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990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust
► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2000

Open to Public
Inspection

A For the 2000 calendar year, or tax year beginning , 2000, and ending , 20

B Check if applicable:

- ☐ Change of address
☐ Change of name
☐ Initial return
☐ Final return
☐ Amended return

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

AFLCIO Nashville & Middle TN Central Labor Council

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

2001 Elm Hill Pike

City or town, state or country, and ZIP + 4

Nashville, TN 37210-3807

D Employer identification number

62 0592210

E Telephone no.

(615) 885-7778

F Check ☐ If application pendingG Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) ►

H Enter 4-digit group exemption no. (GEN) ► 1338

I Organization type (check only one)—☒ 501(c) (5) ◀ (insert no.) ☐ 527 or ☐ 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Check ☐ If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

K Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 54072

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 34.)

1	Contributions, gifts, grants, and similar amounts received	1	3345
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	48476
4	Investment income	4	2251
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule):		
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	Other revenue (describe ►)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	54072
10	Grants and similar amounts paid (attach schedule)	10	5274
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	23177
13	Professional fees and other payments to independent contractors	13	1000
14	Occupancy, rent, utilities, and maintenance	14	7123
15	Printing, publications, postage, and shipping	15	3098
16	Other expenses (describe ►)	16	6525
17	Total expenses (add lines 10 through 16)	17	46197
18	Excess or (deficit) for the year (line 9 less line 17)	18	7875
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	82708
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	90583

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions on page 37.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	81707	91352
23 Land and buildings	1730	1730
24 Other assets (describe ►)		
25 Total assets	83437	93082
26 Total liabilities (describe ►)	729	2499
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82708	90583

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Cal No. 106421

Form 990-EZ (2000)

JUN 02 2001

STATUTE CLEARED
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JUN 30 2001

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 38.)What is the organization's primary exempt purpose? promote welfare of laborers

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 union organization laborers in non-union shops

(Grants \$)

28a

29

(Grants \$)

29a

30

(Grants \$)

30a

31 Other program services (attach schedule)

(Grants \$)

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 38.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Pat Saltkill 704 Pinwheel Court, Antioch, TN 37013	President 7	19633		
Lynn Jernigan 2627 Galahad Drive, Murfreesboro, TN 37127	Treasurer 2	960		

Part V Other Information (See Specific Instructions on page 38 and General Instruction V on page 14.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		<input checked="" type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		<input checked="" type="checkbox"/>
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		<input checked="" type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities 39b		<input checked="" type="checkbox"/>
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		<input checked="" type="checkbox"/>
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		<input checked="" type="checkbox"/>
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		<input checked="" type="checkbox"/>
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶		<input checked="" type="checkbox"/>
42 The books are in care of ▶ Billie Dunn Telephone no. ▶ (615) 957-0846 Located at ▶ 2705 Crystal Springs, Hermitage, TN ZIP + 4 ▶ 37076		<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input checked="" type="checkbox"/>

Please Sign Here

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. (Important: See General Instruction W, page 14.)

Signature of officer D. Kent Skinner

Date

15/19/2011

President

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

D. Kent Skinner

Date

5/17/2011

Check if self-employed ☒

Preparer's SSN or PTIN 01248289

Firm's name (or yours if self-employed) and address, and ZIP code

D. Kent Skinner, CPA

125 Belle Forest Circle #201, Nashville, TN 37221

EIN ▶ 62 1505074

Phone no. ▶ (615) 646-6490

