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Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.lrs.gov/form990. A For the 2014 calendar year, or tax year beginning and ending

<b>B</b> c	heck if pplicable:	C Name of organization IRON WORKERS DISTRICT COUNCIL OF CHICAGO	D Employer identific	cation number
	Address change	AND VICINITY		
느	Name _change	Doing business as		267725
┝	Initial Ireturn IFinal	Number and street (or P.O. box if mail is not delivered to street address)  Room/sui  RoAD  118		, )795-1710
_	return/ termin-			196,285.
	ated ∏Amended	City or town, state or province, country, and ZIP or foreign postal code DES PLAINES, IL 60018	G Gross receipts \$	<del></del>
H	∟ireturn ∏Applica-	F Name and address of principal officer:ROBERT BOSKOVICH	H(a) Is this a group re for subordinates	
_	⊥tiòn pending	same as C above	H(b) Are all subordinates in	·····
<del></del>	72V-0V0F	npt status:501(c)(3)X 501(c) ( 5 ) ◀ (insert no.) 4947(a)(1) or 50	<del>_</del>   ``	list. (see instructions)
		N/A	H(c) Group exemptio	-
				State of legal domicile: <b>IL</b>
		Summary		
<u>.</u>	1 B	riefly describe the organization's mission or most significant activities: ORGANIZE	WORKERS FOR	ADVANCEMENT
Activities & Governance	_			
Ē.		heck this box 🕨 📖 if the organization discontinued its operations or disposed of mo	ore than 25% of its net as	sets.
Š	I	umber of voting members of the governing body (Part VI, line 1a)	3	
8		umber of independent voting members of the governing body (Part VI, line 1b)	4	
ties		otal number of individuals employed in calendar year 2014 (Part V, line 2a)		0
ţį		otal number of volunteers (estimate if necessary)		0.
Ă		et unrelated business taxable income from Form 990-T, line 34		0.
_	<del>                                    </del>	et difference business taxable income from 1 on 1 550-1, into 64	Prior Year	Current Year
•	8 C	ontributions and grants (Part VIII, line 1h)	0.	0.
Ž.	I	rogram service revenue (Part VIII, line 2g)	198,800.	177,918.
Revепие		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
Œ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,650.	18,367.
	12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	228,450.	196,285.
		rants and similar amounts paid (Part IX, column (A), lines 13	17,841.	9,847.
	14 B	enefits paid to or for members (Part IX, column (A), line 47 [	0.	0.
893	<b>15</b> Sa	alaries, other compensation, employee benefits (Par X, column (A), lines 5 10) /	0.	0.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
X			137,648.	144,719.
		ther expenses (Part IX, column (A), lines 11a-11d, 11724e)	155,489.	154,566.
	1	evenue less expenses. Subtract line 18 from line 12	72,961.	41,719.
- 8			Beginning of Current Year	End of Year
Net Assets of Fund Balance	20 To	otal assets (Part X, line 16)	289,610.	331,329.
₿ŝ	21 To	otal liabilities (Part X, line 26)	0.	0.
碧	22 N	et assets or fund balances. Subtract line 21 from line 20	289,610.	331,329.
Pa	ert II	Signature Block		
	•	es of perjury, I declare that I have examined this return, including accompanying schedules and state	<u>-</u>	knowledge and belief, it is
true,	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepared	er has any knowledge.	
		Signature of officer	Date -	<del></del>
Sig		ROBERT BOSKOVICH, President Robert B	cal such	7/27/19
Her	•	Type or print name and title	C For WC	<del>                                    </del>
	F	Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	) <u>H</u>	OWARD SIMON Shows & CA	7/23/15 If self-employe	
Prep	L-	irm's name   Calibre CPA Group PLLC	Firm's EIN ▶	47-0900880
Use	Only F	irm's address   566 West Lake St Suite 300		
		Chicago, IL 60661	Phone no.31	2-655-0037
May	the IRS	6 discuss this return with the preparer shown above? (see instructions)		X Yes No

	t III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	ORGANIZE WORKERS FOR ADVANCEMENT
	Did the organization undertake any significant program services during the year which were not listed on
2	1   V   Y   No
	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:         ) (Expenses \$   Including grants of \$           ) (Revenue \$
	THE IRON WORKERS DISTRICT COUNCIL OF CHICAGO AND VICINITY HAS BEEN
	ESTABLISHED TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL, AND SOCIAL
	ADVANCEMENT OF THEIR CONDITION AND STATUS.
4b	(Code:         ) (Expenses \$ including grants of \$)         ) (Revenue \$)
	The state of the s
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O.)
TU	
<u>4e</u>	Total program service expenses

432002 11-07-14

Form 990 (2014) AND VICINITY

Part IV Checklist of Required Schedules

Fai	t iv   Officialist of nequired officedules	1	V	N <sub>2</sub>
			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ا م		x
_	If "Yes," complete Schedule A	2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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		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		X
е	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	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
ь	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
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	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			l
	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,			,.
	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			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<sub>v</sub>
	complete Schedule G, Part III	19		X
20a	· · · · · · · · · · · · · · · · · · ·	20a		^
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	i	I

Page 4

	TIV Checkist of nequired schedules (continued)	-		
			Yes	No_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1 _		v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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			7.7
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l i		
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	100 100 100 100 100 100 100 100 100 100	]		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	!		x
	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		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30_		<del>  ^</del> `
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
	If "Yes," complete Schedule N, Part I	31		<del>                                     </del>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II	32		<del>                                     </del>
33	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	33	-	<del></del>
34		34		х
25-	The state of the s	35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	354		<del></del>
D	within the manning of a ching F40/EV40V0 (6 NVoc N complete Cabadyle B. Boot V line 2	35b	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		$\vdash$	┢
30	If "Yes," complete Schedule R, Part V, line 2	36	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<del>  ~</del>		<del>                                     </del>
<b>.</b> ,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del></del>		
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2014)

Form 990 (2014) Statements Regarding Other IRS Filings and Tax Compliance

	Check is Schedule O contains a response or note to any line in this Part V			ᆜ
	5.4		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ł		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		х	
٥-	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.			:
	thou for the descreen you original white will have been overed by this rotating.	ł		,
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		X
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country:			
E.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	E- !		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If Direction for the first form of the first for	5c		
		30		
va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	x	
ь	any contributions that were not tax deductible as charitable contributions?	Ua		_
	man makken de disable.	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).	<del> </del>		
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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u></u> ,
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter:		Ì	
	Initiation fees and capital contributions included on Part VIII, line 12		j	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			,
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	120		
а	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
h	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			
c	Enter the amount of reserves on hand			
142	Did the organization receive only payments for indeer tenning conject during the tay year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	in 199, that it most a form 720 to report these payments for 190, provide all explanation in conedule o		990	(2014)
		. 31111		\··/

AND VICINITY 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 0.									
h	Enter the number of voting members included in line 1a, above, who are independent 7									
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		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5										
6										
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	6		Х						
14	more members of the governing body?	7a	х							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, u								
	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:	- 15								
		8a	х							
	The governing body?	8b		Х						
	Each committee with authority to act on behalf of the governing body?	OD								
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		Х						
200	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3	<u></u> _							
366	tion b. Foncies (This Section & requests information about policies not required by the internal nevenue code.)		Yes	No						
100	Did the examplestion have local chanters, branches, or offiliation?	10a	163	X						
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa								
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
446	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	125								
C	in Schedule O how this was done	12c		Х						
12	•	13		X						
13	Did the organization have a written whistleblower policy?	14	Х							
14	Did the organization have a written document retention and destruction policy?	14	-21							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		х						
	The organization's CEO, Executive Director, or top management official	15a		X						
D	Other officers or key employees of the organization	15b		<u> </u>						
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46-		Х						
	taxable entity during the year?	16a								
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	46h								
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		l						
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	wailah	ıle							
	for public inspection. Indicate how you made these available. Check all that apply.	. v anaL								
	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	i finan	cial							
	statements available to the public during the tax year.		Jiul							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
20	ROBERT BOSKOVICH - (847)795-1710									
	2700 S. River Road, Suite 118, Des Plaines, IL 60018									

### Part VIII 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, Ke	y Employee:	s, and Hig	ghest Com	pensated Em	ployees

- 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.

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

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

(A)	(B)								(E)	(F)
Name and Title	Average hours per week	(do box offic	not c , unle cer an	Pos heck ss pe	ition more rson recto	than is bot or/trus	one h an itee)	Reportable compensation from	Reportable compensation from related	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) ROBERT BOSKOVICH	8.00	l		x				0.	0.	0
PRESIDENT (2) HOWARD NORBERG	1.00	<u> </u>		1		⊢	-	0.	0.	0.
(2) HOWARD NORBERG FIN SEC/TREASUR	1.00	ł		x				0.	0.	0.
(3) BRIAN DISKIN	1.00	⊢	┝	^	┢	⊢		0.	0.	0.
2ND V.P.	1.00	ł		$ _{\mathbf{x}}$				0.	0.	0.
(4) CRAIG SATALIC	1.00	-	<del> </del>	<u> </u>	<del> </del>	$\vdash$	-		0.	<b>.</b>
1ST V.P.	<u> </u>	ł		x				0.	0.	0.
(5) ROBERT FULTON	1.00		$\vdash$					<u>`</u>		
TRUSTEE	<del></del>	ł		x				0.	0.	0.
(6) BRIAN STANLEY	1.00					T	$\vdash$			<del></del>
TRUSTEE		1	]	x				0.	0.	0.
(7) BRIAN ATKINS	1.00									
TRUSTEE		1		X				0.	0.	0.
(8) PAUL THOMPSON	1.00									
SERGEANT AT ARM				X				0.	0.	0.
										· · · · · · · · · · · · · · · · · · ·
					_		_			
			$\vdash$						······· · ·	
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	<del></del>					_		1		- 000

Form	1990 (2014) AND VICI									30-12	<u>•                                    </u>	145	Page	_
Pai	t VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C		es (continued)				
	(A)	(B)				C)			(D)	(E)		(	F)	
	Name and title	Average	(do	not c		itior		one	Reportable	Reportable		Estir	nated	
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	ı	amo	unt of	
		week	<u> </u>	cer an	o a o	I POCIC	JI/ Brus	100)	from	from related		-	her	
		(list any	ᇶ						the	organizations		•	ensation	ì
		hours for	ē	。			pate		organization	(W-2/1099-MIS	2)		n the	
		related organizations	ste	l ast			pensi		(W-2/1099-MISC)			_	ization	
		below	를	la de		š	E 8						elated	
		line)	individual trustes or director	institutional trustee	Officer	Key employee	Highest compensated employee	Ē			ŀ	organ	izations	
	<u> </u>	,	트	Ë	₽	3	토등	굔			$\dashv$			_
			4	]			1							
			<u> </u>				<u> </u>			_	<b></b> -↓			
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			ł											
			<u> </u>	$\vdash$		_	┝	┡	ļ		<del> </del>			_
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				$oxed{oxed}$			ᆫ							
		<u> </u>	]						1		- 1			
								L						
1b	Sub-total								0.		0.			•
C	Total from continuation sheets to Part VI	I, Section A						<b></b>	0.1		0.		0	
	Total (add lines 1b and 1c)								0.		0.		0	-
2	Total number of individuals (including but n							no re	eceived more than \$100	.000 of reportable				_
	compensation from the organization						•		,	,				0
										****		TY	es No	<u> </u>
3	Did the organization list any former officer,	director or tra	ister	a ko	V Ar	nnlo	\/ <b>A</b> A	orl	highest compensated er	mplovee on	Г			_
•	line 1a? If "Yes," complete Schedule J for s			<i>,</i>	y 0.				-	•	- 1	3	x	
4	For any individual listed on line 1a, is the su		•								∵ ⊦	<del>-                                    </del>	<del> </del>	
7	and related organizations greater than \$150									ne organization			x	
_											·	4	┵	_
5	Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services		_	-	
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or st	ich	pers	on		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	5	X	_
	tion B. Independent Contractors	-			-				· <del></del> -					_
1	Complete this table for your five highest co	-	-								pensa	ation fro	m	
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith (	or w	ithir	n the organization's tax y	ear.				_
	(A)				_				(B)	_		(C)		
	Name and business	address	NC	NE	:				Description of se	ervices		ompens	ation	_
								- 1						-
										<u></u> ]				_
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								_	·					_
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								$\dashv$	<del></del>					_
										1				
	Total number of independent controls "		-t "		<u> </u>	<b>A</b> I-	- "	<u></u> _	labara Victoria		—			_
2	Total number of independent contractors (in	_	ot III	nite	U TO	_	_	ied	abovej who received m	ore tnan				
	\$100,000 of compensation from the organiz	zation				(	•							

Form **990** (2014)

	LVII	Check if Schedule O conta		or note to any line	e 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
S a	b	Membership dues	1b					
₹.	C	Fundraising events	1c					
	d	Related organizations	1d					
ξË		Government grants (contributi						
i i	f	All other contributions, gifts, grant						
호취		similar amounts not included abov	/e <sub></sub> 1f					
19 g	g	Noncash contributions included in lines	1a-1f: \$					
<u>8</u> 0	h	Total. Add lines 1a-1f	<del></del>	<u></u>				<u> </u>
				Business Code				1
<u>.</u>	2 a	MEMBERSHIP DUES & ASSES	SSMENTS	900099	177,918.	177,918.		
\$ g	b			_				
E E	C			-				ļ
<u> </u>	d							<u> </u>
Program Service Revenue	0							
۱ ۳	f	All other program service reve	nue		477.040			ļ
$\dashv$					177,918.		<del></del>	<del></del>
I	3	Investment income (including						
	4	other similar amounts)				-		+
	5					-		<del> </del>
	3	Royalties	(i) Real	(ii) Personal	·			<del>                                     </del>
	6 a	Gross rents	(I) Neal	(ii) Personar				
		Gross rents Less: rental expenses		<del>                                     </del>				
		Rental income or (loss)		<del>  · · ·  </del>				
		Net rental income or (loss)						1
		Gross amount from sales of	(i) Securities	(ii) Other				1
		assets other than inventory	(y coccinios	(1) (11)				
	Ь	Less: cost or other basis						i
	_	and sales expenses						į
l	c	Gain or (loss)						
I		Net gain or (loss)		▶				
ا و		Gross income from fundraising						
ᇍ		including \$	of					
ě		contributions reported on line	1c). See	1 1				
ᇣ		Part IV, line 18	a	.  [				
Other Revenu	b	Less: direct expenses	. <b>b</b>			ţ		
١	C	Net income or (loss) from fund	raising events					
	9 a	Gross income from gaming ac	tivities. See	ĺ				
		Part IV, line 19		·[				
	b	Less: direct expenses	b					
		Net income or (loss) from gam	-	. <u> </u>				
	10 a	Gross sales of inventory, less	returns					
			a					
			b	· L				,
ļ	<u>c</u>	Net income or (loss) from sales		, <u> </u>				
- 1		Miscellaneous Revenue	9	Business Code				
	11 a			900099	14,000.	14,000.	<del></del> .	
ļ	b			900099	3,750.	3,750.	· · · · · · · · · · · · · · · · · · ·	<u> </u>
- {	C	REIMBURSED EXPENES		900099	617.	617.	<u>.</u>	<u> </u>
- 1		All other revenue		L				
- 1				⋅ 🚩 📙	18,367.	455 55		
432009	12	Total revenue. See instructions.			196,285.	196,285.	0,	·
11-07-	14							Form <b>990</b> (2014)

Form 990 (2014)

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All other	er organizations must c	omplete column (A).	
	Check if Schedule O contains a response	se or note to any line in t	this Part IX		<u></u>
	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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	9,847.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	1			1
	organizations, foreign governments, and foreign				1
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			1	1
	trustees, and key employees				
6	Compensation not included above, to disqualified				1
	persons (as defined under section 4958(f)(1)) and				1
_	persons described in section 4958(c)(3)(B)				<del></del>
7	Other salaries and wages		<del></del>		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	<del></del>			
9	Other employee benefits		<del> </del>		
10	Payroll taxes				
11	Fees for services (non-employees):	25,113.			
a b	Management Legal	1,710.			
C	Accounting	6,950.			
d	Lobbying	0,7301			<del></del>
8	Professional fundraising services. See Part IV, line 17	-			
f	Investment management fees			<del>,</del>	
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch O.)			i	
12	Advertising and promotion	617.			
13	Office expenses	1,833.			
14	Information technology				
15	Royalties				
16	Occupancy	3,600.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,899.	<del></del>		
20	Interest	20 110			
21	Payments to affiliates	38,119.			<del></del>
22	Depreciation, depletion, and amortization	1,530.			<del></del>
23 24	Insurance Other expenses. Itemize expenses not covered	1,330.			
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 0.)				
а	PAC CONTRIBUTIONS	18,000.			
- Ь	APPRENTICE COMPETITION	2,250.			
c			r.i.*.	-	<u> </u>
d					
8	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	154,566.	<del></del>		
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X | Balance Sheet

Irt X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	289,168.	2	330,985
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete		:	
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
1	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
1	basis, Complete Part VI of Schedule D 10a 41, 357.			
l b	Less: accumulated depreciation 10b 41,013.	442.	10c	34
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	O4		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	289,610.	16	331,32
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	····
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	<del></del>
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			,
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
1	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	(
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			<del> </del>
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	289,610.	27	331,32
28	Temporarily restricted not see etc		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
		289,610.	33	331,329
33	Total net assets or fund balances	207,010el	- J-J-I	JJ = 1 J = -

Form 990 (2014)

Form	1990 (2014) AND VICINITY	<u> 36-</u>	1267725	Pa	<u>ge 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			85.
2	Total expenses (must equal Part IX, column (A), line 25)	2			66.
3	Revenue less expenses. Subtract line 2 from line 1	3	4	1,7	19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28	9,6	10.
5	Net unrealized gains (losses) on investments	5			
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	33	1,3	29.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			ŀ
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				
	separate basis, consolidated basis, or both:				ļ.
	Separate basis Consolidated basis Both consolidated and separate basis				Ī
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	l
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	•			ŀ
	X Separate basis Consolidated basis Both consolidated and separate basis				ļ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			ŀ
_	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	]
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	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 Si				

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

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

Form **990** (2014)

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.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

**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

<ul> <li>Section 501(c)(4), (5), or (6) organiz</li> </ul>				
Name of organization IRON W( AND VIO	ORKERS DISTRICT CO			nployer identification number 36-1267725
Part I-A Complete if the or	ganization is exempt unde	er section 501(c) o	or is a section 527	organization.
0 Mahanda an haaran	ization's direct and indirect politica		_	*\$
Part I-B Complete if the or	ganization is exempt unde	r section 501/c)/3	21	<u></u>
	x incurred by the organization under			• ¢
2 Enter the amount of any excise ta				
3 If the organization incurred a secti				
4a Was a correction made?				
b If "Yes." describe in Part IV.				
Part I-C Complete if the or	ganization is exempt unde	er section 501(c),	except section 50	11(c)(3).
1 Enter the amount directly expende	ed by the filing organization for sect	tion 527 exempt function	on activities	<b>\$</b>
2 Enter the amount of the filing orga			ction 527	
exempt function activities				<b>`</b> \$
3 Total exempt function expenditure	es. Add lines 1 and 2. Enter here an	d on Form 1120-POL,		
line 17b				* \$
4 Did the filing organization file Forn				Yes L. No
	mployer identification number (EIN			
	ation listed, enter the amount paid			
	romptly and directly delivered to a fadditional space is needed, provide			arate segregated fund or a
<del></del>	<del></del>			
(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter -	contributions received and
IWDC of Chicago PAC	Ottawa, IL 61350	27-2631913		18,000.
				1
				<u> </u>
		-		
				*****
	· - · ·			
	1			

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 See Part IV for Continuation

### IRON WORKERS DISTRICT COUNCIL OF CHICAGO

AND VICINIT	Y				
ganization is exe	mpt under section	on 501(c)(3) and file	ed Form 5768 (	election ur	nder
			· -		
=	-	in Part IV each affiliated	group member's na	ne, address, I	EIN,
ation checked box A a	nd "limited control" pr	rovisions apply.			<del></del>
		l.)	(a) Filing organization's totals	(b) Affiliate total	
luence public opinion	(grass roots lobbying)				
res					
es (add lines 1c and 1	d)				
er the amount from th	e following table in bo	oth columns.	·		
or (b) is: The lot	bying nontaxable an	nount is:			
20% of	the amount on line 1	9.		ŀ	,
0,000 \$100,0	00 plus 15% of the ex	cess over \$500,000.			
500,000 \$175,0	00 plus 10% of the ex	cess over \$1,000,000			
,000,000      \$225,00	00 plus 5% of the exc	ess over \$1,500,000.			
\$1,000	000				
ro or less, enter -0-					
•		<u> </u>		<u>.l</u>	
ero on either line 1h or	line 1i, did the organi	zation file Form 4720			
			<u> </u>	<u> </u>	<u>  No</u>
				L - L	
			of the five columns	below.	
Lobbying Expe	naitures During 4-46	ear Averaging Period		<del></del>	
(a) 2011	(b) 2012	(c) 2013	<b>(d)</b> 2014	(e) To	otal
				1	
	_				
				_	
	ation belongs to an affire of excess lobbying ation checked box A a lits on Lobbying Expeditures" means amount uence public opinion fuence a legislative botines 1a and 1b) les les (add lines 1c and 1c er the amount from the left (b) is:  The lober 10,000 \$100,000	ation belongs to an affiliated group (and list are of excess lobbying expenditures).  ation checked box A and "limited control" prints on Lobbying Expenditures ditures" means amounts paid or incurred tuence public opinion (grass roots lobbying) tuence a legislative body (direct lobbying) times 1a and 1b)  tes as (add lines 1c and 1d)  ter the amount from the following table in both or (b) is:  The lobbying nontaxable and 20% of the amount on line 10,000 \$100,000 plus 15% of the exception of the	ation belongs to an affiliated group (and list in Part IV each affiliated are of excess lobbying expenditures).  ation checked box A and "limited control" provisions apply.  ation checked box A and "limited control"	tation belongs to an affiliated group (and list in Part IV each affiliated group member's narre of excess lobbying expenditures).  ation checked box A and "limited control" provisions apply.  ation checked box A and "limited control" provisions apply.  ation checked box A and "limited control" provisions apply.  ation checked box A and "limited control" provisions apply.  ation checked box A and "limited control" provisions apply.  ation checked box A and "limited control" provisions apply.  ation checked box A and "limited control" provisions apply.  (a) Filing organization's totals  (a) Filing organization's totals  (a) Filing organization's totals  (a) Filing organization's totals  (b) Filing organization in totals  (a) Filing organization's totals  (b) Is: The lobbying nontaxable amount is:  20% of the amount form the following table in both columns.  (b) Is: The lobbying nontaxable amount is:  20% of the amount on line 1e.  (c) (0,000 \$100,000 plus 15% of the excess over \$500,000.  (d) (d) Filing organization is:  20% of the amount on line 1e.  (d) (d) Filing organization's totals  (e) Filing organization's totals  (a) Filing organization's totals  (b) Is: The lobbying organization's totals  (a) Filing organization's totals  (b) Isis organization's totals  (a) Filing organization's totals  (a) Filing organization's totals  (b) Filing organization's totals  (a) Filing organization's totals  (b) Filing organization's totals  (a) Filing organization's totals  (a) Filing organ	ganization is exempt under section 501(c)(3) and filed Form 5768 (election under section belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, it are of excess lobbying expenditures).  Attion checked box A and "limited control" provisions apply.  Attion checked box

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2014 AND VICINITY

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(:	(a)		)
of the lobbying activity.	Yes No Amount			ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	·	<del> </del>		
c Media advertisements?		<del>                                     </del>		
d Mailings to members, legislators, or the public?		-		
e Publications, or published or broadcast statements?		<del>                                     </del>		
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?		<del>                                     </del>		
			-	
			-	
J Total. Add lines 1c through 1i				
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				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				<del></del>
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c	)(5), or se	ction	
501(c)(6).	•			
	<del></del>		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X
3 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."	ed "No," O	R (b) Par	t III-A, lir	ne 3, is
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po</li> </ul>	 litical	····   - <u>-</u> -		
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		·- ⊢		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)	· · · · · · · · · · · · · · · · · · ·	. 5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)	oup list); Part	II-A, lines 1	and 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.  Part I-A, Line 1:				
A SEPARATE TRUSTEED POLITICAL ACTION FUND WAS ESTABL	LISHED	WHERE	THE	
DISTRICT COUNCIL CAN TRANSFER FUNDS DIRECTLY TO A SI	EPARATE	POLIT	ICAL	_
ORGANIZATION.				
Part I-C Continuation for Incomplete Name/Address In	format	ion:		

432043 10-21-14

### IRON WORKERS DISTRICT COUNCIL OF CHICAGO

Schedule C (Form 990 or 990-EZ) 2014 AND VICINITY  Part IV   Supplemental Information (continued)	36-1267725 Page 4
Part IV Supplemental Information (continued)	
IWDC of Chicago PAC	
756 River Edge Circle Ottawa, IL 61350	
	, , , , , , , , , , , , , , , , , , , ,
	, <u></u>
70° de 70	
	Schedule C /Form 990 or 990-E7\ 2014

11080314 712177 IWDC

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990,
IRON WORKERS DISTRICT COUNCIL OF CHICAGO Emplo

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AND VICINITY

**Employer identification number** 36-1267725

Par	t I	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total n	umber at end of year		
2		ate value of contributions to (during year)		
3		ate value of grants from (during year)		
4		ate value at end of year		
5		organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	ed funds
		organization's property, subject to the organization's	=	
6		organization inform all grantees, donors, and donor ad		
•		ritable purposes and not for the benefit of the donor of	<u> </u>	_
		issible private benefit?		
Par	<u> </u>	Conservation Easements. Complete if the org	anization answered "Yes" to Form 990. P	art IV. line 7.
1		e(s) of conservation easements held by the organization	-	
-		reservation of land for public use (e.g., recreation or e		orically important land area
		Protection of natural habitat	Preservation of a certi	
		Preservation of open space		
2		ete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
_		the tax year.	ed conscivation contribution in the form	or a conservation easement on the last
	day or	ino tax your.		Held at the End of the Tax Year
а	Total n	umber of conservation easements		
h		creage restricted by conservation easements		· · · <del></del>
-		r of conservation easements on a certified historic stru		
d		r of conservation easements included in (c) acquired a		
_				2d
3		r of conservation easements modified, transferred, rele		·····
-	year >		, ,	organization canning and tax
4	Numbe	r of states where property subject to conservation eas	ement is located	
5		ne organization have a written policy regarding the peri		
		ns, and enforcement of the conservation easements it		Yes No
6	Staff a	nd volunteer hours devoted to monitoring, inspecting,		uring the year
7		t of expenses incurred in monitoring, inspecting, and e	_	
8		ach conservation easement reported on line 2(d) above	_	_
		-ti 170/h\/4\/D\/:00		Yes No
9	In Part	XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include	, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
		vation easements.		
Par	t III	Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
		Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the o	rganization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historic	al treasures, or other similar assets held for public exh	ibition, education, or research in furtheral	nce of public service, provide, in Part XIII,
	the tex	t of the footnote to its financial statements that describ	pes these items.	
b	If the o	rganization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasur	es, or other simılar assets held for public exhibition, ed	lucation, or research in furtherance of pub	olic service, provide the following amounts
	relating	to these items:		
	(i) Re	venue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) As	sets included in Form 990, Part X		<b>&gt;</b> \$
2	If the o	rganization received or held works of art, historical trea		
	the follo	owing amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а		ie included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
		included in Form 990. Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

	IRON W	ORKERS DIST	RICT COUNC	LIL OF CHIC	'AGO		
Sche		CINITY				67725	Page 2
	t III Organizations Maintaining	Collections of A	rt, Historical Tr	reasures, or Oth			
3	Using the organization's acquisition, acce	ssion, and other record	ds, check any of the	following that are a	significant use of its	collection	items
	(check all that apply):						
а	Public exhibition	d		change programs			
b	Scholarly research	е	Other				
C	Preservation for future generations						
4	Provide a description of the organization's					t XIII.	
5	During the year, did the organization solici					٦٧	
Pa	to be sold to raise funds rather than to be t IV Escrow and Custodial Arra				L	Yes	No
1 41	reported an amount on Form 990,		oto ii ulo organizatio	Midisweled 165 L	5 FUIII 990, Fait IV,	iii 1 <del>0</del> 9, 01	
1a	Is the organization an agent, trustee, cust		diary for contribution	ns or other assets no	nt included		
			=			Yes	☐ No
b	If "Yes," explain the arrangement in Part X						
						Amount	
C	Beginning balance					-	
d	Additions during the year				1d		
8	Distributions during the year				1e		
f	Ending balance					ı	
	Did the organization include an amount or					」 Yes	⊢ No
Pai	If "Yes," explain the arrangement in Part X t V Endowment Funds. Complet					<del></del>	
	E T Zildowillent i dilds. Complet	(a) Current year	(b) Prior year	1	(d) Three years back	(a) Four y	years back
1a	Beginning of year balance	(a) Current year	(b) Frior year	(C) THO YEARS DUCK	(d) Times years back	(e) i oui	yours buck
b	Contributions						
c	Net investment earnings, gains, and losse	s					
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses			•			
g	End of year balance						
2	Provide the estimated percentage of the o	-		a)) held as:			
a	Board designated or quasi-endowment		_%				
b	Permanent endowment	%					
C	Temporarily restricted endowment	%					
2-	The percentages in lines 2a, 2b, and 2c sh Are there endowment funds not in the pos		ation that are hold a	and administered for	the organization		
Ja	by:	isession of the organiz	audii iilai ale lielu a	and administered for	ine organization	Г	Yes No
	(i) unrelated organizations						140
b	If "Yes" to 3a(ii), are the related organization	ons listed as required o	on Schedule R?	•••••	••••••	3b	$\neg$
4	Describe in Part XIII the intended uses of t						
Pai	t VI Land, Buildings, and Equip				<del></del>		
	Complete if the organization answer	red "Yes" to Form 990	, Part IV, line 11a. S	See Form 990, Part X	, line 10.		
	<b>*</b>				1		_

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land            b Buildings				
c Leasehold improvements d Equipment		41,357.	41,013.	344.
e Other	Form 990. Part X. colur	nn (B). line 10c.)	•	344.

Schedule D (Form 990) 2014

A ATT	37T	TI	ידדע	7
AND	ν т (	-11	ИΤТ	2

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			<u> </u>
(A)			
(B)			
(C) (D)			<del></del>
(b) (E)		<del>-  </del>	
(F)	<u></u>		····
(G)			· -
(H)			•
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11c. See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total (Col (b) must squal Form 000 Part V sel (P) line (2)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	·		
Complete if the organization answered "Yes"	to Form 990 Part IV	line 11d See Form 990 Part V line 15	
	Description	116 11d. 366 1 0111 930, Fart X, 1116 13.	(b) Book value
(1)	<u> </u>	· , <u>-</u>	(4, 2234, 4322
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X   Other Liabilities.	9_15.)		. ▶
	. =		
Complete if the organization answered "Yes":  1. (a) Description of liability	to Form 990, Part IV,	(b) Book value	ne 25.
(a) Description of liability     (1) Federal income taxes		(b) Book value	
(2)			
(3)			
(4)	·		
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footno	te to the organization's financial staten	nents 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 X

	IRON WORKERS DISTRICT COUNC	IL OF CHICAGO		
Sched	dule D (Form 990) 2014 AND VICINITY		36-1	267725 Page 4
Parl	XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	195,668.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities		1	
	Recoveries of prior year grants		1	
	Other (Describe in Part XIII.)		]	
	Add lines 2a through 2d		2е	0.
3	Subtract line 2e from line 1		3	195,668.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		$\Box$	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 617.	]	
	Add lines <b>4a</b> and <b>4b</b>		4c	617.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	196,285.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return	า.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	153,949.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	]	
	Other losses		1	
d	Other (Describe in Part XIII.)		]	
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	153,949.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)		]	
	Add lines 4a and 4b		4c	617.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	154,566.
Parl	XIII Supplemental Information.			
rovid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines 1b and 2b; Part V, line	4; Part X	line 2; Part XI,
nes 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional information.		
?ar	t X, Line 2:			
<u> Che</u>	Council is exempt from federal income tax	es under Section	n 50	1(c)(5) of
_				
:he	Internal Revenue Code as part of a group	exemption for c	rgan	izations
		_		
<u>aff</u>	iliated with the International Association	of Bridge, Str	uctu:	ral,
		-		
rn	amental and Reinforcing Iron Workers and i	s, therefore, s	ubje	ct to tax
			<u> </u>	-
onl	y on income, if any, unrelated to its tax-	exempt purpose.		
<u> Ian</u>	agement is required to evaluate tax positi	ons taken by th	e Cor	uncil and
cec	ognize a tax liability (or asset) if the C	ouncil has take	n an	uncertain
				·
pos	ition that more likely than not would not	be sustained up	on e	<u>kamination</u>
		<del></del>		

by the taxing authorities. As of December 31, 2014, there were no

Part XIII   Supplemental Information (continued)
recognition of a liability (or asset) or disclosure in the financial
statements. The Council's Form 990, Return of Organization Exempt from
Income Tax, for the years ending 2011, 2012 and 2013 are subject to
examination by the IRS, generally for three years after they were filed.
Part XI, Line 4b - Other Adjustments:
Rptd as Reimb Exp on FS 617.
Part XII, Line 4b - Other Adjustments:
Rptd as Reimb Exp on FS 617.

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

Inspection

Information about Schedule I (Form 990) and its instructions is at www. Its. gov/form990

² [ Schedule I (Form 990) (2014) Employer identification number 36-1267725 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of : : (f) Method of valuation (book, FMV, appraisal, other) : : 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. IRON WORKERS DISTRICT COUNCIL OF CHICAGO recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. : ö (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (P) EIN cnteria used to award the grants or assistance? AND VICINITY 1 (a) Name and address of organization No single contribution exceeded or government Name of the organization Parti Part \$5000

# IRON WORKERS DISTRICT COUNCIL OF CHICAGO AND VICINITY

Page 2

36-1267725

Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part III

Schedule I (Form 990) (2014) (f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant 23 (b) Number of recipients THE BOARD APPROVES ALL GRANTS ISSUED. LINE 2 (a) Type of grant or assistance SCHEDULE I, PART I, 432102 10-15-14

### **SCHEDULE 0**

(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.

2014
Open to Public Inspection

OMB No. 1545-0047

IRON WORKERS DISTRICT COUNCIL OF CHICAGO Emplo

IRON WORKERS DISTRICT COUNCIL OF CHICAGO AND VICINITY

Employer identification number 36-1267725

Form 990, Part VI, Section A, line 7a:							
Each local union of the District Council is represented by 3 delegates.							
Delegates are elected at the regular election of their respective local							
unions in accordance with the election laws as incorporated in the							
International Constitution. Delegates serve a term of three years.							
Form 990, Part VI, Section A, line 8b:							
NO COMMITTEE EXISTS THAT CAN ACT ON BEHALF OF GOVERNING BODY.							
Form 990, Part VI, Section B, line 11:							
Line 11a explanation - AN OFFICER REVIEWS THE FORM 990 BEFORE IT IS FILED.							
IN ADDITION, FORM 990 IS MADE AVAILABLE TO THE ENTIRE BOARD FOR THEIR							
REVIEW UPON REQUEST.							
Form 990, Part VI, Section C, Line 19:							
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE							
AVAILABLE UPON REQUEST AT THE DISTRICT COUNCIL'S OFFICE. IN ADDITION, THE							
ORGANIZATION FILES AN ANNUAL FINANCIAL REPORT WITH THE DEPARTMENT OF LABOR							
WHICH CAN ALSO BE OBTAINED ON THE ONLINE PUBLIC DISCLOSURE ROOM.							
FORM 990, PART XII, LINE 2C							
NO CHANGE IN PROCESS.							

### 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 •

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

 $\triangleright$  X

Form 8868 (Rev. 1-2014)

	ou are filing for an Additional (Not Automatic) 3-Month Ex						
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.							
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation							
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension							
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain							
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic 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 submit original (no copies needed).							
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete							
Part I only							
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time							
to file income tax returns.					Enter filer's identifying number		
Type or Name of exempt organization or other filer, see instructions.					r identification nu	ımber (EIN) or	
print	TRON WORKERS DISCRETS OF OUTCOM						
•	AND VICINITY			36-1267725			
File by the due date filing you	Number, street, and room or suite no. If a P.O. box, see instructions.			Social security number (SSN)			
return S	EG						
	DES PLAINES, IL 60018	oreign add	iress, see instructions.				
						[0]1	
Enter	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applic	ation	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)		07		
_	990-BL	02	Form 1041-A		08		
Form 4720 (Individual)		03	Form 4720 (other than individual)	ndividual)			
Form 990-PF		04	Form 5227				
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			10	
Form 990-T (trust other than above)		06	Form 8870			12	
ROBERT BOSKOVICH							
• The books are in the care of > 2700 S. River Road, Suite 118 - Des Plaines, IL 60018							
	ephone No. ► (847)795-1710		Fax No. ▶			<u> </u>	
		s in the Ur	·				
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this</li> </ul>							
box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.							
	request an automatic 3-month (6 months for a corporation				era tric exterisio	113 101.	
-		-	tion return for the organization name		The extension		
•	s for the organization's return for:	t organiza	inor rotari for the organization name	d abovo.	THE EXTENSION		
	►X calendar year 2014 or						
tax year beginning, and ending							
							2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period							
						^	
	nonrefundable credits. See instructions.				\$	0.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					^	
	estimated tax payments made. Include any prior year overp			3b_	\$	0.	
	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 (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment							

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

instructions.

LHA 423841 05-01-14