, conventions, and meetings			-							
20	Interest Payments to offiliates			 							
21	Payments to affiliates Depreciation, depletion, and amortization	5,782.		 	 						
22 23	Insurance	700.			<u> </u>						
23 24	Other expenses, Itemize expenses not covered	700.									
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
	amount, list line 24e expenses on Schedule O.)			 							
a		75,690.		 	 						
b		50,737.		 	 						
C	APPRENTICE COMPETITION	29,798.		 							
d		1,100.			 						
e 25	All other expenses	402,167.			 						
25	Joint costs. Complete this line only if the organization	404,107.		 	 						
26	reported in column (B) joint costs from a combined				<u> </u>						
	educational campaign and fundraising solicitation.			1	{						
	Check here If following SOP 98-2 (ASC 958-720)										
	"- P 1 10 10 10 11 11 10 10 10 10 10 10 10 1	<u> </u>									

DISTRICT COUNCIL

		Check if Schedule O contains a response or not	e to ar	ny line in this Part X	·		
					(A) Beginning of year		(B) End of year
\top	1	Cash - non-interest-bearing			279,813.	1	338,974.
1	2	Savings and temporary cash investments			66,017.	2	77,881.
1	3	Pledges and grants receivable, net		. [3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for	omer o	officers, directors,			
Ì		trustees, key employees, and highest compensations	ated er	nployees. Complete		_^	
- {		Part II of Schedule L				5	
-	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958	(c)(3)(B), and contributing			•
- }		employers and sponsoring organizations of sections	tion 50	1(c)(9) voluntary	-		
2		employees' beneficiary organizations (see instr).	Comp	elete Part II of Sch L		6	
ASSELS	7	Notes and loans receivable, net	[7		
₹	8	Inventories for sale or use				8	
1	9	Prepaid expenses and deferred charges				9	
- [10a	Land, buildings, and equipment: cost or other	ĺ	1			
		basis. Complete Part VI of Schedule D	10a	35,807.			
Ì	b	Less: accumulated depreciation	10b	21,306.	19,083.	10c	14,501
1	11	Investments · publicly traded securities			11		
Į	12	Investments - other securties. See Part IV, line		12			
ı	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	364,913.	16	431,356		
	17	Accounts payable and accrued expenses				17	
- 1	18	Grants payable .				18	
	19	Deferred revenue	Į		19		
- [20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part I\	of Schedule D	· 	21	
န္	22	Loans and other payables to current and forme	r office	ers, directors, trustees,			- C
<u> </u>		key employees, highest compensated employe	es, and	d disqualified persons.		1	
Liabilities		Complete Part II of Schedule L				22	<u> </u>
-	23	Secured mortgages and notes payable to unrel	ated ti	nird parties		23	
1	24	Unsecured notes and loans payable to unrelate	d third	parties		24	<u> </u>
1	25	Other liabilities (including federal income tax, pa	ayable	s to related third		1	
ŀ		parties, and other liabilities not included on line	s 17-2	4). Complete Part X of	4		
Į		Schedule D		:	1,750.		2,261
_	26	Total liabilities. Add lines 17 through 25			1,750.	26	2,261
Ì		Organizations that follow SFAS 117 (ASC 95			,		
S		complete lines 27 through 29, and lines 33 a	nd 34.		640 740	ĺ	
Ĕ	27	Unrestricted net assets			363,163.	27	429,095
g R	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
2		Organizations that do not follow SFAS 117 (A	ASC 9	58), check here 🕨 📖		1	
Ď		and complete lines 30 through 34.		ı			
ets	30	Capital stock or trust principal, or current funds	3			30	
§§	31	Paid-in or capital surplus, or land, building, or e	quipm	ent fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated	ncome	, or other funds		32	
z	33	Total net assets or fund balances			363,163.		429,095
1	34	Total liabilities and net assets/fund balances			364,913.	34	431,356

review, or compilation of its financial statements and selection of an independent accountant?

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2013)

Ÿ

2c

За

Act and OMB Circular A-133?

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.irs.gov/form990

OMB No. 1545-0047

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.

organization answered "Yes " to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-F7, Part V, line 35c (Proxy Tax), then

• (Section 501(c)(4), (5), or (6) organizati				
Varr	ne of organization NORTH CI	ENTRAL STATES IF	ONWORKERS	Emplo	oyer identification number
		COUNCIL			41-1280913
Pa	rt I-A Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 or	rganization.
2	Provide a description of the organiza Political expenditures Volunteer hours	ation's direct and indirect politi	cal campaign activities i	n Part IV. ►\$	
Pa	rt I-B Complete if the org	anization is exempt und	der section 501(c)	(3)	
	Enter the amount of any excise tax i			▶ \$	
	Enter the amount of any excise tax i	, -			
	If the organization incurred a section		_		Yes No
4a	Was a correction made?		••		Yes No
	If "Yes," describe in Part IV.				
Pa	irt I-C Complete if the org	anization is exempt un	der section 501(c)	except section 501	c)(3).
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt func	tion activities > \$	
2	Enter the amount of the filing organi	zation's funds contributed to o	ther organizations for s	ection 527	
	exempt function activities			▶\$	·
3	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			•	Yes Wo
5		• •	•	<u> </u>	
	made payments. For each organizate contributions received that were pro-	·			•
	political action committee (PAC). If	•		•	to sogregated fund of a
	`````				(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
	Ì			funds. If none, enter -0	promptly and directly
			1	-	delivered to a separate
					political organization. If none, enter -0
					
					
		see the Instructions for Form	!	Schadula C	Ļ

LHA

332041 11-08-13

NORTH CENTRAL STATES IRONWORKERS

Schedule C (Form 990 or 990-EZ) 2013 I	DISTRICT COL	UNCIL	Endlover and fil	41-1	280913 Page 2
Part II-A Complete if the org		npt under section	1 50 1(c)(3) and 111	ed Form 5706	
·		iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN.
	of excess lobbying e			9.22 p	,,
. — ' '	, ,	nd "limited control" pro	visions apply.		
Limit	s on Lobbying Exper			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add lii	nes 1a and 1b)				
d Other exempt purpose expenditure	s .				·
e Total exempt purpose expenditure	s (add lines 1c and 1d	1)			
f Lobbying nontaxable amount. Ente					-
If the amount on line 1e, column (a) o		bying nontaxable amo		1,	*, *,
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000		00 plus 15% of the exc		\$, r 2, =	1
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exce	ss over \$1,500,000.	試得しますか	Jan 137 mol
Over \$17,000,000	\$1,000,0	000.			1 1 1 1 1 1 1 1 1 1
g Grassroots nontaxable amount (en	ter 25% of line 1ft				
h Subtract line 1g from line 1a. If zer			•		
i Subtract line 1f from line 1c. If zero			•		
j If there is an amount other than ze	•	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?		- <u>-</u> -	[Yes No
, ,	ations that made a s	eraging Period Under section 501(h) election se instructions for line	n do not have to com	-	
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 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					
Grassroots nontaxable amount Grassroots ceiling amount					<u> </u>
(150% of line 2d, column (e))		100	*.		

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

41-1280913 Page 3

Schedule C (Form 990 or 990-EZ) 2013 DISTRICT COUNCIL 41-128091
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)).

To each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? 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?	Yes	No	Amo	unt
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? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?			-	
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?				-
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?				
Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
f Grants to other organizations for lobbying purposes?				
		 		
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		 		
1 Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-,			
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ŕ	,		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)	(5), or se	ction	
30 1(c)(o).	-		Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1	X	
Were substantially all (90% or more) dues received nondeductible by members?Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		Х
Did the organization make only includes lobbying experiditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	'No," O		t III-A, lit	ne 3, is ———
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	a l			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3_		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce		ĺ		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical	٠, ١		
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		15	L	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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/torm990.

OMB No 1545-0047 Open to Public inspection

Name of the organization

NORTH CENTRAL STATES IRONWORKERS DISTRICT COUNCIL

Employer identification number 41-1280913

Schedule D (Form 990) 2013

Par			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
.2	Aggregate contributions to (during year)		
3	Aggregate grants from (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	F-1 F-1
	are the organization's property, subject to the organization's	-	L Yes L No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	· — —
_	impermissible private benefit?		Yes No
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	· ———	
	Preservation of land for public use (e.g., recreation or	· —	istoncally important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements	•	2b
	Number of conservation easements on a certified historic st	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. <u>2c</u>
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	——————————————————————————————————————	_
5	Does the organization have a written policy regarding the pe	- · · · · · · · · · · · · · · · · · · ·	
_	violations, and enforcement of the conservation easements	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 17	
_	and section 170(h)(4)(B)(ii)?	Alexander la la la companya de la co	Yes L No
9	In Part XIII, describe how the organization reports conserva	•	
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	es the organization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections	of Art Historical Treasures or	Other Similar Assets
<u> ra</u>	Complete if the organization answered "Yes" to Form	-	Other Silling Assets.
	If the organization elected, as permitted under SFAS 116 (A		amont and balance about wades of art
10	historical treasures, or other similar assets held for public ex	· ·	
	•		rance of public service, provide, in Fait XIII,
_	the text of the footnote to its financial statements that desc If the organization elected, as permitted under SFAS 116 (A		ant and balance about works of art. biotorical
Ь	treasures, or other similar assets held for public exhibition,	·	
	relating to these items:	education, or research in tultilerance of p	Jubiic service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		. •
	(ii) Assets included in Form 990, Part X	• •	▶ \$ ▶ \$
•		rassuras, or other similar assets for financial	
2	If the organization received or held works of art, historical tr	· ·	Sai gairi, provide
_	the following amounts required to be reported under SFAS	i to (ASC aso) relating to these items:	> ¢
a	• ,		\$
Ю	Assets included in Form 990, Part X		▶ \$

332051 09-25-13

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

NORTH CENTRAL STATES IRONWORKERS DISTRICT COUNCIL 41-1280913 Page 2 Schedule D (Form 990) 2013 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs а Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes . No on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: **Amount** c Beginning balance 10 1d Additions during the year Distributions during the year Ending balance 1f Yes No 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by: (i) unrelated organizations 3a(i) (ii) related organizations 3a(li)

4	Descr	ibe in Pa	irt XIII the i	ntended	uses of	the organ	ization's	endowment	funds
Par	t VI	Land,	Buildin	gs, and	Equi	oment.	-		_

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings 4,213. 714. 3,499. c Leasehold improvements d Equipment 20,592 31,594. 11,002. Other

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Schedule D (Form 990) 2013

DISTRICT	COUNCTI

Complete if the organization answered "Yes" to			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)		 	
(D)			
(E)		_	
(F)			
(G)			
(H) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" to	a Form 990 Part IV lin	a 11c. See Form 990. Part V. line	12
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)		1	7.2.
(2)			
(3)			
(4)		 	
(5)			
(6)			
(7)			
(8)			
(9)		i i	
			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.		<u> </u>	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" t		<u> </u>	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" t (a) □	o Form 990, Part IV, In	<u> </u>	15. (b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) [<u> </u>	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" t (a) □ (1) (2)		<u> </u>	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) [1] (1) (2) (3)		<u> </u>	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) (1) (2) (3) (4)		<u> </u>	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) E (1) (2) (3) (4) (5)		<u> </u>	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to (a) □ (1) (2) (3) (4) (5) (6)		<u> </u>	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6)		<u> </u>	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8)		<u> </u>	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	<u> </u>	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) [Col. (b) (col. (c	Description	<u> </u>	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	Description	e 11d. See Form 990, Part X, line	(b) Book value
Other Assets. Complete if the organization answered "Yes" to (a) [2] (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" to (a) [2] (b) Interval (a) [a] [a] [a] [a] [a] [a] [a] [a] [a] [a]	Description	e 11d. See Form 990, Part X, line	(b) Book value
Other Assets. Complete if the organization answered "Yes" to (a) [2] (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" to (a) [2] (b) Interval (a) [a] [a] [a] [a] [a] [a] [a] [a] [a] [a]	Description	e 11d. See Form 990, Part X, line	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" t (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11d. See Form 990, Part X, line	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description	e 11d. See Form 990, Part X, line te 11e or 11f. See Form 990, Part (b) Book value	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" to (a) [Col. (b) must equal Form 990, Part X, col. (b) line (col.	Description	e 11d. See Form 990, Part X, line te 11e or 11f. See Form 990, Part (b) Book value	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) [Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS	Description	e 11d. See Form 990, Part X, line te 11e or 11f. See Form 990, Part (b) Book value	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS (3) (4)	Description	e 11d. See Form 990, Part X, line te 11e or 11f. See Form 990, Part (b) Book value	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS (3) (4) (5)	Description	e 11d. See Form 990, Part X, line te 11e or 11f. See Form 990, Part (b) Book value	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS (3) (4) (5) (6) (7) (8)	Description	e 11d. See Form 990, Part X, line te 11e or 11f. See Form 990, Part (b) Book value	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line (B) Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS (3) (4) (5) (6) (7)	Description	e 11d. See Form 990, Part X, line te 11e or 11f. See Form 990, Part (b) Book value	(b) Book value

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 468,099. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 2a 2b **b** Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 2е Add lines 2a through 2d 468.099. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 468. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 402,167. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 402.167. 3 Subtract line 2e from line 1 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 40 402.167. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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

Part X, Line 2:

THE COUNCIL IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(c) (5) OF THE INTERNAL REVENUE CODE. THE COUNCIL ADOPTED THE STANDARD FOR UNCERTAIN TAX POSITIONS ON JULY 1, 2009 THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. THE POLICY PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE COUNCIL IS NOT AWARE OF ANY UNCERTAIN POSITIONS TAKEN IN THEIR OPERATIONS. THE COUNCIL'S TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2009, 2010, 2011, AND 2012 ARE OPEN TO EXAMINATION BY FEDERAL, LOCAL AND STATE AUTHORITIES. 332054 09-25-13

Cabudala D./Fa. Door coas	NORTH	CENTRAL	STATES	IRONWORKERS	,	41-1280913	
Schedule D (Form 990) 2013 Part XIII Supplemental Infor	DISTK.	ICT COUN	CID			1-1200913	Page 5
July Supplemental Infor	mation (co	ntinuea)	· 				
						 _	
					· · · · · · · · · · · · · · · · · · ·		
12 17 17 17 17 17 17 17 17 17 17 17 17 17							
			·				
							
							
		-					
			-				
							
		 	· -				
			_				
							
							<u> </u>
							
							
							
			·				

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www irs poulform 990.

NORTH CENTRAL STATES IRONWORKERS

General Information on Grants and Assistance

Part

DISTRICT COUNCIL

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

Open to Public Inspection

OMB No 1545-0047

Employer identification number

41-1280913

ş X

Yes

Schedule I (Form 990) (2013) (h) Purpose of grant or assistance 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 Jonation Jonation (g) Description of non-cash assistance : (f) Method of valuation (book, FMV, appraisal, other) ö 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. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 000 10,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table σ, (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(4) 501(c)(5) Enter total number of other organizations listed in the line 1 table 43-0337330 30-0231236 (p) EIN criteria used to award the grants or assistance? AMERICANS - 6333 W Blue Mound Road INTERNATIONAL IRONWORKERS FESTIVAL 1 (a) Name and address of organization WISCONSIN ALLIANCE FOR RETIRED or government - Milwaukee, WI 53213 Washington, DC 20006 1750 New York, NW Part

25

NORTH CENTRAL STATES IRONWORKERS

Page 2

41-1280913

DISTRICT COUNCIL

Schedule I (Form 990) (2013) DISTRICT COUNCIL

Part III 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.

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	Stuardios				
		į			
				1	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	uired in Part I, lin	e 2, Part III, column	l (b), and any other a	dditional information.	
		;			
332102 10-29-13		26			Schedule I (Form 980) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public.

Inspection

OMB No 1545-0047

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

Employer identification number 41-1280913

DISTRICT COUNCIL Form 990, Part III, Line 4d, Other Program Services: TO CREATE A HARMONIOUS FEELING BETWEEN THE LOCAL UNIONS AND TO SETTLE ALL DIFFERENCES ARISING BETWEEN THEM, TO PROMOTE APPRENTICE TRAINING, TO CREATE A HIGHER STANDARD OF SKILL, TO SECURE ADEQUATE COMPENSATION FOR THE WORKERS, TO CULTIVATE BETTER RELATIONS BETWEEN THE COUNCIL AND THE EMPLOYERS, TO ASSIST MEMBERS IN SECURING EMPLOYMENT AND TO PROTECT MEMBERS BY LEGAL AND PROPER METHODS AGAINST INJUSTICE. THE COUNCIL ALSO WORKS TO IMPROVE THE STANDARD OF LIVING, THE MORAL AND INTELLECUTAL CONDITION OF THE MEMBERS AND TO ESTABLISH UNIFORM AGREEMENTS FOR THE VARIOUS LOCAL UNIONS AFFILIATED WITH THIS COUNCIL. Form 990, Part VI, Section A, line 6: Line 6 explanation - THE ORGANIZATION HAS MEMBERS COMPRISED OF LOCAL UNIONS, CHARTERED BY THE INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENTAL AND REINFORCING IRON WORKERS. Form 990, Part VI, Section A, line 7a: Line 7a explanation - EACH LOCAL UNION (MEMBER) IS REPRESENTED BY AS MANY AS THREE DELEGATES. EACH INDIVIDUAL DELEGATE IS ENTITLED TO ONE VOTE. Form 990, Part VI, Section A, line 7b: Line 7b explanation - DECISIONS BY THE DISTRICT COUNCIL ARE

Form 990, Part VI, Section B, line 11:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

SUBJECT TO APPROVAL BY THE LOCAL UNIONS, ITS MEMBERS.

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

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization NORTH CENTRAL STATES IRONWORKERS	Page 2
Name of the organization NORTH CENTRAL STATES IRONWORKERS DISTRICT COUNCIL	Employer identification number 41-1280913
Line 11a explanation - THE TRUSTEES, PRESIDENT AND FINANC	CIAL
SECRETARY/TREASURER ARE PROVIDED WITH A COPY OF THE 990 I	PRIOR TO IT BEING
FILED.	
Form 990, Part VI, Section C, Line 19:	
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS,	
CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAIL	LABLE TO THE
PUBLIC.	<u></u>
FORM 990, PART XIII, LINE 2C	
NO CHANGE IN PROCESS FROM PRIOR YEAR.	

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

				<u></u>	
If you are filing for an Automatic 3-Month Extension, complete	-	' ' ' '		. >	X
If you are filing for an Additional (Not Automatic) 3-Month Ext		• • • • • • •	-		
ro not complete ratin amount		tic 3-month extension on a previous	-		
Electronic filing (e-file) . You can electronically file Form 8868 if you					
equired to file Form 990-T), or an additional (not automatic) 3-mon		-			
of time to file any of the forms listed in Part I or Part II with the exc	•	•			
Personal Benefit Contracts, which must be sent to the IRS in pape		see instructions). For more details o	n the elect	ronic filing of this	form,
usit www.irs.gov/efile and click on e-file for Charities & Nonprofits.			ماً مما/		
Part I Automatic 3-Month Extension of Time					
A corporation required to file Form 990-T and requesting an autor	natic 6-mo	nth extension - check this box and (complete	_	. 🗆
Part I only			4	-	. Ш
All other corporations (including 1120-C filers), partnerships, REMI o file income tax returns.	us, and u	usts must use Form 7004 to reques	_		
	ations.			's identifying nur	
Type or Name of exempt organization or other filer, see instruction or other filer, see instru		3	cmployer	identification num	Det (⊏114) OI
DISTRICT COUNCIL	/1111111111111111111111111111111111111	1		41-128093	13
ile by the	oo inetruci	rione	Social sec	curity number (SSN	
iling your 403 E LAKE STREET	ii isti uci		Occiai 360	dinty namber (00)	''
etum See Instructions City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
HORICON, WI 53032		. <u>. </u>			
					011
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			011
Application	Return	Application			Return
Application Is For	Code	Is For			Code
		Form 990-T (corporation)			07
				08	
Form 990-BL 02 Form 1041-A 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
COLIN MILLARD					
 The books are in the care of ► 403 E LAKE STRI 	EET -	HORICON, WI 53032			
Telephone No. ► (920)485-0501		Fax No. ► (866)370-7	589		
 If the organization does not have an office or place of business 	s in the Ur	nited States, check this box			· 🔲
 If this is for a Group Return, enter the organization's four digit 		emption Number (GEN)	lf this is for	the whole group,	check this
box 🕨 📖 . If it is for part of the group, check this box 🕨 🧫	and atta	ch a list with the names and EINs o	f all membe	ers the extension i	s for.
1 I request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		
February 15, 2015, to file the exemp	t organiza	tion return for the organization nam	ed above.	The extension	
is for the organization's return for:					
calendar year or		TITN 20 201 <i>8</i>			
►X tax year beginning JUL 1, 2013	, ar	d ending JUN 30, 2014		_ ·	
2 If the tax year entered in line 1 is for less than 12 months, or	book ross	on: Initial return	Final return	•	
Change in accounting period	HIGUN I GAS	on. — Intial return —	riilai ietusi	•	
3a 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.	, 01 0000,	onto the tenanto tax, loss any	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and	7	-	
estimated tax payments made. Include any prior year over			3ь	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your pa					
by using EFTPS (Electronic Federal Tax Payment System).	•	• •	3c	\$	0.
Caution. If you are going to make an electronic funds withdrawal			8453-EO ar	nd Form 8879-EO	or payment
instructions. LHA For Privacy Act and Paperwork Reduction Act Notice,	see inch	ructions.	 -	Form 8868 (F	Pay 1-2014)
23841 12:31-13	, 300 11130	#9 4 9 1 (3)		1 OIIII 6000 (f	