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EXTENDED TO AUGUST 17, 2015

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

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

~	FOI LIN	2014 Calendar year, or tax year beginning	enaing	_				
В	Check if applicab	C Name of organization		D Employer identifi	ication number			
	Addre							
	Name chang	e Doing business as		20-5	729483			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe				
F	Final	455 KEHOE BOILEWARD	110	•	668-4337			
	return- termir ated			G Gross receipts \$ 959,316				
	Amen	ded CAROT CURRAN II 60199		H(a) Is this a group return				
F	ireturn ∏Applii		JR.	1				
١	⊥ltiön pendi	I		for subordinates				
_		455 KEHOE BOULEVARD, CAROL STREAM, IL		H(b) Are all subordinates i				
_		empt status:501(c)(3)X501(c)(5) ◀ (insert no.)4947(a)(1) c	or 527	· · · · · · · · · · · · · · · · · · ·	ist. (see instructions)			
		te: ► HTTP://WWW.DISTRICTCOUNCIL4.COM			on number ▶ 0488			
_			OR L Year	of formation: 1915 i	M State of legal domicile: IL			
LP	<u>art I</u>	Summary		·				
a	1	Briefly describe the organization's mission or most significant activities. TO PI	ROTECT	THE ECONOM	IIC			
Governance		INTERESTS OF LABOR ORGANIZATION MEMBERS.						
Z Z	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	ssets.			
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	7			
		Number of independent voting members of the governing body (Part VI, line 1b)	•	4	2			
•ජ ග	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	3			
Activities &	5		•	} 	0			
≅		Total number of volunteers (estimate if necessary)	•	<u>6</u>				
Ş	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	••	<u>7a</u>				
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
ā	8	Contributions and grants (Part VIII, line 1h)		0.				
Revenue	9	Program service revenue (Part VIII, line 2g)		931,623.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,692.	8,445.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,848.	29,879.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		950,163.	959,316.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,750.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.				
'n		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		569,111.	306,708.			
Se	160	Profeesional fundraising fees (Part ₁ IX, column (A), line 11e)		0.	0.			
ĕ	loa	Total fundrating expenses Part IX, column (D), line 25)	0.		<u> </u>			
Expenses	. D		"	FOF 072	417 552			
	17	Other expenses (Part IX, columnts), lines 11a-11d, 11f-24e)		525,973.				
	18	Totale kpenisi A Ald June 1015 1 must equal Part IX, column (A), line 25)	-	1,097,834.				
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12	<u> </u>	<147,671.				
Sets or	3	OGDEN, UT	Be	ginning of Current Year	End of Year			
<u>ک</u> یور	20	Total assets (Part X, line 16)		652,396.	832,235.			
Net As	21	Total liabilities (Part X, line 26)		96,911.				
<u>ح</u> جّ	22	Net assets or fund balances Subtract line 21 from line 20		<u>555,485.</u>	789,175.			
\mathbb{P}	art II	Signature Block						
-Un	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of n	ny knowledge and belief, it is			
II ru	e, corre	ct, and com plete. Declaration of preparer (other than officer) i <u>s h</u> ased on all information of wh	nch preparer	has any knowledge.				
<u>_</u>		In Down Son to		6/4/	15			
Z (Sig	n	Signature of officer		Date				
		PAUL A. MANCILLAS, JR., SECRETARY TREA	ASURER	•				
ر الم		Type or print name and title	AD OILLII	·				
_			, 11	Date Check [PTIN			
D.	ند:	Print/Type preparer's name Preparer's signature		;;	'			
Pa			200	6/03/15 sett-empto				
	parer	Firm's name BANSLEY AND KIENER, LLP		Firm's EIN	36-2152389			
Us	e Only	Firm's address ▶ 8745 W HIGGINS RD STE 200						
		CHICAGO, IL 60631-2704		Phone no. 31	.2-263-2700			
Ma	y the	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

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

	t IV Checklist of Required Schedules	100	<u>!</u>	age •
			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
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,	امدا	.	
_	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	X	
D	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	110		
Ç	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
а	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	110		
<u> </u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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	_	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		X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
. -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			٠,,
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
19	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		^
15	complete Schedule G. Part III	19		x
	Complete Constitute C., Fait III	ו וש	ı	

Form 990 (2014)

20a

20b

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

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

Form 990 (2014) DISTRICT COUNCIL #4 GCC/IBT
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			
	domestic 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 or for domestic individuals on	1		
	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			
	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		X
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		:
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			İ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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		X
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
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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	_	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٦,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	(001.1)
		Form	990	(2014)

Form 990 (2014) DISTRICT COUNCIL #4 GCC/IBT
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						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			ĺ			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ			
	(gambling) winnings to prize winners?	1c	Х				
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			l			
þ	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)			ĺ			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X			
þ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		Ĺ			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			ĺ			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country: ►			Ì			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			l			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
C	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			l			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l			
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).			l			
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		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
d				Í			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f					
f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		 			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
_	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	•					
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a					
10	Section 501(c)(7) organizations. Enter	9b					
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter						
''a	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)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		İ			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
		Form	990	(2014)			

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 year . 1a . 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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			
	of officers, directors, or trustees, or key employees to a management company or other person?	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?	5		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			ŀ
	more members of the governing body?	7a	X	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			7.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
10	In Schedule O how this was done	12c		37
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13		X
14 15		14		X
13	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
9	The organization's CEO, Executive Director, or top management official	45-		v
	Other officers or key employees of the organization	15a		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iva		-22
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
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) a	vailab	le	
	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, and	finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	PAUL A. MANCILLAS, JR 630-668-4337			
	455 KEHOE BOULEVARD, SUITE 110, CAROL STREAM, IL 60188			
43200 <i>6</i>	11-07-14	Form	990	(2014)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Name and Title	Check this box if neither the organizat (A)	(B)	(C)			isali	(D)	(E)	(F)		
hours per week week week week week week week we					Pos	itior					
Week (Ist any hours for related organization hours for related organization below line) From the organization (W.2/1099-MISC) From the organization (W.2/1099-MISC) From the organization (W.2/1099-MISC) From the organization (W.2/1099-MISC)	rathe and the								•	•	
Compensation from the organizations below line) Fig.			offic						•		
Companied the property of th		i i	흕			ŀ					
1		hours for	Ę				2		organization	(W-2/1099 ⁻ MISC)	from the
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	an	d Hi	ghe	st C	ompensated Employe	es (continued)		
	(A) Name and title	(B) Average hours per	Average Ours per Ours			one	(D) Reportable compensation	(E) Reportable compensation	Esti	(F) mated ount of		
		week (list any hours for related organizations below line)	tee or director	institutional trustee		recto		tee)	from the	from related organizations (W-2/1099-MISC)	compe compe froi orgar and	ther ensation in the nization related izations
					i							
						-						
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	Sub-total Total from continuation sheets to Part V	Il Section A						>	113,133.	0.		,247.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	113,133.	0.		,247.
	Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	eda	bov	e) wl	no r	eceived more than \$100),000 of reportable		0
3	Did the organization list any former officer			e, ke	у ег	nplo	yee	, or	highest compensated e	mployee on		res No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	um of reportab	le c							the organization	3	X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	uni			idual for services	4	X
Sec	rendered to the organization? If "Yes," con tion B. Independent Contractors	nplete Schedul	e J i	for s	uch -	per	son				5	<u> </u>
1	Complete this table for your five highest continuous the organization. Report compensation for									•	sation fro	m
	(A) Name and business address NONE (B) Description of services									services	(C) Compens	
											-	
						_						
<u>. </u>				-							_	-
2	Total number of independent contractors (\$100,000 of compensation from the organ	-	not li	mıte	d to		se li O	sted	d above) who received n	nore than		
	WIND THE ORGAN	ızanon 🚩									Form 9	90 (2014)

Total revenue Resided or exercision Revenue Reve				Check if Schedule O cont	ains a response	or note to anv lin	e in this Part VIII			
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 29,879. 29,879. d All other revenue e Total. Add lines 11a-11d 29,879. 12 Total revenue. See instructions. > Net income or (loss) from sales of inventory	ě			contributions reported on line	1c) See	,				
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 29,879. 29,879. d All other revenue e Total. Add lines 11a-11d 29,879. 12 Total revenue. See instructions. > Net income or (loss) from sales of inventory	ē			Part IV, line 18	a					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 29,879. 29,879. d All other revenue e Total. Add lines 11a-11d 29,879. 12 Total revenue. See instructions. > Net income or (loss) from sales of inventory	듚		b	Less direct expenses	b					
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 29,879. 4 All other revenue Total. Add lines 11a-11d 29,879. 29,879. 29,879. 29,879. 29,879.	_				_					
b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 29,879. 29,879. d All other revenue e Total. Add lines 11a-11d 29,879. 12 Total revenue. See instructions. b C Net income or (loss) from sales of inventory D Net income or (loss) from sales of inventory 29,879. 29,879. 29,879. 29,879.		9	а		ctivities See					
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 29,879. 29,879. d All other revenue e Total. Add lines 11a-11d 29,879. 12 Total revenue. See instructions. > D 20,879. 29,879. 29,879. 29,879.					а					
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 0 All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 2 959,316. 950,871. 0 8,445.			-	•	_					
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. a										
b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 29,879. 29,879. b c		10	а		returns					
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 29,879. 29,879. b 20,879. 29,879. c 20,879. 29,879. d All other revenue 29,879. 29,879. 12 Total revenue. See instructions. 959,316. 950,871. 0. 8,445.							!			
Miscellaneous Revenue Business Code					•			·		
11 a OTHER INCOME 900099 29,879. 29,879. b			С							
b c d All other revenue e Total. Add lines 11a-11d					ie			30 050		
c d All other revenue e Total. Add lines 11a-11d ≥ 29,879. 12 Total revenue. See instructions. ≥ 959,316. 950,871. 0. 8,445.		ł				900099	<u> </u>	49,8/9.	 	
d All other revenue e Total. Add lines 11a-11d ▶ 29,879. 12 Total revenue. See instructions. ▶ 959,316. 950,871. 0. 8,445.								 		
e Total. Add lines 11a-11d ▶ 29,879. 12 Total revenue. See instructions. ▶ 959,316. 950,871. 0. 8,445.			C	All all an arrange				 		
12 Total revenue. See instructions. > 959,316. 950,871. 0. 8,445.			d				20 070			
12 Total revenue. See Histractions. P 303,310. 300,0/1. U. 8,445.			е		•			950 971		0 445
	43200		_	TOTAL TEVELINE. SEE INSTRUCTIONS.		P	333,310.	JJU,0/1.		Form 990 (2014)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)	
	Check if Schedule O contains a respon		this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	250.	· · · · · · · · · · · · · · · · · · ·		<u></u> .
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	120 200			
_	trustees, and key employees	130,380.	 -		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			!	
_	persons described in section 4958(c)(3)(B)	110 752			
7	Other salaries and wages	110,753.	· · · · · · · · · · · · · · · · · · ·		
8	Pension plan accruals and contributions (include	15 204			
_	section 401(k) and 403(b) employer contributions)	15,204. 32,446.			
9	Other employee benefits Payroli taxes	17,925.			
10 11	Fees for services (non-employees)	17,323.	.		
''a	Management	i		:	
b	Legal	18,064.			
C	Accounting	15,000.			
d	· · · ·	15,000.			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	410.			
g					-
J	column (A) amount, list line 11g expenses on Sch O.)	17,197.			
12	Advertising and promotion				· •
13	Office expenses	49,911.			
14	Information technology				
15	Royalties				
16	Occupancy	20,438.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,963.			
20	Interest				
21	Payments to affiliates	209,058.			
22	Depreciation, depletion, and amortization	7,522.			
23	Insurance	14,952.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule O.) ' TRUSTEESHIP EXPENSE	26,000.			
a	ORGANIZATION EXPENSES	20,150.			
0	SHOP STEWARDS' EXPENSES	10,898.			
d		4,990.			
_	All other expenses	= 1,550.	•		
25	Total functional expenses. Add lines 1 through 24e	724,511.			-1-
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	İ			
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X | Balance Sheet

Par		Check if Schedule O contains a response or not	e to anv li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			76,985.	1	117,737.
	2	Savings and temporary cash investments			454,266.	2	456,262.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		31,776.	4	71,144	
	5	Loans and other receivables from current and for	ormer offic	ers, directors,			
		trustees, key employees, and highest compensations	ated empl	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	ns (as defined under				
		section 4958(f)(1)), persons described in section	4958(c)(3	B)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c))(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	. Complete	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			6,657.	9	6,529
	10a	Land, buildings, and equipment cost or other					
		basis. Complete Part VI of Schedule D	10a	58,242.			
	b	Less accumulated depreciation	10b	40,143.	25,171.	10c	18,099
	11	Investments - publicly traded securities			56,007.	11	161,366.
	12	Investments - other securities. See Part IV, line	11		1,000.	12	1,000.
	13	Investments - program-related See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		534.	15	98	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		652,396.	16	832,235
	17	Accounts payable and accrued expenses		30,195.	17	8,815	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		Ĺ		20	
	21	Escrow or custodial account liability Complete	Part IV of	Schedule D	·	21	
es	22	Loans and other payables to current and forme	r officers,	directors, trustees,			
Ě		key employees, highest compensated employee	es, and dis	squalified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelate	d third pa	rties	20,256.	24	14,025
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). C	Complete Part X of			
		Schedule D			46,460.	25	20,220.
	26	Total liabilities. Add lines 17 through 25			96,911.	26	43,060.
		Organizations that follow SFAS 117 (ASC 958	3), check l	here ▶ 【X】 and			
ès		complete lines 27 through 29, and lines 33 ar	nd 34.				
Net Assets or Fund Balances	27	Unrestricted net assets			555,485.	27	789,175
Bal	28	Temporarily restricted net assets				28	
2	29	Permanently restricted net assets		<u> </u>		29	
Ţ		Organizations that do not follow SFAS 117 (A	NSC 958),	check here ▶Ш			
ğ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds	;	<u> </u>	 	30	
Ass	31	Paid-in or capital surplus, or land, building, or e				31	
ē	32	Retained earnings, endowment, accumulated in	ncome, or	other funds		32	
~	33	Total net assets or fund balances			555,485.	33	789,175.
	34	Total liabilities and net assets/fund balances			<u>652,396.</u>	34	832,235. Form 990 (2014)

Form	990 (2014) DISTRICT COUNCIL #4 GCC/IBT	20-572	9483	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,3			
2	Total expenses (must equal Part IX, column (A), line 25)	2	72	4,5	<u>11.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	23	4,8	<u>05.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55	5,4	<u>85.</u>		
5	Net unrealized gains (losses) on investments	5	<	1,1	<u> 15.</u> >		
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)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	78	9,1	<u>75.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: L Cash X Accrual L Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	İ				
	consolidated basis, or both:			:			
	Separate basis Consolidated basis Both consolidated and separate basis						
C	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt					
	or audita, evoluge why in Cabadula O and departs any stone taken to undergo auch audita		1				

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

2014

Open to Public 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.

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

• ;	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nam	ne of organization			Empl	oyer identification number
	DISTRIC	T COUNCIL #4 GCC	C/IBT		20-5729483
Pa	ort I-A Complete if the org	ganization is exempt und	der section 501(c	or is a section 527 or	rganization.
2	Provide a description of the organia Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities		
De	mt I D Commists if the one	renization is everyture	dor coation E01/o	\(2)	
	ert I-B Complete if the organizer the amount of any excise tax	ganization is exempt und		<u>,(3).</u> ▶ \$	·
	Enter the amount of any excise tax	· -			•
	If the organization incurred a section			•	Yes No
	Was a correction made?		, , , , , , , , , , , , , , , , , , , ,		Yes No
	o If "Yes," describe in Part IV.				
	art I-C Complete if the org	ganization is exempt une	der section 501(c), except section 501(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities	
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	section 527	
	exempt function activities			▶ \$	
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-PO	L <u>,</u>	
	line 17b		•	▶ \$	
	Did the filing organization file Form Enter the names, addresses and el	=	 IN) of all section 527 p	olitical organizations to whic	h the filing organization
	made payments. For each organiza				
	contributions received that were pr	romptly and directly delivered to	a separate political or	ganization, such as a separa	te segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	vide information in Par	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	•			filing organization's	contributions received and
				funds if none, enter -0	promptly and directly delivered to a separate
					political organization
					If none, enter -0
		<u></u>			
				-	
		-			

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Schedule C (Form 990 or 990 EZ) 2014 Depart II-A Complete if the org	DISTRICT	COUNCIL #4 GC	C/IBT		5729483 Page 2		
section 501(h)).	amzauvn is e	veniht minnet sectio	n soricits) and the	3u FUIII 3/08 ((siection under		
	tion belongs to an	affiliated group (and list ii	Part IV each affiliated	group member's nan	ne. address. FIN		
expenses, and shar			artir sasii aiiiiatod	3. Jup	, 3441000, 2111,		
. —	·='	A and "limited control" pro	ovisions apply				
Limit	ts on Lobbying Ex		-	(a) Filing organization's totals	(b) Affiliated group totals		
		·	-				
1a Total lobbying expenditures to influ	•				 		
b Total lobbying expenditures to influ	_	body (direct lobbying)	-		 		
c Total lobbying expenditures (add li	•	•			 -		
d Other exempt purpose expenditure	•				 		
e Total exempt purpose expenditure							
f Lobbying nontaxable amount Ente							
If the amount on line 1e, column (a) o		lobbying nontaxable am					
Not over \$500,000		of the amount on line 1e	•				
Over \$500,000 but not over \$1,000		0,000 plus 15% of the exc					
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000						
Over \$1,500,000 but not over \$17,	ess over \$1,500,000.						
Over \$17,000,000							
		 -	-		 		
g Grassroots nontaxable amount (en					-		
h Subtract line 1g from line 1a If zero			ļ		 		
i Subtract line 1f from line 1c If zero					<u> </u>		
j If there is an amount other than ze		n or line 1i, did the organiz	ation file Form 4720		<u> </u>		
reporting section 4911 tax for this	-	A		· · ·	Yes No		
(Some organizations the	nat made a sectio	Averaging Period Under on 501(h) election do not parate instructions for li	have to complete all o	of the five columns I	pelow.		
	Lobbying Ex	xpenditures During 4-Ye	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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			1		<u> </u>		

Schedule C (Form 990 or 990-EZ) 2014

(election under section 501(h)).

es	No .	Amo	unt
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01(c)(5)	, or se		
01(c)(5)	, or se		
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01(c)(5)	, or se	-4:	
01(c)(5),	, or se		
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		CUOII	
		Yes	No
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01(c)(5)	0r.se	ction	
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	5		
о ,		2a 2b 2c 3	2a 2b 2c 3

SCHEDULE D

Department of the Treasury

(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.lrs.gov/form990.

OMB No 1545-0047

Internal Revenue Service

Open to Public Inspection

Maille	DISTRICT COUNCIL #	4 GCC/IBT	20-5729483
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	·
			(b) Funds and other accounts
1	Total number at end of year		<u> </u>
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		- · · · - · · · · · · · · · · · · · · ·
4	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in	writing that the appets hold in depar advised for	ndo
5			Yes No
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose come	——————————————————————————————————————
Par	impermissible private benefit? t II Conservation Easements. Complete if the or	capization answered "Ves" to Form 990. Part IV	Yes No
		7	, line /
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	· —	
	Protection of natural habitat	Preservation of a certified h	nistoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	onservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		<u>2b</u>
	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquired	after 8/1 //06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	nization during the tax
_	year >		
4	Number of states where property subject to conservation ea	<u>-</u>	
5	Does the organization have a written policy regarding the pe		Yes No
	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting		
6 7	Amount of expenses incurred in monitoring, inspecting, and	-	<u> </u>
8	Does each conservation easement reported on line 2(d) abo		
٥	and section 170(h)(4)(B)(μ)?	ve satisfy the requirements of section 170(f)(4)(Yes No
9	In Part XIII, describe how the organization reports conservation	tion agreements in its revenue and expense state	
9	include, if applicable, the text of the footnote to the organization	·	
		ation's initialicial statements that describes the of	rganization's accounting to
Pai	t III Organizations Maintaining Collections of	of Art Historical Treasures or Other	Similar Assets
	Complete if the organization answered "Yes" to Form	•	Ollimai 7.000to.
10	If the organization elected, as permitted under SFAS 116 (A		and halance sheet works of art
Id	historical treasures, or other similar assets held for public ex	•	•
	the text of the footnote to its financial statements that desc		public service, provide, irr art Alli,
	If the organization elected, as permitted under SFAS 116 (A		halance sheet works of art, bistorical
D	treasures, or other similar assets held for public exhibition,		·
	•	education, or research in furtherance of public st	ervice, provide the following amounts
	relating to these items:		• •
	(i) Revenue included in Form 990, Part VIII, line 1		•
_	(ii) Assets included in Form 990, Part X		D
2	If the organization received or held works of art, historical tre	· · · · · ·	, provide
_	the following amounts required to be reported under SFAS	i to (ASO 330) relating to these items:	~ *
a	Revenue included in Form 990, Part VIII, line 1		•
D	Assets included in Form 990, Part X	·	Ψ

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Schedule D (Form 990) 2014

		r COUNCIL				=			Page 2
Par									
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that are	a signific	ant use of its	collection	ıtems
	(check all that apply):								
а	Public exhibition	d	╵╠╏	oan or exc	hange programs				
b	Scholarly research	е		Other					
C	Preservation for future generations								
4	Provide a description of the organization's co							rt XIII	
5	During the year, did the organization solicit or					nılar asse	ets	_	
D	to be sold to raise funds rather than to be ma							Yes	L No
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the	organizatio	n answered "Yes"	to Form	990, Part IV,	line 9, or	
			diam e fare		a or other seests				
ıa	Is the organization an agent, trustee, custodi	an or other intermed	-		is or other assets	not inclu	aea	7 v	
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a	and complete the fo			• • •		L	Yes	∟ No
D	ii res, explain the analigement in Part Allia	and complete the lo	illowing to	aul u .		Г		Amount	
_	Paginaing batanga					-	4-	Amount	
2	Beginning balance Additions during the year			•		-	1c		
d	Distributions during the year					-	1d 1e		
f	Ending balance			•	•		1f		
2a	Did the organization include an amount on Fo	orm 990 Part X line	21 for e	scrow or ci	stodial account li	∟ abılıtv?	''	Yes	□ No
	If "Yes," explain the arrangement in Part XIII					•	_	03	= "
Pai									
		(a) Current year		nor year	(c) Two years bac		ree years back	(e) Four	years back
1a	Beginning of year balance	(-,	1-7			1	,	107.55	,
b	Contributions					1			
c	Net investment earnings, gains, and losses					-		•	
d	Grants or scholarships							1	
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 baland	e (line 1ç	g, column (a	a)) held as:				-
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
c	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	ind administered fo	or the or	ganızatıon	_	
	by.								Yes No
	(i) unrelated organizations			-				3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organizations							3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.					
Pa	rt VI Land, Buildings, and Equipm			_					
	Complete if the organization answered							-	
	Description of property	(a) Cost or o			,) Accum	Į.	(d) Book	value
	<u> </u>	basis (investr	ment)	basis	(other)	depreci	ation		
1a	Land .								
b	Buildings								
С	Leasehold improvements						ļ. <u>.</u>		
	Equipment				0 040	- 4.0	142	- 4 0	
	Other				8,242.	40	,143.		<u>, 099.</u>
Fota	I. Add lines 1a through 1e. (Column (d) must e	auai ⊢orm 990. Part	X. colun	nn (B). line 1	IUC.)			1.8	3,099.

			11b. See Form 990, Part X, lin		
(a) Description of security or category (include	ing name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market	value
Financial derivatives					
Closely-held equity interests	<u> </u>			-	
Other					
(A)					
(B)					
(C)					
(D)					
(E)					
<u>(F)</u>					
(G)					
(H)					
tal. (Col. (b) must equal Form 990, Part X, c			<u></u>		
art VIII Investments - Progra					
			11c. See Form 990, Part X, lin		
(a) Description of investme	ent	(b) Book value	(c) Method of valuation:	Cost or end-of-year market	value
_(1)					
(2)					
(3)				· · · · · · · · · · · · · · · · · · ·	
.(4)					
(5)					
(6)					
(7)					
(8)	,				
(9)					
otal. (Col. (b) must equal Form 990, Part X, c	iol. (B) line 13.)		1,		
Part IX Other Assets.					
Complete if the organization			11d. See Form 990, Part X, lin		
	(a) De	scription		(b) Book v	alue
(1)					
(2)					
(3)				 	
(4)				ļ	
(5)					
(6)					
_(6)			····		
(7)					
(7) (8)					
(7) (8) (9)					
(7) (8) (9) otal. (Column (b) must equal Form 990,	Part X, col (B) line 1	(5.)		>	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X Other Liabilities.		-	•		
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization	n answered "Yes" to	-	11e or 11f. See Form 990, Pa	rt X, line 25.	
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization	n answered "Yes" to	-	11e or 11f. See Form 990, Par (b) Book value	rt X, line 25.	
(7) (8) (9) Part X Other Liabilities. Complete if the organization (a) Description (1) Federal income taxes	n answered "Yes" to n of liability	Form 990, Part IV, line	(b) Book value	rt X, line 25.	
(7) (8) (9) Datal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization (a) Description (1) Federal income taxes (2) DEFERRED DEATH BI	n answered "Yes" to n of liability	Form 990, Part IV, line	(b) Book value	rt X, line 25.	
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization (a) Description (1) Federal income taxes (2) DEFERRED DEATH BI (3) WITHDRAWAL LIABII	n answered "Yes" to n of liability	Form 990, Part IV, line	(b) Book value	rt X, line 25.	
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization (a) Description (1) Federal income taxes (2) DEFERRED DEATH BI (3) WITHDRAWAL LIABII (4)	n answered "Yes" to n of liability	Form 990, Part IV, line	(b) Book value	rt X, line 25.	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization (a) Description (1) Federal income taxes (2) DEFERRED DEATH BI (3) WITHDRAWAL LIABII (4) (5)	n answered "Yes" to n of liability	Form 990, Part IV, line	(b) Book value	rt X, line 25.	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization (a) Description (1) Federal income taxes (2) DEFERRED DEATH BI (3) WITHDRAWAL LIABII (4)	n answered "Yes" to n of liability	Form 990, Part IV, line	(b) Book value	rt X, line 25.	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization (a) Description (1) Federal income taxes (2) DEFERRED DEATH BI (3) WITHDRAWAL LIABII (4) (5)	n answered "Yes" to n of liability	Form 990, Part IV, line	(b) Book value	rt X, line 25.	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization (a) Description (1) Federal income taxes (2) DEFERRED DEATH BI (3) WITHDRAWAL LIABII (4) (5) (6)	n answered "Yes" to n of liability	Form 990, Part IV, line	(b) Book value	rt X, line 25.	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization (a) Description (1) Federal income taxes (2) DEFERRED DEATH BI (3) WITHDRAWAL LIABII (4) (5) (6) (7)	n answered "Yes" to n of liability	Form 990, Part IV, line	(b) Book value	rt X, line 25.	

432053 10-01-14

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) 2014

DISTRICT COUNCIL #4 GCC/IBT

<u>20-5</u>729**4**83

Schedule D (Form 990) 2014

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

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.irs.gov/form990. Open to Public

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

DISTRICT COUNCIL #4 GCC/IBT

Employer identification number 20-5729483

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:
LABOR ORGANIZATION
FORM 990, PART VI, SECTION A, LINE 6:
GCC DC #4 UNION MEMBERS ELECT OFFICERS FOR THE GOVERNING BOARD THROUGH
ELECTIONS THAT ARE HELD EVERY THREE YEARS.
,
FORM 990, PART VI, SECTION A, LINE 7A:
ACTIVE MEMBERS MAY VOTE FOR REPRESENTATIVES ON THE GOVERNING BOARD.
FORM 990, PART VI, SECTION A, LINE 7B:
CERTAIN DECISIONS ARE SUBJECT TO APPROVAL OF MEMBERS.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE IS NO COMMITTEE THAT CAN ACT ON BEHALF OF THE GOVERNING BOARD.
FORM 990, PART VI, SECTION B, LINE 11:
EFFECTIVE OCTOBER 28, 2013, THE COUNCIL WAS PLACED INTO TRUSTEESHIP UNDER
THE GRAPHIC COMMUNICATIONS CONFERENCE/I.B.T. ROBERT MILLER AND FRANK GOLDEN
WERE REMOVED FROM THEIR POSITIONS DURING THIS TIME. MIKE HUGGINS, TRUSTEE,
AND RICK PUTNAM, ASSISTANT TRUSTEE WERE PLACED BY THE INTERNATIONAL AT THE
COUNCIL DURING THE TRUSTEESHIP. THE TRUSTEESHIP TERMINATED AS OF MAY 13,
2015. THE GOVERNING BOARD AUTHORIZED PAUL A. MANCILLAS, JR. TO REVIEW AND
APPROVE THE FORM 990 PRIOR TO THE DATE THAT FILING OCCURS WITH THE IRS.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

DISTRICT COUNCIL #4 MAKES IT GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	Name of the organization			JNCII	_ #4 GCC/]	IBT		Employ 20	yer iden) – 5 7 2	tification number
UPON REQUEST.	DISTRICT COUN	NCIL #4	MAKES	IT C	OVERNING	DOCUMENTS	AVAILABLI	TO	THE	PUBLIC
	UPON REQUEST	<u> </u>	_							
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Current Year Deduction	6,202.	1,275.	45.	7,522.	
Current Sec 179				0	
Accumulated Depreciation	31,983.	638.		32,621.	
Basis For Depreciation	51,417.	6,375.	450.	58,242.	
Reduction In Basis				0	
Bus % Excl					
Unadjusted Cost Or Basis	51,417.	6,375.	450.	58,242.	
Line No	16	16	16		
Life	000.	.000	000.		
Method	SL	SL	SL		
Date Acquired	VARIESSL	072513	082614SL		
Description	10FFICE EQUIPMENT	2TELEPHONE EQUIPMENT072513SL	QUIPMENT	TOTAL 990 FAGE 10 DEPR	
Asset					

(D) - Asset disposed

*ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

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

If you are filing for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box			\triangleright \mathbf{X}
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of t	this form)		
Do not complete Part II unless you have already been granted a		•	-		
E lectronic filing (e-file) . You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time	ne to file (6	months for a	corporation
required to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	ion of time. You can electronically fi	le Form 88	68 to request	t an extension
of time to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	ransfers A	ssociated Wi	th Certain
Personal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	n the elec	tronic filing of	this form,
visit 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 ne	eded).		
A corporation required to file Form 990-T and requesting an autor Part I only	natic 6-mo	nth extension - check this box and	complete		▶ □
All other corporations (including 1120-C filers), partnerships, REM	IICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time	
to file income tax returns.		-	Enter file	r's identifyin	g number
Type or Name of exempt organization or other filer, see instru	ctions.		Employer	ıdentıficatıon	number (EIN) or
print					
DISTRICT COUNCIL #4 GCC/IB	r			20-572	9483
File by the due date for Number, street, and room or suite no. If a P.O. box, s	-	tions.	Social se	curity number	
iling your 455 KEHOE BOULEVARD, NO. 1				,	` ,
eturn See Instructions City, town or post office, state, and ZIP code. For a fo		ress, see instructions.			
CAROL STREAM, IL 60188					
CHICH DIRECTLY IN COLOR					
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 1
A P P	D-4	[A1:A:			D-4
Application	Return	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
PAUL A. MANCILI					50400
• The books are in the care of • 455 KEHOE BOUL	EVARD		L STR	EAM, II	60188
Telephone No. ► <u>630-668-4337</u>		Fax No.			
 If the organization does not have an office or place of busines. 		•			
If this is for a Group Return, enter the organization's four digit	- ·	· · · · · · · · · · · · · · · · · · ·		_	oup, 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 memb	ers the extens	sion is for.
1 I request an automatic 3-month (6 months for a corporation AUGUST 15, 2015 , to file the exemp		to file Form 990-T) extension of time tion return for the organization name		The extension	า
is for the organization's return for:	-	5			
► X calendar year 2014 or					
tax year beginning	. an	d endina		_	
2 If the tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Fınal retur	n .	
Change in accounting period		antau tha tantatura tarri lasa sa			
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any		_	0
nonrefundable credits See instructions			3a	\$	<u> </u>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069					^
estimated tax payments made Include any prior year overg		· · · · · · · · · · · · · · · · · · ·	3b	\$	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	l (direct de	bit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879	-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 423841 05-01-14

Form 8868 (Rev. 1-2014)