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Extended to November 15, 2017

_{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)

▶ Do not enter social security numbers on this form as it may be made public.

2016
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

► Information about Form 990 and its instructions is at www.irs.gov/form990.

A	ror en	e 2016 calendar year, or tax year beginning and ending	3		<u></u>
В	Check if	C Name of organization		D Employer identific	cation number
•	applicat	IRON WORKERS DISTRICT COUNCIL OF CHICAGO	ĺ		
	Addr chan	ge AND VICINITY			
	Name Chan	Doing business as		36-1	<u> 267725 </u>
	initial returi	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite	E Telephone number	,
	Final	2700 S. RIVER ROAD 118		(847	795-1710
	termi ated			G Gross receipts \$	241,870.
	Amer	DES PLAINES, IL 60018	_[H(a) Is this a group re	eturn
	Appli	F Name and address of principal officer ROBERT BOSKOVICH		for subordinates	? Yes X No
	pend	same as C above	f	H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	rempt status 501(c)(3) _X 501(c) (5) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list (see instructions)
J	Webs	ite: ▶ N/A]	H(c) Group exemption	n number
K	Form o	f organization: Corporation Trust X Association Other ▶ L	Year o	f formation: N	State of legal domicile: IL
P	art I	Summary			
-	1	Briefly describe the organization's mission or most significant activities. ORGANIZI	E W	ORKERS FOR	ADVANCEMENT
Activities & Governance					
E	2	Check this box If the organization discontinued its operations or disposed of	more	than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
es &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0
Ě	6	Total number of volunteers (estimate if necessary)		6	0
Ċţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
•	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			L	Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)	L.	0.	0.
Revenue	9	Program service revenue (Part-VIII, line 2g)	L_	164,992.	201,870.
ě	10	Investment income (Part VIII, column(A)-lines 3, 4, and 7d)		0.	0.
Œ	11	Other revenue (Part VIII, column (A), lines/5, 6d, 8c, 9c, 10c, and 11e)		39,250.	40,000.
	12	Total revenue - add lines & (Part. VIII, column (A), line 12)		204,242.	241,870.
	13	Grants and similar amounts paid (Part IX) column (A), lines (3)		13,111.	17,749.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	<u> </u>
Expenses	15	Salaries, other compensation, employee benefits (Part X, column (A), lines 5-10)	L	0.	<u> </u>
ي ڏ	16a	Professional fundraising fees (Part IX, Column (A) line 11e		0.	<u> </u>
2 x	· l b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
s T	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	153,384.	228,394.
j	18	Total expenses Add lines 13-17 (must equal Part iX, column (A), line 25)	<u> </u>	166,495.	246,143.
	19	Revenue less expenses Subtract line 18 from line 12	<u> </u>	37,747.	<u> </u>
Net Assets or	3		Beg	inning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)	 	369,076.	<u>364,803.</u>
ŽŽ.	21	Total liabilities (Part X, line 26)	<u> </u>	0.	0.
컐	22	Net assets or fund balances Subtract line 21 from line 20		369,076.	<u>364,803.</u>
_	art II	~			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s			y knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer	has any knowledge.	
		Mobert Dalcand			
Sig	תנ	Signature of officer		Date	
He	re	ROBERT BOSKOVICH, President			
_		Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Pai		HOWARD SIMON Howard & Xum, Con		self-employ	
	parer	Firm's name Calibre CPA Group PLLC		Firm's EIN	47-0900880
Use	Only	Firm's address 566 West Lake St Suite 300			
_		Chicago, IL 60661		Phone no.31	2-655-0037
Ma	v the	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

(2) Form

	990 (2016) 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 the		
2	•	□ Vaa	X No
	prior Form 990 or 990-EZ?	L Tes	טא נאַן
	If "Yes," describe these new services on Schedule O		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∟ Yes	LX 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, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$) (Revenue	ə\$)
	THE IRON WORKERS DISTRICT COUNCIL OF CHICAGO AND VICINIT	Y HAS BEEN	
	ESTABLISHED TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, MC		CIAL
	ADVANCEMENT OF THEIR CONDITION AND STATUS.		
		-	
			
4b	(Code) (Expenses \$) (Revenue	e \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue	e \$)
			
			
	Other program and the Control of		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses		

Form 990 (2016) 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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ĺ	
	public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	İ		
	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	1		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total]		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		3.5	
L	Schedule D, Parts XI and XII Was the example the model of a consolidated undergodent suidted finencial etatements for the terror and	12a	Х	
D	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	401		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
D	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	4.45		v
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	14b		<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	46		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ŀ	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-:-		47
	complete Schedule G, Part III	19		X
			990 (
			(,

Form 990 (2016) AND VICINITY

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	1
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	•			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			3.7
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			}
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		1
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			
	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			
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		OFL		1
	Schedule L, Part I	25b		├──
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	}		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		X
31		-30		-
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32_		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34_		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ļ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			$\overline{}$
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_ x _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>	-	
30		38	x	
	Note. All Form 990 filers are required to complete Schedule O			(2016)
		rurm	330	(ZU10)

Par	Check if Schedule O contains a response or note to any line in this Part				
	Office it is chedule of contains a response of flote to any line in this Part	<u> </u>	—т,		
10	1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	112	-+'	/es	No
		1a 3			ı
					ı
•	(gambling) winnings to prize winners?	, , ,	1c	Х	ı
2a	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and				
	filed for the calendar year ending with or within the year covered by this return	2a0			Ì
b	b If at least one is reported on line 2a, did the organization file all required federal	employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to	e-file (see instructions)			Ì
За	3a Did the organization have unrelated business gross income of \$1,000 or more of	during the year?	3a		X
b	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an exp	planation in Schedule O	3b		
4a	4a At any time during the calendar year, did the organization have an interest in, or	r a signature or other authority over, a	ţ		l.
	financial account in a foreign country (such as a bank account, securities account	unt, or other financial account)?	4a		<u>X</u>
b	b If "Yes," enter the name of the foreign country		}		I
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign	· · · · · · · · · · · · · · · · · · ·	_ }		
		· · ·	5a		X
b			5b		X
_	· · · · · · · · · · · · · · · · · · ·	• +	5c		
6a	6a Does the organization have annual gross receipts that are normally greater than any contributions that were not tax deductible as charitable contributions?		-	x	!
h	b If "Yes," did the organization include with every solicitation an express stateme		6a	A	
U	were not tax deductible?		6b	x	I
7		· -	+	-	
a	the state of the s	1	7a		İ
b			7b		
С		· · · · · · · · · · · · · · · · · · ·			
	to file Form 8282?		7c 📗		L
d	d If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
е	e Did the organization receive any funds, directly or indirectly, to pay premiums o	n a personal benefit contract?	7e		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a j	personal benefit contract?	7f		
g	g If the organization received a contribution of qualified intellectual property, did to	the organization file Form 8899 as required?	7g		
h	•		7h		
8	. 5 5	1	}	Í	i
_	sponsoring organization have excess business holdings at any time during the	year?	8		
9		10000	_	,	i
a	a Did the sponsoring organization make any taxable distributions under section 4	(9a		
		or related person?	9b		
10		10a			ı L
a b		F			!
11	_ i	lob	ĺ		
		11a	1		
		F	- }		l
	amounts due or received from them.)	116	- }	1	İ
12a	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing For	rm 990 in lieu of Form 1041?	2a		
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the	1 1			
13	13 Section 501(c)(29) qualified nonprofit health insurance issuers.				<u></u>
а	a Is the organization licensed to issue qualified health plans in more than one sta	te?	3a		
	Note. See the instructions for additional information the organization must repo	ort on Schedule O			
b	b Enter the amount of reserves the organization is required to maintain by the sta	ates in which the			
	organization is licensed to issue qualified health plans	13b	İ	ļ	
С	c Enter the amount of reserves on hand	13c	\rightarrow		
	14a Did the organization receive any payments for indoor tanning services during the	• •	4a		X
<u>b</u>	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an e		4b	2000	<u> </u>
		1	Form \$	990	(2016)

Form 990 (2016)

AND VICINITY

<u>36-1267725</u>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a7							
	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 . 1b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		<u> </u>				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X				
6	Did the organization have members or stockholders?	_6_		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
more members of the governing body?								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
persons other than the governing body?								
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a_	X					
b	Each committee with authority to act on behalf of the governing body?	8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>X</u>					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	In Schedule O how this was done	12c		X				
13	Did the organization have a written whistleblower policy?	13	77	X				
14	Did the organization have a written document retention and destruction policy?	14_	<u>_X</u> _					
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?	4=-		v				
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		X				
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b						
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
104	taxable entity during the year?	16-		х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	_					
U	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure	100						
17	List the states with which a copy of this Form 990 is required to be filed None							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le					
	for public inspection. Indicate how you made these available. Check all that apply		-					
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial					
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
-	ROBERT BOSKOVICH - (847)795-1710							
	2700 S. River Road, Suite 118, Des Plaines, IL 60018							
22000	2.11.1.0	Form	990	(2016)				

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<u>36-1267725</u>

Page 7

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.

V Charleston base from the summarian and government of grant protection community of the state o

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

X Check this box if neither the organization n	or any related	orga	nıza	tion	cor	nper	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			_ (C	?)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	. unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	_			l ecic	T	[from	from related	other
	(list any hours for	irect				_	}	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	0.0	寶			sated		(W-2/1099-MISC)	(44-2/1099-141150)	organization
	organizations	ruste	I Trus		eg.	m per	}	(11 2/ 1000-101100)		and related
	below	individual trustee or director	l trout	_	eg u	stco	 			organizations
	line)	ligi	Institutional trustee	Officer	Key employee	Highest compensated employee	Form			Ü
(1) ROBERT BOSKOVICH	8.00									
PRESIDENT				X				0.	0.	0.
(2) PAUL THOMPSON	1.00		}				}			
FIN SEC/TREASUR		L		Х		<u> </u>		0.	0.	0.
(3) BRIAN DISKIN	1.00									
2ND V.P.			<u> </u>	X		<u> </u>	<u> </u>	0.	0.	0.
(4) CRAIG SATALIC	1.00									
1ST V.P.	1 20	_	_	X	_	₽-		0.	0.	0.
(5) ROBERT FULTON	1.00									
TRUSTEE	1 22	Ĺ	_	X		<u> </u>		0.	0.	0.
(6) BRIAN STANLEY	1.00									
TRUSTEE	1 00			X	\vdash	├		0.	0.	0.
(7) BRIAN ATKINS	1.00									•
TRUSTEE	1 00		-	X		├		0.	0.	0.
(8) Ron Ware	1.00			3,7						•
SERGEANT AT ARMS	 		 	X				0.	0.	0.
	<u> </u>									
			}							
			<u> </u>			_				
	<u> </u>	}	ļ							
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	<u> </u>									
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				<u>L_</u>	1					

Form 990 (2016)

rar	VII Section A. Officers, Directors, Trus		ploy	/ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
	, (A)	(B)	(B)		(C)				(D)	(E)		(F)	
	Name and title	Average	(do	not c	Pos		1 than	one	Reportable	Reportable		Estimat	ted
	•	hours per	box	c, unte	ss pe	rson	ıs bot	h an	compensation	compensation	1	amount	of
		week		Cerar	oao	recto	or/trus	tee)	from	from related		othe	
		(list any hours for	recto						the	organizations		compens	
		related	P 0) a		1	sated	l	organization (W-2/1099-MISC)	(W-2/1099-MIS	()	from the organization	-
		organizations	Individual trustee or director	Institutional trustee	}	, 25	npen		(44-2/1099-141130)			and rela	
		below	dualt	Itona		g e	stcol	"			ļ	organizat	
		line)	를	Instit	Officer	Key employee	Highest compensated employee	Ē			ĺ	Ū	
			\			_							
						İ							
			<u> </u>	_	<u> </u>		_						
		<u> </u>	ļ								ļ		
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			-		1		1		1				
	0.1.1.1		L		L		<u> </u>	_	0.		0.		0.
	Sub-total	III Castian A							0.		0.		0.
	Total from continuation sheets to Part V	II, Section A							0.		0.		0.
2	Total (add lines 1b and 1c) Total number of individuals (including but i	not limited to th		lieta	-d al	hov/	ابد اه	20 5		000 of reportable			<u>.</u>
2	compensation from the organization	iot iii iiitea to ti	1036	, 1131	Ju a	500	C) W	10 1	eceived more man who	,000 or reportable	•		0
												Yes	
3	Did the organization list any former officer	, director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	[
	line 1a? If "Yes," complete Schedule J for	such individual										3	X
4	For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization	ļ		
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sch	edul	e J i	for such individual			4	X
5	Did any person listed on line 1a receive or							elat	ted organization or indivi	dual for services	1		
-	rendered to the organization? If "Yes," con	nplete Schedul	e J 1	for s	<u>uch</u>	pers	son				1	5	<u> </u>
	tion B. Independent Contractors Complete this table for your five highest or	mpopostod :=:	don		nt c	oct.	roct.	· · ·	that recovered more than	\$100,000 of ac-	nona	ntion from	
1	the organization Report compensation for										Pelise	ation nom	
	(A)	tilo odioridai y	Ju.	0	g .		0		(B)	J		(C)	
	Name and business	s address	N	ON	Ε				Description of s	ervices	C	ompensati	on
							_		 				
								1		1			
											_		
2	Total number of independent contractors	_	ot li	ımıte	d to		_	stec	d above) who received n	ore than			
	\$100,000 of compensation from the organ	ization >					0					- 600	
												Form 990	(2016)

Form 990 (2016) AND VIC
Part VIII Statement of Revenue

AND VICINITY

36-1267725 Page **9**

		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			[]
		•		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
e ë	b	Membership dues	1b					
A, C	c	Fundraising events	1c			ľ		
a ii	c	Related organizations	1d					
in.	е	Government grants (contribut	ions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran	ts, and					
		sımılar amounts not included abo	ve 1f					
do	9	Noncash contributions included in lines	1a-1f \$					
<u>8</u>	h	Total. Add lines 1a-1f		•				
				Business Code				
e c	2 a	MEMBERSHIP DUES & ASSE	SSMENTS	900099	201,870.	201,870.		
و چ	b							
Program Service Revenue	c							
ev Je	d	I						
5	е							
•	f	All other program service reve	enue					
_	9	Total. Add lines 2a-2f		>	201,870.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)						
	4	Income from investment of ta	x-exempt bond p	oroceeds -				
	5	Royalties						
		_	(i) Real	(II) Personal				
	6 a							
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
İ	Б	Less cost or other basis						
		and sales expenses						
i		Gain or (loss)						
	d	J , ,	a overte (net				-	
Jue	o a	Gross income from fundraisin including \$	g events (not of					
Ş		contributions reported on line						
Other Revenu		Part IV, line 18	•					
ا <u>چ</u>	h	Less: direct expenses	a b			Ì		•
δ		: Net income or (loss) from fund						
		Gross income from gaming ac	_					
İ	-	Part IV, line 19	а					
	b	Less direct expenses	b					
1		: Net income or (loss) from gam						
ł		Gross sales of inventory, less	_		-			- -
1		and allowances	а					
	ь	Less. cost of goods sold	b					
		: Net income or (loss) from sale		—				
ľ		Miscellaneous Revenu	_	Business Code				
Ī	11 a	SPONSORSHIPS	-	900099	36,250.	36,250.		
		REIMBURSED EXPENES		900099	3,750.	3,750.	<u>-</u>	1
	C					-,,,,,,,,	-	
		All other revenue						
		Total. Add lines 11a-11d		•	40,000.		-	
	12	Total revenue. See instructions.			241 870	241 870	0	. 0.
								- 000

Form 990 (2016) AND VICINITY
Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must c	omplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	17,749.			
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			L	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			<u></u>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	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)			<u> </u>	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management _	26,212.			
b	Legal	325.			
C	Accounting	7,550.			
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			L	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	6,279.			
13	Office expenses	4,820.	···-		
14	Information technology	<u>567.</u>			
15	Royalties				
16	Occupancy	3,600.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	117,220.		 	
20	Interest		· · · · · · · · · · · · · · · · · · ·		
21	Payments to affiliates	30,575.			
22	Depreciation, depletion, and amortization	6,000.			
23	Insurance	3,313.			
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.)				
а	PAC CONTRIBUTIONS	18,000.			
b	APPRENTICE COMPETITION	3,933.			
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	246,143.			
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)			L	<u></u>

Form 990 (2016)
Part X | Balance Sheet AND VICINITY

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
		One of the original of the original of the original of the original of the original original ori	<u>10 10 ur</u>	y into in this t dit x	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			342,271.	2	343,999.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for	officers, directors,				
	1	trustees, key employees, and highest compensation		}			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali	rsons (as defined under				
		section 4958(f)(1)), persons described in section	c)(3)(B), and contributing				
		employers and sponsoring organizations of sect	tion 50	1(c)(9) voluntary			
ţ	ļ	employees' beneficiary organizations (see instr).	lete Part II of Sch L		6		
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis Complete Part VI of Schedule D	10a	70,867.			
	b	Less accumulated depreciation	10b	50,063.	26,805.	10c	20,804.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line			12		
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	_ 369,076.	16_	364,803.
	17	Accounts payable and accrued expenses			17		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		į		20	
	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
တ္မ	22	Loans and other payables to current and former	r officei	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons			
jap	ļ	Complete Part II of Schedule L		Į		22	
_	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D		<u> </u>		25	
	26_	Total liabilities. Add lines 17 through 25			0.	26	0.
]	Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🛣 and			
es S	}	complete lines 27 through 29, and lines 33 an	id 34.				
e E	27	Unrestricted net assets		<u> </u>	<u>369,076.</u>	27	364,803.
Bal	28	Temporarily restricted net assets		-		28_	
2	29	Permanently restricted net assets		. — }		29	
Ţ		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📖 📗			
Š		and complete lines 30 through 34.	l				
set	30	Capital stock or trust principal, or current funds	ļ.		30	<u> </u>	
Asi	31	Paid-in or capital surplus, or land, building, or ed		T T		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds	260 076	32	264 222
2	33	Total net assets or fund balances		ļ	369,076.	33	364,803.
	34	Total liabilities and net assets/fund balances			369,076.	34	364,803.

Form **990** (2016)

	990 (2016) AND VICINITY	<u> 36-126</u>	<u>7725</u>	Pa	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>1,8</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>6,1</u>	
3	Revenue less expenses Subtract line 2 from line 1	3			<u>73.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> 36</u>	9,0	<u>76.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	36	4,8	03.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
		- · ·		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	}
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis.			
	consolidated basis, or both	-,			
	X Separate basis Consolidated basis Both consolidated and separate basis				,
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.	1		
•	review, or compilation of its financial statements and selection of an independent accountant?	,	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			<u> </u>
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Ja	Act and OMB Circular A-133?	·g.o / iddit	3a		x
.	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit	Ja		
U	The rest and the organization undergo the required audit or audits? If the organization did not undergo the required	nod dddit	26		1

632012 11-11-16

Form **990** (2016)

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.

2016

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

 Section 501(c)(4), (5), or (6) organization 	tions Complete Part III			
Name of organization IRON WO	RKERS DISTRICT CO	UNCIL OF CH	ICAGO Empl	oyer identification number
AND VIC	INITY			<u> 36-1267725</u>
Part I-A Complete if the org	janization is exempt unde	r section 501(c) o	r is a section 527 o	rganization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai 	ures	campaign activities in	Part IV ►\$	
Part I-B Complete if the org	janization is exempt unde	r section 501(c)(3		
1 Enter the amount of any excise tax			▶ \$	
2 Enter the amount of any excise tax	, ,		▶ \$	
3 If the organization incurred a sectio	• •			Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the org	janization is exempt unde	r section 501(c), (except section 501(c)(3).
1 Enter the amount directly expended	d by the filing organization for sect	ion 527 exempt function	on activities >\$	
2 Enter the amount of the filing organ	ization's funds contributed to othe	er organizations for sec		
exempt function activities			. ▶\$	
3 Total exempt function expenditures	s. Add lines 1 and 2. Enter here and	d on Form 1120-POL,	. .	
line 17b 4 Did the filing organization file Form	1400 001 5		▶\$	Yes No
5 Enter the names, addresses and en made payments For each organizar contributions received that were pro- political action committee (PAC). If a	tion listed, enter the amount paid omptly and directly delivered to a	from the filing organiza separate political orgar	tion's funds Also enter th nization, such as a separa	e 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
IWDC 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) 2016

LHA

See Part IV for Continuation

Schedule C (Form 990 or 990-EZ) 2016	AND V	ICINIT	<u>Y</u>	- F04/-V0V 1 514	36-:	1267725 Page 2
Part II-A Complete if the org section 501(h)).	jariizaud	on is exei	mpt under sectio	n 501(C)(3) and the	ea Form 5/66 (e	election under
						
		_		n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and sha			•			
B Check ▶ if the filing organiza	tion check	ed box A ai	nd "limited control" pro	ovisions apply.		T
		bying Expe leans amou	nditures ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	Jence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to infli	Jence a le	gislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add l		-	, , , ,	-		
d Other exempt purpose expenditure		,		·		
e Total exempt purpose expenditure		s 1c and 1c	1)	-		
f Lobbying nontaxable amount Enti-				th columns	-	
If the amount on line 1e, column (a) of			bying nontaxable am			
Not over \$500,000	i (u) is.					1
	2.000		the amount on line 1e			
Over \$500,000 but not over \$1,00			00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.			ess over \$1,500,000.			
Over \$17,000,000 \$1,000,000.						
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this	o or less, e ro on eithe year?	nter -0- er line 1h or 4-Year Avi	eraging Period Under		f the five columns	Yes No
(come organizations t			ate instructions for li	•	die nie columns	below.
			nditures During 4-Ye	_ 		
		Jing Expe	Tortal Co Daning 4 TC	Averaging renou		T
Calendar year (or fiscal year beginning in)	(a)	2013	(b) 2014	(c) 2015	(d) 2016	(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						

Schedule C (Form 990 or 990-EZ) 2016

36-1267725 Page 3

Schedule C (Form 990 or 990 EZ) 2016 AND VICINITY 36-126772

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)).

or each`"Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
f the lobbying activity	Yes	No	Ame	ount
During the year, did the filing organization attempt to influence foreign, national, state or	 			
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of		,		
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?]	
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?		ļ 		
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		<u></u>		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	<u> </u>		
Part III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or s	ection	
501(c)(6).				
			Yes	No
		1 4	X	
• • •		1	<u> </u>	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	A	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ion 501(c)	r? 3 (5), or s	ection	X ne 3, i
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632043 11-10-16

IRON WORKERS DISTRICT COUNCIL OF CHICAGO 36-1267725 Page 4 Schedule C (Form 990 or 990-EZ) 2016 AND VICINITY Part IV Supplemental Information (continued) IWDC of Chicago PAC 756 River Edge Circle Ottawa, IL 61350

632044 11-10-16

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

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Acco	unts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lin			·		
		(a) Donor advised funds	(b) Fu	nds 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 advi	sed funds			
	are the organization's property, subject to the organization's	-		Yes No		
6	Did the organization inform all grantees, donors, and donor a	•	e used only			
•	for charitable purposes and not for the benefit of the donor of		-			
	impermissible private benefit?	. , , ,		Yes No		
Pai		ganization answered "Yes" on Form 990,	Part IV, line			
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	toncally impo	ortant land area		
	Protection of natural habitat	Preservation of a cer				
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conser	vation 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	ucture 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	leased, extinguished, or terminated by th	e organizatio	on during the tax		
	year ▶					
4	Number of states where property subject to conservation ear	sement is located >				
5	5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?					
6	6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easem	ents during the year		
	▶ \$					
8	8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?					
9	9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organiz	ation's accounting for		
<u> </u>	conservation easements	4 4 4 11 4 4 4 17	NI 0:			
Pai	t III Organizations Maintaining Collections o	•	Jiner Sim	liar Assets.		
	Complete if the organization answered "Yes" on Form			dan a da da da da da da da da da da da da d		
٦а	If the organization elected, as permitted under SFAS 116 (AS	•				
	historical treasures, or other similar assets held for public ext		ance or publ	ic service, provide, in Part XIII,		
	the text of the footnote to its financial statements that described a second statement of the company of the co					
b	If the organization elected, as permitted under SFAS 116 (AS	• •				
	treasures, or other similar assets held for public exhibition, en	ducation, or research in furtherance of pe	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		aı gaın, provi	ıd e		
_	the following amounts required to be reported under SFAS 1	relating to these items.		•		
a	Revenue included on Form 990, Part VIII, line 1		P	\$		
b	Assets included in Form 990, Part X		_	_\$		

Schedule D (Form 990) 2016

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

	dule D (Form 990) 2016 AND VIC									Page 2
Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Oth	<u>er Simi</u>	lar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	at are a s	significant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	•	.	Loan or exc	hange progr	ams				
b	Scholarly research	•	• 🗀	Other			<u>.</u>			
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how th	ney further t	he organızat	ion's exe	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	stoncal trea	sures, or oth	er sımıla	ar assets		_	
	to be sold to raise funds rather than to be m								Yes	No No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" or	n Form 99	O, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other a	ssets no	t included			_
	on Form 990, Part X?							. \square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table:						
									Amount	
C	Beginning balance						16			
d	Additions during the year						1d			
е	Distributions during the year						_1e_			
f	Ending balance						1f	l		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for (escrow or c	ustodial acc	ount liab	ility?		Yes	L No
_	if "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	f the organization ai	nswered	"Yes" on Fo						
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions				-					
C	Net investment earnings, gains, and losses		ļ		ļ					
d	Grants or scholarships		ļ		 					
е	Other expenditures for facilities				}					
	and programs				.			 -		
f	Administrative expenses			·						
g	End of year balance		<u> </u>		l		L			
2	Provide the estimated percentage of the cur		ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ind administi	ered for	the organi	zation	г	
	by.								\Box	Yes No
	(i) unrelated organizations							•	3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organization	•							3b	
A Day	Describe in Part XIII the intended uses of the		owment	tunds						
Fal			0 Da-4 "	/ lmo = = = =	`aa Fa ^^	n n	lima 40			
	Complete if the organization answere					$\overline{}$			400	
	Description of property	(a) Cost or o basis (invest			or other (other)		Accumulate epreciation	l l	(d) Book	value
1a	Land				· · · · ·					
b	Buildings									
С	Leasehold improvements									
d	Equipment			7	0,867.		50,0	63.	20	,804.
е	Other									
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Pan	X, colur	nn (B), line	10c.)				20	,804.

Schedule D (Form 990) 2016

1	(a) Description of liability	(b) Book value
(1) Fede	eral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 25)	>

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

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 AND VICINITY		36	5-12	67725 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Re	venue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 13	2a			
1	Total revenue, gains, and other support per audited financial statements			1	241,870.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2	e	0.
3	Subtract line 2e from line 1		_ 3	3	2 4 1,870.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			- 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			_
C	Add lines 4a and 4b		4	С	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	<u>241,870.</u>
Par	t XII Reconciliation of Expenses per Audited Financial State		xpenses per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a			
1	Total expenses and losses per audited financial statements		<u> </u>	1	246,143.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses _	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d		<u> </u>	e	0.
3	Subtract line 2e from line 1		<u> </u>	3	246,143.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	t 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII)	4b			•
_	Add lines 4a and 4b		<u> </u>	c _	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	246,143.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			Part X, I	ine 2; Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any a	idditional informati	on		
			·		
Dax	t X, Line 2:				
Par	t X, hine 2:				
Ψħе	e Council is exempt from federal income t	avec unde	r Section	501	(c)(5) of
1116	e council is exempt from rederal income t	axes unde	er pección	301	(0)(3) 01
the	e Internal Revenue Code as part of a grou	ın exemnti	on for ord	rani	zations
CITE	e internar kevende tode as part or a grot	ip cacmper	OII TOT OT	<u>j air i</u>	24010115
aff	iliated with the International Associati	on of Bri	dae Struc	rtur	al
<u>u</u>	THE THE THE THE THE THE TOTAL MODELLE	CON OF BIT	age, beru	JULL	<u>u = 7</u>
Orr	namental and Reinforcing Iron Workers and	is ther	refore, sul	oiec	t to tax
<u> </u>	discrete dire recirity that workers dire	1 10, 01101	CLULUT DU	<u> </u>	<u>o oo oan</u>
on 1	y on income, if any, unrelated to its ta	x-exempt	purpose.		
<u> </u>	y on moome, in any, americaes es res es	<u> </u>	parpooti		
		· ·			
Mar	nagement is required to evaluate tax posi	itions tak	en by the	Cou	ncil and
1101	agement is required to evarage tan pos-	CTOILD CU.		<u> </u>	
rec	cognize a tax liability (or asset) if the	Council	has taken	an	uncertain
<u> </u>	Jogittae a can ilability (of abbee) if the	o council	1145 0411011		
פסמ	sition that more likely than not would no	ot be sust	ained upor	n ex	amination
200	Though the mount of the mount in				
bv	the taxing authorities. As of December	31. 2016	there wer	re n	O
~1_	The same account to the of procumet	<u> </u>	#6		· <u></u>
unc	certain positions taken or expected to be	e taken th	nat would	reau	ire
	4 08-29-16				D (Form 990) 2016

Schedule D (Form 990) 2016

Employer identification number å 36-1267725 Open to Public OMB No 1545-0047 2016 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 noncash assistance Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (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 ▶ Attach to Form 990. IRON WORKERS DISTRICT COUNCIL OF CHICAGO recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant (c) IRC section (if applicable) 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 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part \$5000

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2016)

22

632101 11-01-16

Page 2

36-1267725

Schedule I (Form 990) (2016) AND VICINITY

Part III

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

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

Schedule I (Form 990) (2016)

632102 11-01-16

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

r 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2016
Open to Public Inspection

OMB No 1545-0047

Name of the organization

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

IRON WORKERS DISTRICT COUNCIL OF CHICAGO Emplo
AND VICINITY

36

Employer identification number 36-1267725

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