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Form **990**

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 2014

Open to Public Inspection

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► Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2014 calendar year, or tax year beginning 2014, and ending D Employer identification number C Name of organization Check if applicable ILA CLERKS & CHECKERS LOCAL 1771 Address change 57-6026500 Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return 2113 COURTLAND AVENUE (843) 723-1774 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return CHARLESTON SC 29403 G Gross receipts \$ 431,432 F Name and address of principal officer H(a) Is this a group return for subordinates? XINO Application pending H(b) Are all subordinates included? If 'No,' attach a list (see instructions) ROBERT STRIPLING 2113 COURTLAND AVE CHARLE STON SC 29403 Tax-exempt status 501(c)(3) X 501(c) (5 (insert no) 4947(a)(1) or Website: ► H(c) Group exemption number Form of organization X Corporation Other > Trust Association L Year of formation 1950 M State of legal domicile SC Part I Summary Briefly describe the organization's mission or most significant activities PROMOTE SOLIDARITY AND MEMBER Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) . 4 137 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . 5 6 Total number of volunteers (estimate if necessary) 6 n Total unrelated business revenue from Part VIII, column (C), line 12. 7a 432 **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h). Program service revenue (Part VIII, line 2g) 387,745 431,432 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . 387,745 431,432. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 255,286. 243,077 16a Professional fundraising fees (Part IX Column (A)) line (1e) b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column A), lines 11a-11d, 7 Total expenses Add lines 13-137 (must equal Part IX, 17 133,197 158,521. line 25) 376,274. 413,807. 19 Revenue less expenses Subtract line-18-from-line-12 11,471. 17,625. **End of Year** Beginning of Current Year Total assets (Part X, line 16) 20 550,665 561,324. 21 Total liabilities (Part X, line 26) . . . 175,911 168,945. 22 Net assets or fund balances Subtract line 21 from line 20 374,754 392,379 Part II ⊰ Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than office of the best of my knowledge). Sign Here ROBERT STRIPLING Type or print name and title Preparer's signature

Con L Mcking Date

5.26-Print/Type preparer's name MCDONALD LISA L. P01433528 Paid self-employed LISA L. MCDONALD CPA Preparer **Use Only** Firm's address 405 KINGSTON PL Firm's EIN SUMMERVILLE 29483-5304 Phone no Yes No

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

Form 990 (2014)

Form !	990 (2014)	ILA CLERKS	& CHECKERS	LOCAL 1771		57-6	026500	Page 2
Rant				ccomplishments				
				r note to any line in this Part	III	<u> </u>		
	•	e the organization's				•		
	PROMOTE_	<u>SOLIDARITY A</u>	ND MEMBER	WELFARE				
							. -	
	_			ram services during the year		· · · · · · · · · · · · · · · · · · ·		
							· · _ Yes	X No
		be these new service						_
				inificant changes in how it co	nducts, any p	rogram services?	· · L Yes	X No
		be these changes o						
4	Describe the of Section 501(cland revenue,	organization's progra)(3) and 501(c)(4) o If any, for each prog	am service accom rganizations are r gram service repo	plishments for each of its thr equired to report the amount rted	ee largest pro of grants and	gram services, as measu allocations to others, the	red by expens total expense	es s,
4 a	(Code) (Expenses	\$	including grants of	\$) (Revenue	\$)
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		n services. (Describ				\/Poyonya ¢		`
	(Expenses	\$ service expenses	includir	ng grants of \$) (Revenue \$		
BAA	i Otal program	Service expenses	-	TEEA0102 05/28/14			For	m 990 (2014)
~~~				12210102 00/20/14			. 51	( 1-7)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2		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	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	ŝ		100 M
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10°? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b 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		Х
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		Х
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 (see instructions)	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) , ILA CLERKS & CHECKERS LOCAL 1771 57-6026500 Page 4 Part IV . Checklist of Required Schedules (continued) Yes No 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 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 Х 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* Х 23 24 a 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 Χ 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b 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? 26 Χ Х 27 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) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . . . . 28a Χ b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х 28b Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Χ 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . . Χ 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II . . . Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 33 Χ Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х 34 Χ 35a

Form 990 (2014)

35b

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37

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Х

Χ

38

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 . . . . . . . . . . . .

treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI . . .

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

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

	1 990 (2014) · ILA CLERKS & CHECKERS LOCAL 1771 57-602650	0	P	age
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• • •		<u>. L</u>
			Yes	No
	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
ı	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	. `.`.		
(	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	سشند	
2 8	a 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 2 a	.'4.)*	3	
1	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	٠.	-	
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ı	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 :	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
1	b If 'Yes,' enter the name of the foreign country		-	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	<u> </u>	. 2	
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
ı	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a 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?	6 a		х
l	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	s s	Ago.	
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		Živa.	
•	services provided to the payor?	7 a		Х
	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			<u> </u>
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	<u> </u>	Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	-, _		
8	Form 1098-C?	7 h		> >
_	organization have excess business holdings at any time during the year?	8	12	- ′
9		-	<b>_</b>	ļ
_	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	+	-
	Section 501(c)(7) organizations. Enter	100	+	3. 3
	a Initiation fees and capital contributions included on Part VIII, line 12		%i'	
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	<u> </u>	,
		,š, ,	, P	
11	a Gross income from members or shareholders			1
		┨┇	\$C. II	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	42-		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<del></del>	-
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	-	: %	ŀ
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a	<del> </del>	├
	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			- 38
	c Enter the amount of reserves on hand	1 3	1 2	i

**b** If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . . . . .

14a Did the organization receive any payments for indoor tanning services during the tax year? . . .

14 a

14 b

Pa	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 cırcumstances, processes, or changes ın Schedule O. See ınstructions.							
	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				
1 :	a Enter the number of voting members of the governing body at the end of the tax year · · · · · 1 a 137  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		*; * *					
ı	b Enter the number of voting members included in line 1a, above, who are independent 1b	5. May	, §					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	112						
	officer, director, trustee, or key employee?	2	Х					
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		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	_6	X					
7 :	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	х					
1	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members,							
1	stockholders, or persons other than the governing body?	7 b	Χ					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	ان شريكيات بريم بريم ميرونيات		, « , ,				
	a The governing body?	8 a	X					
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b		Х				
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				
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)					
			Yes	No				
	a Did the organization have local chapters, branches, or affiliates?	10 a		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?	10 b						
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х					
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990	شند	<b>X</b>					
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х					
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х					
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Y .					
	a The organization's CEO, Executive Director, or top management official	15a	-	x				
	<b>b</b> Other officers or key employees of the organization	15b		Х				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)							
16	a 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	#XL	X				
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16 b	L					
	Let the states with which a copy of this Form 200 is required to be filed by Copy in Copy in the Copy							
17 18		 availat	– – – de					
10	for public inspection. Indicate how you made these available Check all that apply  Own website X Another's website X Upon request Other (explain in Schedule O)	. • anal						
19		e to						
20								
	ROBERT STRIPLING 2113 COURTLAND AVE CHARLESTON SC 29403-3003 (8	43)	723-	1774				

Form 990 (2014) . ILA CLERKS & CHECKERS .	LOCAL	1771		57-6026500	Page 7
Part VIII Compensation of Officers, Director Independent Contractors	ors, Tru	stees, Key Employe	es, Highest C	ompensated Employ	ees, and
Check if Schedule O contains a response or r	note to an	y line in this Part VII			<u> L</u>
Section A. Officers, Directors, Trustees, Ke	y Empl	oyees, and Highest	Compensate	d Employees	
1a Complete this table for all persons required to be listed organization's tax year	Report o	compensation for the caler	ndar year ending w	ith or within the	
<ul> <li>List all of the organization's current officers, director compensation Enter -0- in columns (D), (E), and (F) if no</li> </ul>			organizations), rega	ardless of amount of	
<ul> <li>List all of the organization's current key employees,</li> </ul>	ıf any Se	e instructions for definition	n of 'key employee	•	
<ul> <li>List the organization's five current highest compens who received reportable compensation (Box 5 of Form Worganization and any related organizations</li> </ul>					
<ul> <li>List all of the organization's former officers, key emportable compensation from the organization and any</li> </ul>			employees who re	ceived more than \$100,000	
<ul> <li>List all of the organization's former directors or true organization, more than \$10,000 of reportable compensation.</li> </ul>					
List persons in the following order individual trustees or di employees, and former such persons	irectors, ir	istitutional trustees, officei	s, key employees,	highest compensated	
Check this box if neither the organization nor any relat	ted organi	zation compensated any o	current officer, dire	ctor, or trustee	
		(C)			
		Position (do not check more			

		(C)								
(A) Name and Title	(B) Average hours per	than	one s both	box, to an orector/	unles: fficer truste	ck mor s perso and a ee)	n	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) WILLIAM STRIPLING TRUSTEE	4.00	Х						9,255.	0.	0.
(2) NEAL EDGERTON TRUSTEE	_4.00	Х						7,891.	0.	0.
(3) LANCE MCLAUGHLIN VICE-PRESIDENT	16.00			Х				27,591.	0.	0.
_(4)_ <u>JOHN_ALVANOS</u> PRESIDENT	20.00			Х				59,062.	0.	0.
(5) RALPH CAMPBELL SECRETARY	4.00			Х				6,483.	0.	0.
(6) NICHOLAS CHRIST EXECUTIVE BOARD MEMBER	2.00	x						2,973.	0.	0.
_(7)_ ROBERT_STRIPLING TREASURER	10.00			Х				25,611.	0.	0.
(8) DAVID DUNLAP EXECUTIVE BOARD MEMBER	2.00	х						3,518.	0.	0.
_(9)										
(10)										
(11)										
(12)										
<u>(13)</u>										
(14)										

Form 990 (2014) ILA CLERKS & CHECKERS L								<u>57-602650</u>	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A) Name and title	Average hours per week (list any			(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	hours for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Former Highest compensated	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)									
(16)									
(17)							-		
(18)					+				
(19)									
(20)									
(21)									-
(22)									
(23)									
(24)							•		
(25)									
1 b Sub-total	on <b>A</b>						142,384.	0.	0.
d Total (add lines 1b and 1c)							142,384.	0.	0.
2 Total number of individuals (including but not limited from the organization ►		iisteu	abov	ve) v	WIIO	eceive	a more man \$100,		· · · · · · · · · · · · · · · · · · ·
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	, or trustee	e, key 	emp	oloye	ee, or	highe	st compensated en	nployee	Yes No
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater to such individual	han \$150,	000?	If 'Ye	es' c	ompl	ete Sc	hedule J for		. 4 × ×
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of									. 5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensation from the granuzation. Report compensation from the granuzation.	ed indepe	ndent	cont	tract	tors t	hat red	ceived more than \$	100,000 of	221
compensation from the organization. Report compensation for the calendar year ending  (A)  Name and business address							(B Description of	)	(C) Compensation
					_				
2 Total number of independent contractors (including	but not lin	nited t	o the	ose l	listed	above	e) who received mo	re than	
\$100,000 of compensation from the organization	<b>&gt;</b>		.,			-2.,	, 222.700 1110		

57-6026500

		Check if Schedule O c	ontains a r	espon	ise or note to any lir	ne in this Part VIII .		<u> </u>			
				,		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections		
ants		Federated campaigns .  Membership dues		1 a	3* **		revenue	**************************************	512-514		
Gifts, Gr Iar Amo	c d	Fundraising events Related organizations .	[	1 c 1 d	-						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1 e  All other contributions, gifts, grants, and similar amounts not included above 1 f									
ntrib d Ot	g Noncash contributions included in lines 1a-1f \$										
Co	h	Total. Add lines 1a-1f .	<u> </u>				3 & 2 × - 3	٧			
Program Service Revenue	_				Business Code						
eve		MEMBERSHIP DUES	S AND A	<u> 1</u>	900099	424,530.	0.	424,530.	0.		
Ge H	b										
ervi	4				•	-					
S E	e										
gra	f	All other program service	revenue	. – – <del> </del>		6,902.	0.	6,902.	0.		
P	g	Total. Add lines 2a-2f .				431,432.	*: // (	1944 1 12 Mar. 69			
	3	Investment income (inclu	iding divide	ends, ı	nterest and						
	other similar amounts)					<u>-</u> -					
	4				· ·						
	5	Royalties	(ı) Rea		(II) Personal	[	*\$ 7 <b>*</b> \$				
	   6 a	Gross rents	(7)	<del>-</del>	(.,,, 5.55		****				
		Less rental expenses				**			, , ,		
		Rental income or (loss)		-			, <u> </u>		aku ii da		
	d	Net rental income or (los	s)				and the company of th	The state of the s	1 000 00 00 00 00 00 00 00 00 00 00 00 0		
	   7 a	Gross amount from sales of	(і) Ѕесил	ities	(II) Other		***	tå , <b>4</b> 5\$			
		assets other than inventory									
		Less cost or other basis and sales expenses			ļ						
		Gain or (loss)  Net gain or (loss)	<u> </u>								
		3 , ,		•							
Other Revenue	8 a	Gross income from funda (not including. \$	ŭ								
æ		See Part IV, line 18			a				;		
ጅ	b	Less direct expenses .		1	D						
₹	c	Net income or (loss) from	n fundraisir	ng eve	nts ▶						
	l .	Gross income from gami See Part IV, line 19			3	, ,					
		Less direct expenses .			o	المنسدة المنسدة			· ····································		
		Net income or (loss) from	-		s	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		87.00	x .8x*		
		Gross sales of inventory, and allowances			3						
		Less cost of goods sold Net income or (loss) from			ory <b>&gt;</b>				<del></del>		
:	—ੋਂ	Miscellaneous Revenu		T	Business Code	. 4 1	* 1.74 2 7 %	19 <b>8</b> (% \$ 18 <b>3</b> () * *	\$ 1.00 \$ \$ 10.00 C		
	11 a								on decomment in the second		
	b										
	c			[							
	_	All other revenue		. [							
		Total. Add lines 11a-11d									
	12	Total revenue. See instr	uctions .			431,432.	0.	431,432.	0.		

#### Part IX: Statement of Functional Expenses

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		,	general expenses	
2	Grants and other assistance to domestic individuals See Part IV, line 22 · · · · · · · ·			VARIANT AND	
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, trustees, and key employees	142,384.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	94,297.			···
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	18,605.			
11	Fees for services (non-employees)		-		
а	Management				
b	Legal	17,238.			
С	Accounting	14,441.			·
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
-	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	8,690.			
14	Information technology	3,757.	-		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,249.			-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,954.			
23	Insurance	14,082.	V		6. 28
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.)		The second secon		
а	TELEPHONE	4,444.			
	DUES AND ASSESSMENTS	7,257.			
	REPAIRS & MAINTENANCE	4,165.			
d	UTILITIES	5,352.			
e	All other expenses	56,892.			
25	Total functional expenses Add lines 1 through 24e	413,807.			
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).				

Part X Balance Sheet

		Check in Schedule O contains a response of hote to any line in this Part X	(A) Beginning of year	•••	(B) End of year
	1	Cash – non-interest-bearing	84,218.	1	106,605.
	2	Savings and temporary cash investments	04,210.	2	100,000.
	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		مُن (أ	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
\$	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	_
As	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		SAMON / SECONO	
	b	Less accumulated depreciation 10b 124,611.	466,314.	10 c	452,754.
	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	Other assets See Part IV, line 11	133.	15	1,965.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	550,665.	16	561,324.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	<u> </u>	20	
S.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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	173,737.	23	167,193.
	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 Schedule D	2,174.	25	1,752.
	26	Total liabilities. Add lines 17 through 25	175,911.	26	168,945.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	374,754.	27	392,379.
<u>ब</u>	28	Temporarily restricted net assets		28	
<b>P</b>	29	Permanently restricted net assets		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds	1	30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
B	32	Retained earnings, endowment, accumulated income, or other funds		32	<del></del>
<u>5</u>	33	Total net assets or fund balances	374,754.	33	392,379.
Z	34	Total liabilities and net assets/fund balances	550,665.	34	561,324.

BAA

Form 990 (2014)

-orn	1990 (2014) . ILA CLERKS & CHECKERS LOCAL 1//I	0020300		raye 12
Pai	स्थि 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	431	L <b>,</b> 432.
2	Total expenses (must equal Part IX, column (A), line 25)	2	413	3,807.
3	Revenue less expenses. Subtract line 2 from line 1	3	17	7,625.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	374	1,754.
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		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	392	2 <u>,379.</u>
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		· · · · ·
			Y	es 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 O			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	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			
	Separate basis Consolidated basis Both consolidated and separate basis		[ "   "	~ · / · · · ·
	b Were the organization's financial statements audited by an independent accountant?		2 b	x
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		Y 1 ( )	( , ) ( ) (
	basis, consolidated basis, or both		4.	
	X   Separate basis		.	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant?	ıt, 	2 c	Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		***	%
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3 b	
BA	<b>L</b>		Form 9	<b>90</b> (2014)

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

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

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

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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 it instructions is at www.irs.gov/form990.

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

(Pro	xy Tax) (see instructions), the		see msu ucuons, or r	Omi 950-LZ, Fait V, iiik	5 330				
	Section 501(c)(4), (5), or (6) org	anizations Complete Part III							
Name	of organization			Employer identifica	ation number				
ILA	A CLERKS & CHECKERS	<u>LOCAL 1771</u> rganization is exempt under secti		57-602650	0				
				<del>_</del>	zation.				
		ganization's direct and indirect political camp							
2									
3									
Par	t I-B  Complete if the o	rganization is exempt under secti e tax incurred by the organization under sect	on 501(c)(3).						
2		e tax incurred by organization managers und							
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 for this	year?		· · UYes UNo				
<b>4</b> a	a Was a correction made? .				· · · Yes No				
	b If 'Yes,' describe in Part IV.			·					
Pai		rganization is exempt under secti							
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function acti	vities ► \$					
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities								
3	Total exempt function expendine 17b	tures Add lines 1 and 2 Enter here and on F	Form 1120-POL,		·				
4	Did the filing organization file	Form 1120-POL for this year?			Yes No				
5	organization made payments. amount of political contribution	and employer identification number (EIN) of all For each organization listed, enter the amouns received that were promptly and directly deaction committee (PAC). If additional space is	nt paid from the filing of elivered to a separate i	organization's funds Also political organization, suc	e filing e enter the h as a separate				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

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

Schedule C (Form 990 or 990-EZ) 2014

Complete if section 501		is exempt under se	ction 501(c)(3) and	d filed Form 5768 (e	lection under					
A Check ► If the film	ng organization belong	s to an affiliated group (and	list in Part IV each affil	lated group member's nan	ne.					
I	-	share of excess lobbying ex		g р						
	If the filing organization checked box A and 'limited control' provisions apply.									
	<del></del>		<del></del>	()51	40 1 4 270 1 1					
(The term	Limits on Lobbyir 'expenditures' meai	ng Expenditures ns amounts paid or incuri	red.)	(a) Filing organization's totals	(b) Affiliated group totals					
1 a Total lobbying expenditu	ires to influence public	opinion (grass roots lobby	ing)							
b Total lobbying expenditu	res to influence a legi:	slative body (direct lobbying	3)							
c Total lobbying expenditu	ires (add lines 1a and	1b)								
d Other exempt purpose e	expenditures									
e Total exempt purpose ex	xpenditures (add lines	1c and 1d)								
		nt from the following table in								
If the amount on line 1e, col	lumn (a) or (b) is	The lobbying nontaxable	amount is							
Not over \$500,000		20% of the amount on line 1e			\$\\					
Over \$500,000 but not over \$	1,000,000	\$100,000 plus 15% of the excess	over \$500,000							
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000							
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000							
Over \$17,000,000		\$1,000,000								
g Grassroots nontaxable a	amount (enter 25% of I	ine 1f)								
h Subtract line 1g from line	e 1a If zero or less, er	nter -0			<u></u> ;					
i Subtract line 1f from line	e 1c If zero or less, en	ter -0								
j If there is an amount oth section 4911 tax for this		line 1h or line 1i, did the or		20 reporting	· · · Yes No					
(Som	ne organizations that	-Year Averaging Period U made a section 501(h) el s below. See the instructi	ection do not have to							
	Lobby	ying Expenditures During	4-Year Averaging Per	iod						
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total					
2 a Lobbying non-taxable amount										
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))										
c Total lobbying expenditures										
d Grassroots nontaxable amount										
e Grassroots ceiling amount (150% of line 2d, column (e))										
f Grassroots lobbying expenditures				_						
				Schodulo C (Form	1 990 or 990-EZ) 2014					

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

		<b>.</b>		/L\	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description	(a	')	(b)		
of the lobbying activity.	Yes	No	Ar	nount	
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	•				, 0
a Volunteers?				we is	*
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			- Mi	(	.r.
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					_
g Direct contact with legislators, their staffs, government officials, or a legislative body?					-
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		-			
i Other activities?		_		-	
i Total. Add lines 1c through 1i	(M.)	,			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	*	- 4. ***	718 3	.(\$ °°	ž
<b>--</b>	od v				
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?	>486		X824 ~	\	S.
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(	C)(5)	or			
section 501(c)(6).	<b>0</b> )(0)	, 0.			
				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		Х
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(	c)(5)	. or s	ection	501(c)	
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) F	art	III-A,	line 3, i	so .(c, s	
answered 'Yes.'		•	·		
1 Dues, assessments and similar amounts from members		1		•	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
Aggregate amount reported in accitor cocoles (1)(A) notices of nondeductible section 102(e) dues 1.1.1.1		-			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
experiorate flexit years and a first and a					
5 Taxable amount of lobbying and political expenditures (see instructions)		5			

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information.

# SCHEDULE D' (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	ILA CLERKS & CHECKERS LOCAI	L 1771		57-6026500	
Ρä	rt 🔝 Organizations Maintaining Dono	or Advised Funds or Oth	er Similar Fu		_
	Complete if the organization answer	ered 'Yes' to Form 990, P	art IV, line 6.		
		(a) Donor advised f	unds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)			·	
3	Aggregate value of grants from (during year)				-
4	Aggregate value at end of year				
_		<del></del> -			
5	Did the organization inform all donors and donor are the organization's property, subject to the org	ganization's exclusive legal cont	rol?	·····Yes N	0
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writing the the donor or donor advisor, or f	or any other purpo	ose conferring	0
Pa	rt II Conservation Easements.				
	Complete if the organization answer	ered 'Yes' to Form 990, P	art IV, line 7.		
1		•	pply)		
	Preservation of land for public use (e g , recr	reation or education)	Preservation o	f a historically important land area	
	Protection of natural habitat		Preservation o	f a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation co	ontribution in the fo	orm of a conservation easement on the	
				Held at the End of the Tax Y	ear
	a Total number of conservation easements				
	<b>b</b> Total acreage restricted by conservation easeme	ents		. 2b	
	c Number of conservation easements on a certified	d historic structure included in (a	a)	. 2c	
	d Number of conservation easements included in ( structure listed in the National Register			. 2 d	
3	Number of conservation easements modified, tra tax year ►	insferred, released, extinguished	d, or terminated by	y the organization during the	
4	Number of states where property subject to cons	ervation easement is located >			
5			spection, handling	 Lof violations	
_	and enforcement of the conservation easements			[   W     N	0
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conse	ervation easement	ts during the year	
7	Amount of expenses incurred in monitoring, inspense	ecting, and enforcing conservat	ion easements du	ring the year	
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the require	ements of section	170(h)(4)(B)(ı) Yes	0
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to the conservation easements.	s conservation easements in its	revenue and expe	ense statement, and balance sheet, and	
Pa	Organizations Maintaining Colle Complete if the organization answer	ctions of Art, Historical ered 'Yes' to Form 990, P	Treasures, or	Other Similar Assets.	
1	a If the organization elected, as permitted under SF			tatement and halance sheet works of	
•	art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, education	on, or research in	furtherance of public service, provide,	
	b If the organization elected, as permitted under SI historical treasures, or other similar assets held following amounts relating to these items	FAS 116 (ASC 958), to report in for public exhibition, education, of	ı its revenue stateı or research ın furth	ment and balance sheet works of art, nerance of public service, provide the	
	(i) Revenue included in Form 990, Part VIII, line				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, I amounts required to be reported under SFAS 11	historical treasures, or other sim	nlar assets for fina		_
	a Revenue included in Form 990, Part VIII, line 1.			▶\$	
	<b>b</b> Assets included in Form 990, Part X			►\$	

Schedule D (Form 990) 2014 ILA	CLERKS &	CHECKER	RS LOCAL	1771		57-602	6500		Page 2
Part III · Organizations Mainta	ining Colle	ections of	f Art, Histo	orical Treasur	es, or O	Other Similar As:	sets (c	ontinu	ed)
<ol> <li>Using the organization's acquisition items (check all that apply)</li> </ol>	on, accession, a	and other re	cords, check	any of the followin	g that are	a significant use of it	s collecti	ion	
a Public exhibition			d Loan	or exchange progra	ams				
<b>b</b> Scholarly research			e Other						
c Preservation for future genera	ations	,							
4 Provide a description of the organ Part XIII				-		,			
5 During the year, did the organizati to be sold to raise funds rather that	on solicit or rea	ceive donati	ons of art, his t of the organ	torical treasures, o	or other si	milar assets	Yes		No_
Part IV   Escrow and Custodia	amount on F	orm 990,	Part X, line	e 21.	answe	red Yes to Form	99U, F	art iv	,
1 a Is the organization an agent, trustoon Form 990, Part X?	ee, custodian,	or other inte	rmediary for	contributions or oth	her assets	s not included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIII and	complete th	e following ta	ble					
							Amount	:	
c Beginning balance						1 c			
<b>d</b> Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1f			
2 a Did the organization include an an						=	_		No
<b>b</b> If 'Yes,' explain the arrangement ii	n Part XIII Che	eck here if th	ne explanation	n has been provide	ed in Part i	XIII		· · · <u> </u>	
Part V   Endowment Funds. (	Complete if t	the organ	ization ans	wered 'Yes' to	Form 99	90, Part IV, line 1	0.		
	(a) Current	year	(b) Prior year	(c) Two yea	ars back	(d) Three years back	(e) F	our years	back
1 a Beginning of year balance					·		_		
<b>b</b> Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships			,						
e Other expenditures for facilities and programs									
f Administrative expenses			·						
<b>g</b> End of year balance						<u> </u>	1		
2 Provide the estimated percentage	of the current	year end ba	lance (line 1g	ı, column (a)) held	as				
a Board designated or quasi-endow	ment •		[%]						
<b>b</b> Permanent endowment ►		i							
c Temporarily restricted endowmen		⁹	Š						
The percentages in lines 2a, 2b, a	and 2c should e	equal 100%.							
3 a Are there endowment funds not in organization by:	the possessio	n of the org	anization that	are held and adm	inistered f	for the	ſ	Yes	No
(i) unrelated organizations							. 3a(i)		
(ii) related organizations							. 3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related org	ganizations list	ed as requir	ed on Schedu	ıle R?	<i>.</i> .		. 3b		
4 Describe in Part XIII the intended	uses of the org	janızatıon's	endowment f	unds					
Part VI Land, Buildings, and	Equipmen	t.							
Complete if the organi	zation answ	ered 'Yes	do to Form 9	90, Part IV, lin	e 11a. S	See Form 990, Pa	art X, Ii	ne 10.	
Description of property		(a) Cost or (inves	other basis tment)	(b) Cost or oth basis (other)	)	(c) Accumulated depreciation	(d) l	Book va	lue
1 a Land			22,083.		7 39	44***********		22	,083.
<b>b</b> Buildings		5	19,556.			90,653.			,903.
c Leasehold improvements		1							
<b>d</b> Equipment			35,726.			33,958.		1	,768.
e Other	<u> </u>								
Total. Add lines 1a through 1e (Columi	n (d) must equa	al Form 990,	, Part X, colui	mn (B), line 10c ) .		<b>.</b>		452	754.

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<ul> <li>Complete if the organization answered</li> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	(c) Method of valuation Cost or end	
(1) Financial derivatives	(2,723	(C) Montou di Valazioni Cost di Cita	Tor year marker value
(2) Closely-held equity interests			
(3) Other			
			<del> </del>
(A)			
( <u>B)</u>			<u> </u>
( <u>C)</u>			<del></del>
( <u>D)</u>	-		
( <u>E)</u>	-		<del></del>
( <u>F)</u>			
(G)		<del></del>	
(H)			
_(1)		N 287 Y 301 1000 2000 2000 2000 2000 2000 2000	· · · · · · · · · · · · · · · · · · ·
Total (Column (b) must equal Form 990, Part X, column (B) line 12) ▶			<u> </u>
Part VIII Investments — Program Related. Complete if the organization answered	Voc' to Form 000	Dort IV June 11a See Form 000	Dort V line 12
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or en	
	(b) Book value	(c) Method of Valuation Cost of en	u-oi-year market value
(2)	<u> </u>		
(5)			
(6)		<u> </u>	
(7)			<del></del>
(8)	ļ		
(9)			. <u>-</u>
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13 ) ▶		The State of the same of	18 1 V34 (************************************
Other Assets. Complete if the organization answered	Vac' to Form 000	Port IV line 11d See Form 000	Dort V. line 15
	escription	Fait IV, line Tru. See Form 990,	(b) Book value
(1)			(S) Book value
(2)			
(3)			
(4)			
\ '.'			
(5)			
(5)			
(5) (6)			
(5) (6) (7) (8) (9)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)	line 15)		<b>•</b>
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.			
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F	orm 990, Part IV, line	11e or 11f See Form 990, Part X, line 2	
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability		11e or 11f See Form 990, Part X, line 2	
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes	orm 990, Part IV, line (b) Book value	11e or 11f See Form 990, Part X, line 2	
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) DUES	orm 990, Part IV, line (b) Book value	11e or 11f See Form 990, Part X, line 2	
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) DUES (3) PAYROLL LIABILITIES	orm 990, Part IV, line (b) Book value	11e or 11f See Form 990, Part X, line 2	
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) DUES (3) PAYROLL LIABILITIES (4) CREDIT CARD PAYABLE	orm 990, Part IV, line (b) Book value	11e or 11f See Form 990, Part X, line 2	
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) DUES (3) PAYROLL LIABILITIES (4) CREDIT CARD PAYABLE (5)	orm 990, Part IV, line (b) Book value	11e or 11f See Form 990, Part X, line 2	
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) DUES (3) PAYROLL LIABILITIES (4) CREDIT CARD PAYABLE (5) (6)	orm 990, Part IV, line (b) Book value	11e or 11f See Form 990, Part X, line 2	
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) DUES (3) PAYROLL LIABILITIES (4) CREDIT CARD PAYABLE (5) (6) (7)	orm 990, Part IV, line (b) Book value	11e or 11f See Form 990, Part X, line 2	
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) DUES (3) PAYROLL LIABILITIES (4) CREDIT CARD PAYABLE (5) (6) (7) (8)	orm 990, Part IV, line (b) Book value	11e or 11f See Form 990, Part X, line 2	
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) DUES (3) PAYROLL LIABILITIES (4) CREDIT CARD PAYABLE (5) (6) (7) (8) (9)	orm 990, Part IV, line (b) Book value	11e or 11f See Form 990, Part X, line 2	
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) DUES (3) PAYROLL LIABILITIES (4) CREDIT CARD PAYABLE (5) (6) (7) (8) (9) (10)	orm 990, Part IV, line (b) Book value	11e or 11f See Form 990, Part X, line 2	<u></u>
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) DUES (3) PAYROLL LIABILITIES (4) CREDIT CARD PAYABLE (5) (6) (7) (8) (9) (10) (11)	orm 990, Part IV, line (b) Book value 3	11e or 11f See Form 990, Part X, line 2	<u></u>
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) DUES (3) PAYROLL LIABILITIES (4) CREDIT CARD PAYABLE (5) (6) (7) (8) (9) (10)	orm 990, Part IV, line 3 (b) Book value 3 9 3	11e or 11f See Form 990, Part X, line 2 84. 83. 85.	5

Part:XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.
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
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	100 mg/m
a Net unrealized gains (losses) on investments	7
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII )	<b>*</b>
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	\$ ·
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	*
b Prior year adjustments	* .
c Other losses	( * 3
d Other (Describe in Part XIII )	>13·
d Other (Describe in Part XIII )	
	2 e
e Add lines 2a through 2d	2 e
e Add lines 2a through 2d	2 e 3
e Add lines 2a through 2d	2 e 3
e Add lines 2a through 2d	2 e 3
e Add lines 2a through 2d	2 e 3

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

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Schedule **D** (Form 990) 2014

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

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.

OMB No 1545-0047 2014 Open to Public. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

ILA CLERKS & CHEC	CKERS LOCAL 1771	57-6026500
	ROBERT STRIPLING, TREASURER IS THE BROTHER OF	WILLIAM STRIPLING,
Pt VI, Line 2	ALTERNATE TRUSTEE.	
Pt VI, Line 7a	ALL THE ORGANIZATION'S MEMBERS ELECT THE GOVER	NING BOARD OF OFFICERS.
Pt VI, Line 6	THE ORGANIZATION IS A UNION COMPRISED OF MEMBE	RS.
	ALL CHANGES TO THE BYLAWS AND POLICIES OF THE	ORGANIZATION ARE REQUIRED
	TO BE VOTED ON BY THE MEMBERS AND REQUIRES APP	ROVAL BY 2/3 OF VOTING
Pt VI, Line 7b	MEMBERS.	
	COMMITTEES CAN MAKE RECOMMENDATIONS TO THE EXE	CUTIVE BOARD BUT CANNOT
Pt VI, Line 8b	ACT ON THEIR BEHALF.	
	A COPY OF THE 990 WAS PROVIDED TO EACH VOTING	
	BOARD MEETING. THE ENTIRE VOTING BOARD REVIEW	
	DISCUSSION PERIOD AND QUESTION/ANSWER PERIOD, T	HE BOARD VOTED TO APPROVE
Pt VI, Line 11b	AND ACCEPT THE FORM 990 AS PRESENTED.	
	EACH BOARD MEMBER IS REQUIRED TO SIGN THE ORGA	
	INTEREST POLICY ON AN ANNUAL BASIS. PURSUANT TO	
	AND BOARD MEMBER WILL RECUSE THEMSELVES FROM AN	
	WHICH A CONFLICT FOR THEMSELVES OR THEIR FAMIL	
	OF WHETHER A CONFLICT EXISTS ARE MADE AT A MAN	
	OFFICER, AND INDIVIDUAL LEVEL. ACTUAL CONFLICT	
Pt VI, Line 12c	BOARD, WITHOUT THE PRESENCE OF THE INTERESTED	PARTY.

# Form 4562

### **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

2014

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

ILA CLERKS & CHECKERS LOCAL 1771

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No 179

Identifying number
57-6026500

Business or activity to which this form relates Form 990 / Form 990EZ Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I Total cost of section 179 property placed in service (see instructions). . . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . . 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . 4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 6 (c) Elected cost Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 . . . . . . . . 10 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. . Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 . . . . . . ▶ Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election . . 15 16 MACRS Depreciation (Do not include listed property ) (See instructions ) 12,821 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (a) (b) Month and (C) Basis for depreciation (d) (f) Method (g) Depreciation Classification of property (business/investment use only — see instructions) Recovery period Convention year placed in service deduction **19 a** 3-year property . . . . . **b** 5-year property . . . . . c 7-year property . . . . . d 10-year property . . . . e 15-year property . . . . f 20-year property . . . . . 25 yrs S/L g 25-year property . . . . . h Residential rental 27.5 yrs MM S/L property . . . . . 27.5 yrs ΜM S/L i Nonresidential real 39 yrs MM S/L property . . . . . . MM S/L Section C — Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20 a Class life . . . . . . . . . S/L **b** 12-year. . . . . . . 12 yrs S/L c 40-year. . . . . . . . . . . . 40 MM S/L Part IV | Summary (See instructions.) 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions . . . 12,821 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . 23

Page 2

Pa	rt V Listed	Property (Inc	clude automob	iles, certa	in other v	vehicles,	certain	aircr	aft, cert	taın coı	mputer	s, and p	property (	used for		
		ment, recreation or any vehicle foi	•	,	e standai	rd milead	ne rate d	or de	ductina	lease i	evnen	se com	niete <b>oni</b>	v 24a 2	4h	
	columns	(a) through (c) o	of Section A, a	II of Section	on B, and	l Section	C if app	olical	ole						TD,	
	Section	n A — Deprecia	tion and Othe	r Informa	tion (Ca	ution: S	ee the i	_								
24	a Do you have eviden	ice to support the bi	usiness/investme	nt use claim	ed?		Yes		No 24	Ib If 'Ye	es,' is th	e evidend	e written?	· · ·	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost other I	or	(busine	(e) or deprecia ss/investm ise only)		Reco	f) overy nod	Me	(g) ethod/ vention	Depr	(h) reciation duction	sec	(i) ected tion 179 cost
25	Special deprecia											1	_		145.4	<b>&gt;</b> ^
26	used more than Property used m					s) . <u>.</u>	· · · ·	···	· · · ·	<i></i>		25	1			
	1 Toporty docum	1010 111111 30 70 11		3311033 43			<del></del>				T		1	_	Τ	
	<del></del>	-									<u> </u>					
	_															
27	Property used 5	0% or less in a d	qualified busin	ess use												
											ļ		<u> </u>		4	>·
						-			<u> </u>		<del> </del>				-	
		L				<u> </u>					<u> </u>	20	-		<b>-</b>   *4	6
28	Add amounts in		-									28	l –	. 29	+ -	
	Add amounts in	column (I), IIne	26. Enter nere	Section									<u> </u>	.   29		
Corr to ye	nplete this section our employees, fire	for vehicles use st answer the qu	ed by a sole pruestions in Sec	oprietor, p	artner, o	r other 'r	nore tha	n 5%	owne	r,' or re	lated p this se	erson ction fo	If you pro	ovided ve ehicles	hicles	
	<del>-</del>		4	(á	3)	(b	)	1	(c)		(d	)	(e	)	(1	)
30	Total business/i during the year commuting mile	(do not include		Vehi	icle 1	Vehicle 2 V		Vehicle 3 Vehicle		cle 4			Vehi	cle 6		
31	Total commuting m	•	F													
32	Total other pers	_	-													
				•				-								
33	Total miles drive lines 30 through												1			
	mics so amough			Yes	No	Yes	No	Ye	s I	No.	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty h	available for pe	ersonal use													
35	Was the vehicle than 5% owner	used primarily or related perso	by a more n?													
36	Is another vehic personal use?															
		Section	C - Question	s for Emp	oloyers \	Who Pro	vide Ve	hicl	es for l	Jse by	Their	Emplo	yees			
	wer these questio owners or related			n exception	n to comp	pleting S	ection E	for v	/ehicles	s used	by em	ployees	who are	not mo	e than	
37	Do you maintain											,			Yes	No
38	Do you maintain employees? See	a written policy	statement tha	it prohibits	persona	ıl use of	vehicles	s, exc	ept cor	nmutin	ıg, by y	our				_
39	Do you treat all			•	•										<del></del>	
40	Do you provide invehicles, and re	more than five v	ehicles to you	r employe		n ınforma	ation fro	m yo	ur emp	loyees	about	the use				
41	Do you meet the	e requirements of	concerning qua	alified auto	mobile d	lemonstr	ation us	e? (S	See inst	truction	ns)				*> 35%	
Do.	rt VIS Amort			7 700, 00		-			-		-			•	* 325.	
	A A A A	(a)			(b)		(c)		1	(d)	)		(e)		(f)	
	Des	scription of costs		1	nortization egins		Amortizab amount			Cod		p p	ortization eriod or rcentage		Amortization for this year	
42	Amortization of	costs that begin	s during your	2014 tax y	ear (see	ınstructı	ons)					1 50		·		
43		costs that bega	•	•									43			133.
44	Total. Add amo	ounts in column	(f) See the ins	structions	for where	to_repo	<u>rt</u>		<u></u>	<u></u>	<u></u>		44			133.

# Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No 1545-1709

• If you ar	e filing for an Automatic 3-Month Extension, e filing for an Additional (Not Automatic) 3-M omplete Part II unless you have already been	onth Exten	ision, complete onl	y Part II (on page 2 of	f this	form)	. ▶ ⊻	
Electronia a corpora 8868 to re Return fo	c filing (e-file). You can electronically file Form tion required to file Form 990-T), or an addition equest an extension of time to file any of the r Transfers Associated With Certain Personans). For more details on the electronic filing of the	n 8868 if yo nal (not auto forms listed al Benefit (	u need a 3-month a omatic) 3-month ext d in Part I or Part II Contracts, which m	utomatic extension of ension of time. You ca with the exception o ust be sent to the If	time an ele f For RS in	to file (6 ectronical m 8870, l n paper f	months for lly file Form Information format (see	
Part I A corpora	Automatic 3-Month Extension of Time ation required to file Form 990-T and reque				s bo	x and co	omplete	
Part I only	·						. ▶ 🗆	
	corporations (including 1120-C filers), partnersi ome tax returns.	nps, REIVIIC	os, and trusts must (	use Form 7004 to req	uest a	an extens	ion of time	
				Enter filer's identifyin	g nun	nber, see	instructions	
Type or	Name of exempt organization or other filer, see i	nstructions		Employer identification	numb	er (EIN) o	r	
print	ILA CLERKS & CHECKERS LOCAL 1771			57-6	50265	00		
File by the	Number, street, and room or suite no If a P O b	ox, see instri	uctions	Social security number	(SSN	)		
due date for filing your	2113 COURTLAND AVENUE	4						
return See	City, town or post office, state, and ZIP code. For CHARLESTON, SC 29403	or a toreign a	aaress, see instruction	S				
	Return code for the return that this application	ıs for (file a	separate application	n for each return) .			0 1	
Applicat	ion	Return	Application	19-74			Return	
Is For		Code	Is For				Code	
Form 990	O or Form 990-EZ	01	Form 990-T (corporation)				07	
Form 990	D-BL	02	Form 1041-A				08	
	20 (individual)	03		Form 4720 (other than individual)				
Form 990		04	Form 5227					
	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11			
Form 990	O-T (trust other than above)	06	Form 8870	b			12	
Telepho If the org If this is for the whalist with	ne No. ► (843)723-1774  ganization does not have an office or place of befor a Group Return, enter the organization's for ole group, check this box ► If the names and EINs of all members the extense the part of	Fousiness in four digit Groot it is for partition is for.	ax No. ► the United States, c up Exemption Numb t of the group, checl	heck this box	▶ [	If the		
I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15 , 20 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for   ✓ calendar year 20 14 or								
2 If t □	<ul> <li>► □ tax year beginning , 20 , and ending , 20 .</li> <li>If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period</li> </ul>							
	his application is for Forms 990-BL, 990-PF, 99 nrefundable credits. See instructions.	9 <b>0-</b> T, 4720,	or 6069, enter the to	entative tax, less any				
	this application is for Forms 990-PF, 990-T,	4720 05 6	OCO ontor only refe	andahla aradita and	3a	\$		
	imated tax payments made. Include any prior y				3b	\$		
c Ba	lance due. Subtract line 3b from line 3a. Includ TPS (Electronic Federal Tax Payment System).	de your pay	ment with this form,					
Caution. If	you are going to make an electronic funds withdraw			, see Form 8453-EO and	3c Form		for payment	
instructions	i <b>.</b>							