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SCANNED JUL

Extended to August 15, 2016

Return of Organization Exempt From Income Tax

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

Inspection

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Open to Public Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990. A For the 2015 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number IRON WORKERS DISTRICT COUNCIL OF CHICAGO Address change AND VICINITY Name change Doing business as 36-1267725 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 2700 S. RIVER ROAD 118 (847)795-1710 City or town, state or province, country, and ZIP or foreign postal code 204,242. G Gross receipts \$ Amended DES PLAINES, IL 60018 H(a) Is this a group return Applica-F Name and address of principal officer: ROBERT BOSKOVICH for subordinates? Yes X No pendina same as C above H(b) Are all subordinates included? Tax-exempt status 501(c)(3) **X** 501(c) (4947(a)(1) or) (insert no.) If "No," attach a list, (see instructions) J Website: ► N/A H(c) Group exemption number ▶ Corporation Trust X Association K Form of organization: Other > Year of formation: M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: ORGANIZE WORKERS FOR ADVANCEMENT Governance 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & Total number of individuals employed in calendar year 2015 (Part V, line 2a) 0 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (0), line 12 7a b Net unrelated business taxable income from Form 990-T, 0. 7b **Prior Year Current Year** 0 Contributions and grants (Part VIII, line 1h) 0. 177,918 Program service revenue (Part VIII, line 2a) 164,992. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c 18,367 39,250. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 196,285 204,242. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,847 13,111. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 144,719. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 153,384. 154,566 166,495. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 41,719 Revenue less expenses. Subtract line 18 from line 12 37,747. **Beginning of Current Year End of Year** Total assets (Part X, line 16) 331,329 369,076. 21 Total liabilities (Part X, line 26) <u>329.</u> Net assets or fund balances Subtract line 21 from line 20 331 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 officer) is based on all information of which preparer has any knowledge. Kolsei Signature of officer Sign ROBERT BOSKOVICH, President Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 0411 P00158008 Paid HOWARD SIMON Miraca self-employed Firm's name L Calibre CPA Group PLLC Preparer Firm's EIN 47-0900880 Firm's address ▶ 566 West Lake St Suite 300 Use Only Chicago, IL 60661 Phone no. 312 - 655 - 0037

May the IRS discuss this return with the preparer shown above? (see instructions)

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

X Yes Form **990** (2015)

	1990 (2015) AND VICINITY	<u> 36-1267725</u>	Page 2
Pa	rt 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		
_			
2	Did the organization undertake any significant program services during the year which were not listed on		[TT]
	the prior Form 990 or 990-EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	?	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$) (Reve)
	THE IRON WORKERS DISTRICT COUNCIL OF CHICAGO AND VICINI		
	ESTABLISHED TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, M	IORAL, AND SC	CIAL
	ADVANCEMENT OF THEIR CONDITION AND STATUS.		
4b	(Code) (Expenses \$ including grants of \$) (Rever	nue \$	
4c	(Code) (Expenses \$ including grants of \$) (Rever	nue \$	
			
			-
			_
4d	Other program services (Describe in Schedule O)		
TU		X.	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶		
-+C	10th Program on 100 ovboridos P		90 (2015)
3200	2_	Form 8	(2015)

Form 990 (2015) AND VICINITY

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	
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		i	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_ 7		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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	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		Х
C		<u> </u>	_	
	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		į	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	, , , , , , , , , , , , , , , , , , , ,	11e	ļ	X
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	X	
þ	•	ŀ		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a_		Х
þ				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	١	İ	3.5
	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			- T
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	4.0	l	v
47	- · · · · · · · · · · · · · · · · · · ·	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	<u> </u>
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	40	1	v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	 	<u> </u>
15	complete Schedule G, Part III	19		x
	Complete Generalie G, F art III		990	(2015)
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Pa	rt IV. Checklist of Required Schedules (continued)			ugo I
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	103	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			21
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		A
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		
-	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	OC.		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ĺ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	- 21		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
•	contributions? If "Yes," complete Schedule M	20		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 32		
•	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		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		
•	Part V, line 1	24		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	-	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	00	ĺ	
27		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_ <u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O			
	Mote. And Sand See inere are required to complete Scriedule O	38 Form	<u>X</u> 990 (2015
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	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportal	ole gaming			
	(gambling) winnings to prize winners?			1c	X	
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	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X
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 A	ccoun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		-	5a_		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	ınızatıon solicit	}		
	any contributions that were not tax deductible as charitable contributions?			6a	_X_	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
_	were not tax deductible?			6b	X	
7	Organizations that may receive deductible contributions under section 170(c).				'	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		d	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uirea			
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	احجا		7с		<u> </u>
a		7d	+2		-	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit continuous.		1.7	7e		
'	If the organization received a contribution of qualified intellectual property, did the organization file Fe		99 as required?	7g		
y h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
Ū	sponsoring organization have excess business holdings at any time during the year?	. 	•	8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		}		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a	·····			
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	•	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		ļ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
	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	13b		{		
C	Enter the amount of reserves on hand	13c		-		7,7
14a	Did the organization receive any payments for indoor tanning services during the tax year?	- 0		14a	 -	<u> </u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e U		14b	900	(2015)
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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			_	<u>LX</u>
Sec	tion A. Governing Body and Management			_	
		1 1 -		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u>7</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		_		
b	Enter the number of voting members included in line 1a, above, who are independent		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p 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	e direct supervision	1		
	of officers, directors, or trustees, or key employees to a management company or other person?		3	<u> </u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form		4	L	X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			ŀ
	more members of the governing body?		_7a	_X_	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:			
_	The governing body?		8a	<u> X</u>	
b	Each committee with authority to act on behalf of the governing body?		8b		X_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenue Code.)			
				Yes	No
	Did the organization have local chapters, branches, or affiliates?	for a second second	10a		X
. p	If "Yes," did the organization have written policies and procedures governing the activities of such of	napters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	v	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	by before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		4.0	v	
12a		. t	12a	X	v
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b		X
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	res, describe	40-		v
40	In Schedule O how this was done Did the organization have a written whistleblower policy?		12c		X
13 14	Did the organization have a written document retention and destruction policy?		13	X	
15	Did the process for determining compensation of the following persons include a review and approve	ral by independent	14		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•		ļ	ļ
а	The organization's CEO, Executive Director, or top management official		15a		х
b	Other officers or key employees of the organization		15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		150		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a		į i	
	taxable entity during the year?		16a		Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation	100	_	
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic				ľ
	exempt status with respect to such arrangements?		16b		[
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply				
		n ın Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	•	id finan	cıal	
	statements available to the public during the tax year.	. ,			
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records.			
	ROBERT BOSKOVICH - (847)795-1710				
	2700 S. River Road, Suite 118, Des Plaines, IL 60	0018			

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

X 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) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Роттет	the organization (W-2/1099-MISC)	organizations (W·2/1099·MISC)	compensation from the organization and related organizations
(1) ROBERT BOSKOVICH	8.00								•	•
PRESIDENT	1 00	\vdash		X				0.	0.	0.
(2) PAUL THOMPSON	1.00	-		x					•	0
FIN SEC/TREASUR	1 00	├		Λ	_	-		0.	0.	0.
(3) BRIAN DISKIN	1.00	-		x					•	0
2ND V.P.	1 00	┢╌		Δ	-	 - 	 -	0	0.•	0.
(4) CRAIG SATALIC	1.00	1		x				0.	0.	0
1ST V.P.	1.00	┢		^		\vdash	-	U •	0.	0.
(5) ROBERT FULTON	1.00	1		X				0.	0.	0.
TRUSTEE (6) BRIAN STANLEY	1.00	\vdash		^	\vdash			- 0.	<u> </u>	<u> </u>
	1.00	1		X				0.	0.	0.
TRUSTEE (7) BRIAN ATKINS	1.00	1		Α						
TRUSTEE	1.00	1		X				0.	0.	0.
(8) Ron Ware	1.00	 		-	_		\vdash			
SERGEANT AT ARMS	1.00	1		х	ļ			0.	0.	0.
				<u>-</u>						
										_
		-								
										_
		1								
		-								

Form **990** (2015)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)	İ		(F)	
	Name and title	Average hours per		not c		more	than		Reportable	Reportable			tımate	
		week					is bot or/trus		compensation	compensation from related	1		ount o	DΤ
		(list any	rector						the	organizations			pensa	tion
		hours for related	Individual trustee or director	활			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MIS	2)		om the	
		organizations	fruste	Institutional trustee		yee	mpen		(W-2/1099-MISC)		ŀ	-	anızatı 1 relat	
		below	vidua	teta	, 55	Key employee	loyee	朣					nızatı	
		line)	亨	tsu	Officer	Key	E E	Former						
			-								Ì			
				 			-	-			\dashv			
			1											
											_			
		<u> </u>				<u> </u>					_			
			ł		}									
					-					-	\dashv			
			ł											
							†				_			
		1	<u> </u>	├	<u> </u>	_	-							
			ł		ŀ									
1h	Sub-total			<u> </u>	L	L	1	<u> </u>	0.		0.			_0
	Total from continuation sheets to Part V	II. Section A					-	<u>-</u>	0.		0.			0.
	Total (add lines 1b and 1c)	,						•	0.		0.			0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable				
	compensation from the organization													0
	5.1			_							_	\rightarrow	Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•	uste	e, ke	y er	npic	oyee,	or	highest compensated ei	nployee on				37
4	For any individual listed on line 1a, is the si		le cr	nmn	ensa	ation	n and	l oth	her compensation from t	he organization	-	3		X
•	and related organizations greater than \$15								· · · · · · · · · · · · · · · · · · ·	ine organization		4	1	х
5	Did any person listed on line 1a receive or			-						dual for services	Ī		1	
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son					5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest co	•									ensa	ıtıon fr	om	
	the organization Report compensation for (A)	the calendar y	ear	enai	ng v	VITI	or w	itnir	the organization's tax (B)	rear.				
	Name and business	address	N	INC	3				Description of s	ervices	Co	(C) ompen		1
								_						
								-+						
								\dashv						
_										-				
									-				_	
2	Total number of independent contractors (ot li	mıte	d to		_	sted	d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation >				(0				<u> </u>	 ,	200	
											F	Form 9	19U (2	2015)

Form 990 (2015) AND VIC
Part VIII Statement of Revenue

AND VICINITY

36-1267725 Page 9

	•		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
			Silver and a series of the ser		S. Hoto to drift lill	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns	1a					
ira Dura		b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts		С	Fundraising events	1c					
i i		d	Related organizations	1d					
] j.		е	Government grants (contribut	ions) 1e					Į
ie		f	All other contributions, gifts, gran	ts, and					
돌			similar amounts not included abo	ve 1f					
들임		g	Noncash contributions included in lines	1a-1f \$					
<u>8</u>		h	Total. Add lines 1a-1f		•				
					Business Code				
8	2	а	MEMBERSHIP DUES & ASSE	SSMENTS	900099	164,992.	164 992		L
ه چَ		b							
SS		С							
eve a		d							
Program Service Revenue		е							
ھ ا		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f			164 992.			
	3		Investment income (including	dividends, inter	est, and				
			other similar amounts)		▶	·			
	4		Income from investment of ta	x-exempt bond	proceeds 🕨		-		
	5		Royalties		, _ _				
İ				(i) Real	(II) Personal				
	6	а	Gross rents		<u> </u>		į		
_		-	Less rental expenses						1
		C	Rental income or (loss)			-		-	
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory				j		
		b	Less. cost or other basis						
			and sales expenses		 - 				
			Gain or (loss)						
			Net gain or (loss)		•				
ne	8	а	Gross income from fundraisin						
Other Revenu			including \$	of					
Re			contributions reported on line		1		1		
Jer			Part IV, line 18	á.			1		
ᅙ			Less: direct expenses	k	·				1
	_		Net income or (loss) from fund	=				···	
	9	а	Gross income from gaming at Part IV, line 19		.				
		_	Less: direct expenses	á Ł					
			Net income or (loss) from gan		'				
	10		Gross sales of inventory, less			· · · · · · · · · · · · · · · · · · ·			
	''	a	and allowances	i returns	,				
		h	Less: cost of goods sold		,				
			Net income or (loss) from sale	_					
1	_		Miscellaneous Revenu		Business Code	<u> </u>			
	11	_	SPONSORSHIPS		900099	33,000.	33,000.		
İ	' '		REIMB. FROM INT'L		900099	6,250.	6,250.		
		c	THE LANGE THE D		7,5,5,5	<u> </u>	0,230.		
;		d	All other revenue						
		_	Total. Add lines 11a-11d		•	39,250.			
	12		Total revenue. See instructions.			204 242	204_242,	. 0	0.

Form 990 (2015) AND VICINITY
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
	Check if Schedule O contains a respons			(2)	
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	13,111.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits Payroll taxes				
10	Fees for services (non-employees):				
11	Management	27,173.			
a b	Legal	125.		-	
Ü	Accounting	7,350.		-	
d	Lobbying	7,3300			
	Professional fundraising services. See Part IV, line 17	-			
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				<u> </u>
3	column (A) amount, list line 11g expenses on Sch O.)	Ĭ			
12	Advertising and promotion	6,037.			
13	Office expenses	2,894.			
14	Information technology	999.			
15	Royalties				<u> </u>
16	Occupancy	3,600.			
17	Travel				
18	Payments of travel or entertainment expenses	1		-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	57,451.			
20	Interest	02.024			
21	Payments to affiliates	23,031.			
22	Depreciation, depletion, and amortization	3,049.		-	
23	Insurance	3,675.			
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PAC CONTRIBUTIONS	18,000.			
b					
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	166,495.			
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)				

Pa	ťΧ	Balance Sheet					
		Check if Schedule O contains a response or not	te to any l	ine in this Part X			
					(A) Beginning of year	_	(B) End of year
	1	Cash - non-interest-bearing		. [<u>.</u>	1	
	2	Savings and temporary cash investments			330,985.	2	342,271.
	3	Pledges and grants receivable, net		į		3	
	4	Accounts receivable, net		·		4	
	5	Loans and other receivables from current and for	ormer offic	cers, directors,			
		trustees, key employees, and highest compensation	ated emp	loyees Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	tion 501(c	c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	. Complet	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		1		7	
ĕ	8	Inventories for sale or use		Ī		8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis Complete Part VI of Schedule D	10a	70,867.			
	ь	Less accumulated depreciation	10b	44,062.	344.	10c	26,805.
	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			15		
	16	Total assets. Add lines 1 through 15 (must equ	331,329.	16	369,076.		
	17	Accounts payable and accrued expenses				17	
	18_	Grants payable				18	
	19	Deferred revenue			<u> </u>	19	<u> </u>
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete	Part IV of	Schedule D		21	
S	22	Loans and other payables to current and forme	er officers,	directors, trustees,			
≝		key employees, highest compensated employed	es, and d	squalified persons			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrel	lated third	parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables to	related third			
		parties, and other liabilities not included on lines	s 17-24)(Complete Part X of			
		Schedule D		_		25	
	26	Total liabilities. Add lines 17 through 25			<u>0.</u>	26	0.
	ļ	Organizations that follow SFAS 117 (ASC 958	8), check	here ▶ X and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
anc	27	Unrestricted net assets		_	<u>331,329.</u>	27	369,076.
Bal	28	Temporarily restricted net assets		_		28	
<u> </u>	29	Permanently restricted net assets		29			
3		Organizations that do not follow SFAS 117 (A	ASC 958),	check here			
ō	1	and complete lines 30 through 34.					
iets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or e		31			
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	204 202	32	0.60 0.7.5		
~	33	Total net assets or fund balances		ļ	331,329.	33	369,076.
	34	Total liabilities and net assets/fund balances			331,329.	34	369,076.

Form **990** (2015)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

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

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

X

X

2c

За

Act and OMB Circular A-133?

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

2015

Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on 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

• Se	ection 50	01(c)(4), (5), or (6) organiza	tions: Complete Part III			
Name	of organ	nization IRON WO	RKERS DISTRICT CO	DUNCIL OF CH	ICAGO Empl	oyer identification number
		AND VIC				36- <u>1267725</u>
Par	t I-A	Complete if the org	janization is exempt unde	er section 501(c) of	or is a section 527 o	rganization.
2 F		expenditures	ation's direct and indirect politica	ıl campaıgn activities in		
•	Olarico	i nodis				
Par	t I-B	Complete if the ord	ganization is exempt unde	er section 501(c)(3		
			incurred by the organization unde		▶\$	
2 E	Enter the	amount of any excise tax	incurred by organization manage	rs under section 4955		
			n 4955 tax, did it file Form 4720 f			Yes No
4a \	Nas a co	orrection made?				Yes No
<u>b</u> l	f "Yes,"	describe in Part IV.				
Par	t I-C	Complete if the org	ganization is exempt unde	er section 501(c),	except section 501	(c)(3).
1 8	Enter the	amount directly expended	d by the filing organization for sec	tion 527 exempt functi	on activities	<u> </u>
2	Enter the	amount of the filing organ	iization's funds contributed to oth	er organizations for se	ction 527	
6	exempt f	unction activities			▶ \$	i
3	Total exe	empt function expenditures	s. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,		
	ine 17b				▶\$	· ——
5 E	Enter the made pa contribut	yments. For each organizations received that were pr	nployer identification number (EIN ition listed, enter the amount paid omptly and directly delivered to a additional space is needed, provi	from the filing organizate separate political orga	ation's funds Also enter the nization, such as a separa	ne amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
<u>IWI</u>	OC of	Chicago PAC	Ottawa, IL 61350	27-2631913	0.	18,000.

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

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041 10-05-15 See Part IV for Continuation

Schedule C (Form 990 or 990-EZ) 2015 AN	<u>D VICINIT</u>	Y		36-	1267725 Page 2
Part II-A Complete if the organ	zation is exe	mpt under sectio	n 501(c)(3) and file	ed Form 5768 (election under
section 501(h)).					
A Check ► ☐ If the filing organization	belongs to an aff	iliated group (and list in	Part IV each affiliated	group member's nai	ne, address, EIN,
expenses, and share of	excess lobbying	expenditures).			
B Check If the filing organization	checked box A a	nd "limited control" pro	ovisions apply		
	n Lobbying Expe			(a) Filing organization's	(b) Affiliated group totals
(The term "expenditus	es" means amou	unts paid or incurred.)	totals	
1a Total lobbying expenditures to influence	e public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence	e a legislative bo	dy (dırect lobbyıng)	Ļ		
c Total lobbying expenditures (add lines	1a and 1b)		_		
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	dd lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter th	e amount from th	e following table in bot	h columns		
If the amount on line 1e, column (a) or (b)	is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,00	0 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,	000.			
	,				
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a If zero or	•		Ī	···	
i Subtract line 1f from line 1c If zero or	•		<u> </u>		
j If there is an amount other than zero o	•	line 1i, did the organiz	ation file Form 4720		<u> </u>
reporting section 4911 tax for this year					Yes No
		eraging Period Under	section 501(h)		
(Some organizations that				f the five columns	below.
	See the separ	ate instructions for li	nes 2a through 2f.)		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
					-
c Total lobbying expenditures					
				·	
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					<u> </u>

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990 EZ) 2015 AND VICINITY 36-1267725 Page 3
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 on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or	1			
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				_
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?				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), se	ection 501(c)	(5), or se	ection	
501(c)(6).		-	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Α	Х
3 Did the organization make only infloase lobbying expenditures of \$2,000 or less?		3		X
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 p	oolitical			
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) due	es	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	e excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	and political			
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	group list); Part II	I-A, lines 1 a	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 ESTA	BLISHED V	WHERE	T <u>HE</u>	
DISTRICT COUNCIL CAN TRANSFER FUNDS DIRECTLY TO A	SEPARATE	POLIT	ICAL	
ORGANIZATION.				
Part I-C Continuation for Incomplete Name/Address	Informati	ion:		

Schedule C (Form 990 or 990-EZ) 2015

IRON WORKERS DISTRICT COUNCIL OF CHICAGO Schedule C (Form 990 or 990-EZ) 2015 AND VICINITY 36-1267725 Page 4 Part IV Supplemental Information (continued) IWDC of Chicago PAC 756 River Edge Circle Ottawa, IL 61350 Schedule C (Form 990 or 990-EZ) 2015

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

IRON WORKERS DISTRICT COUNCIL OF CHICAGO AND VICINITY

Employer identification number 36-1267725

Schedule D (Form 990) 2015

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	·
		(a) Donor advised funds	(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		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forn	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	f
	violations, and enforcement of the conservation easements	rt holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing co	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the organization's accounting for
_	conservation easements.		
Pa	t III Organizations Maintaining Collections of	-	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	•
	historical treasures, or other similar assets held for public ex		rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	-	
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	-	> \$
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

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

	dule D (Form 990) 2015 AND VIC							<u> 36-12</u>			<u>је 2</u>
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	<u>easures, c</u>	or Oth	<u>er Simil</u>	ar Asse	ts (continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checi	cany of the	following that	it are a s	ignificant	use of its	collection	ıtems	
	(check all that apply)										
а	Public exhibition	•	d t	Loan or exc	hange progra	ams					
b	Scholarly research	•	• L	Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how th	ey further t	he organizati	on's exe	mpt purp	ose in Parl	XIII		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	ısures, or oth	er sımıla	r assets		_		
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	on answered	"Yes" or	Form 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:							
									Amount		
C	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f		_		
	Did the organization include an amount on F						•		」Yes	\sqsubseteq	No
	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete	·			T						
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	ears b	ack
1a	Beginning of year balance		1		 						
b	Contributions		ļ								
C	Net investment earnings, gains, and losses		<u> </u>		 						
	Grants or scholarships		ļ		ļ						
е	Other expenditures for facilities		ļ			ļ					
	and programs	=									
f	Administrative expenses		 								
g	End of year balance		<u> </u>	 							
2	Provide the estimated percentage of the cur	rent year end balan	•	g, column (a)) held as.						
	Board designated or quasi-endowment		%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
_	The percentages on lines 2a, 2b, and 2c sho		4 41								
3 a	Are there endowment funds not in the posse	ession of the organiz	zation tha	at are neid a	and administe	erea for t	ne organi	ization	<u></u>	, T	
	by.									es	No
	(i) unrelated organizations (ii) related organizations			-					3a(i) 3a(ii)	\dashv	
.	If "Yes" on line 3a(ii), are the related organizations	ations listed as requ	ired on S	chedule R2)				3b	+	
4	Describe in Part XIII the intended uses of the	•							1 30	L	
	t VI Land, Buildings, and Equipn		OWINGIN	unos							
	Complete if the organization answere		0. Part I	/. line 11a :	See Form 990). Part X	. line 10.				
	Description of property	(a) Cost or basis (invest	other	(b) Cos	t or other (other)	(c) A	ccumulat		(d) Book	value	_
10	Land				`	-					
	Buildings			<u> </u>							
	Leasehold improvements						- ,				—
	Equipment			-	70,867.	<u> </u>	44,0	62.	2.6	,80	15.
	Other				<u> </u>		,			, 50	<u> </u>
	. Add lines 1a through 1e. (Column (d) must o	equal Form 990. Par	t X, colur	nn (B). line	10c.)		_	•	26	,80	5.
						_					

ANTE	VICINITY	
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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on Cost or end	l-of-year market value
) Financial derivatives				
Closely-held equity interests	<u> </u>			
Other	-			
(A)				
(B)				_
(C)				
(D)				
(E)				
(F)	<u> </u>	-	_	
(G)			-	
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>		
Part VIII Investments - Program Related.		<u></u>		
	on Form 000 Deat IV Ivo	11. C F 000 D	/ l 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation		tof year market value
	(b) Book value	(C) Welliod of Valuation	On. Cost or ent	
(1)	<u> </u>		-	-
(2)				
(3)	<u> </u>	 		
(4)		 		
(5)		 		
(6)			-	
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part)	K, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part)	K, line 15.	(b) Book value
Complete if the organization answered "Yes" (a)		11d. See Form 990, Part)	K, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part)	K, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part)	K, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part)	K, line 15.	- (b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part)	X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part)	K, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part)	K, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part)	K, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description e 15.)			
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes"	Description e 15.)			
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	11e or 11f See Form 990		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description e 15.)	11e or 11f See Form 990		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description e 15.)	11e or 11f See Form 990		
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Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description e 15.)	11e or 11f See Form 990		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description e 15.)	11e or 11f See Form 990		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description e 15.)	11e or 11f See Form 990		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description e 15.)	11e or 11f See Form 990		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description e 15.)	11e or 11f See Form 990		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	e 15.) on Form 990, Part IV, line	11e or 11f See Form 990		

532053 09-21-15

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 AND VICINITY 36-1267725 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 204,242. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains (losses) on investments Donated services and use of facilities 2b Recoveries of prior year grants Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e 204.242. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b 204 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 166,495. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX, line 25: a Donated services and use of facilities 2a Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 26 166,495 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Part X, Line 2: The Council is exempt from federal income taxes under Section 501(c)(5) of the Internal Revenue Code as part of a group exemption for organizations affiliated with the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers and is, therefore, subject to tax only on income, if any, unrelated to its tax-exempt purpose. Management is required to evaluate tax positions taken by the Council and recognize a tax liability (or asset) if the Council has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. As of December 31, 2015, there were no uncertain positions taken or expected to be taken that would require Schedule D (Form 990) 2015

SCHEDULE (Form 990)

Department of the Treasury

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ■ Attach to Form 990.

2015

Open to Public OMB No 1545-0047

Schedule I (Form 990) (2015) 2 **Employer identification number** 36-1267725 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 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 (g) Description of non-cash assistance ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) (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 o (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 (b) EIN criteria 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 Internal Revenue Service Part I Part II \$5000

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Schedule I (Form 990) (2015)

AND VICINITY

Part III | Grants and Other Assistance to Domestic Individuals. Complete if the org

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

Page 2

36-1267725

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	-				
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	uired in Part I, line	2, Part III, column ((b), and any other ad	ditional information.	
SCHEDULE I, PART I, LINE 2		-			
THE BOARD APPROVES ALL GRANTS ISSUED.	ED.				

532102 10-28-15

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No 1545-0047

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

Inspection

Name of the organization

IRON WORKERS DISTRICT COUNCIL OF CHICAGO AND VICINITY

Employer identification number 36-1267725