

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150 2009

Open to Public Inspection

		the Treasury		assets less than \$1,250,000 at the end of the year may use this form.  The organization may have to use a copy of this return to satisfy state reporting re	eaurements.	i	Inspection
A For the 2009 calendar year, or tax year beginning TANUARU , 2009, and ending December 1.							31,2000
_	heck of an	1	Please	C Name of organization			lentification number
	Address o	hange	use IRS label or	AMERICAN Federation of Labor Albert Central II L	.c.   37	0	६० ३ ४ ४ ३
_	Name cha	-	print or	Number and street (or P.O. box, if mail is not delivered to street address) Room/s			
=	nitial retu Ferminate		type. See	400 NEJEFFERSON AVE 408	309	1/6	74 - 2614
=	Amended		Specific Instruc-	City or town, state or country, and ZIP + 4	F Grou	_	
=		n pending	tions.	Peoria, IL 61603-3747	Num	ber I	338
	• Sect	tion 501(c)(3)	organi	ations and 4947(a)(1) nonexempt charitable trusts must attach G	Accounting Me	ethod:	Cash Accrual
			a co	pleted Schedule A (Form 990 or 990-EZ).	Other (specify	<b>)</b>	
				н	Check ► 🔀	if the d	organization is not
	Vebsit		_		•		chedule B (Form 990,
J T	ax-exe				990-EZ, or 99		
	Check		_	ation is not a section 509(a)(3) supporting organization and its gross receipt	-		
				urn is not required, but if the organization chooses to file a return, be sure			<del></del>
				9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of For		otron	
	art			enses, and Changes in Net Assets or Fund Balances (Se	e trie instru		
	1			s, grants, and similar amounts received		1	18,588
	2	•		evenue including government fees and contracts		3	46.522
	3		•	and assessments		4	<del>, , , , , , , , , , , , , , , , , , , </del>
	5a	Investmen		n sale of assets other than inventory   5a	<u>.</u>	-	157
	b			r basis and sales expenses	~		
	C			sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
9	6			vities (complete applicable parts of Schedule G). If any amount is from garning, chec			
Revenue	a			t including \$ 18,588 of contributions			
<u>&amp;</u>	<u> </u>	reported o			176		
ш	ь	•			380		
	c			s) from special events and activities (Subtract line 6b from line 6a)	_	6c	4096
	7a			entory, less returns and allowances	-		7
	ь	Less: cost			1		
	С	Gross prof	it or (lo	ss) from sales of inventory (Subtract line 7b from line 7a)		7c	-
	8	Other reve	nue (de	scribe ▶	)	8	
	9	Total reve	nue. A	ld lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶	9	69 363
	10	Grants and	d sımila	amounts paid (attach schedule)	<u></u> . !	10	6,805
	11			for members RECEIVE	ED · 7	11	
8	12	Salanes, o	ther co	mpensation, and employee benefits	<u> </u>	12	8,530
ans.	13			and other payments to independent contractors		13	23,497
Expenses	14	•	•	utilities, and maintenance MAY 🚶 🖁 👸	110 - 1911	14	10, 136
ш	15	•		ons, postage, and shipping	. = . RS-OSC	15	4,870
	16			escribe ► ATTACHED OGENIN		16	7,709
	17			tad mes to through to .		17	61'547
ats.	18 19			for the year (Subtract line , , , , n line 9)		18	7',816
Net Assets	19			reported on prior year's return)	_	19	31.814
۲	20	-	_	net assets or fund balances (attach explanation)		20	31,017
ž	20 21		_	balances at end of year. Combine lines 18 through 20		21	39.630
P	art II			ts. If Total assets on line 25, column (B) are \$1,250,000 or more, fi			
					(A) Beginning of		(B) End of year
22	: Ca	ash, savinos	, and ir	vestments	3/ 8/4		22 39 430
23		_					23 -
24		ther assets (	-				24 -
25		•			31, 814		25 39 630
26	To	tal liabilitie					26 _ ′ -
27		et assets or	fund t	alances (line 27 of column (B) must agree with line 21)	31. 814		27 39 630
Eor	Drivac	ν Act and Pa	nerwo	Reduction Act Notice, see the separate instructions. Cat.	No. 106421		Form <b>990-EZ</b> (2009)

Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses -
Wha	t is the organization's primary exempt purpose?					ired for section
Desc	ribe what was achieved in carrying out the org	janization's exempt purpos	ses. In a clear ar	nd concise	501(c	)(3) and 501(c)(4) izations and section
man	ner, describe the services provided, the number of	of persons benefited, and o	ther relevant info	rmation for	49470	(a)(1) trusts, optional
each	program title.				for ot	
28						
	(Grants \$ ) If this amount	includes foreign grants_eh	nok hara	<b>►</b> □	28a	
20	(Charles 4) It this amount	includes loreign grants em	CK HEIG	. • -	206	<u></u>
29						
		<del>-</del>				
						:
	(Grants \$ ) If this amount	includes foreign grants, che	eck nere	. ▶ ⊔_	29a	
30						
		includes foreign grants, che	eck here	. ▶ ⊔	30a	
31	Other program services (attach schedule)			'		
		includes foreign grants, che			31a	
32	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Key	/ Employees. List each one ex	en if not compensa			ctions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and
	(a) Name and address	devoted to position	enter -0)	deferred comper	nsation	other allowances
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					For	n <b>990-EZ</b> (2009)

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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 2,893			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			,
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9		}	
	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			-
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		_
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ► NANCY M Cardner Telephone no. ►309	. 69	7.a	808
	Located at \$ 400 NE Jefferson, Suite 408 Pearia, IL ZIP+4 > 6/61	23	374	<i>t7</i>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	404	Yes	NO
	account)?	42b		$\rightarrow$
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		LX
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			\ .
	Form 990-EZ	44		$\bot X$
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X
		m <b>99</b> 0	)-EZ	(2009

Page	4

	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	47(a)(1) nonexempt cha	nexempt charitation	table trusts only. A nust answer question	All sections 46	on 49b			
	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								
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
	Is the organization engage in loobying activities: in res, complete schedule 6, Part in								
	Complete this table for the organization's five hi		lovees (other tha	an officers, directors,		and key			
	employees) who each received more than \$100,								
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati	on (d) Contributions to employee benefit plans & deferred compensation	accou	xpense unt and llowances			
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f	Total number of other employees paid over \$100	000			<del></del>				
	Complete this table for the organization's five			actors who each rec	eived m	ore than			
	\$100,000 of compensation from the organizatio	n. If there is none, enter '	'None "						
	\$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor		<del></del>	) Type of service	(c) Compo	ensation			
	· · · · · · · · · · · · · · · · · · ·		<del></del>	) Type of service	(c) Compo	ensation			
	· · · · · · · · · · · · · · · · · · ·		<del></del>	) Type of service	(c) Comp	ensation			
	(a) Name and address of each independent contractor		<del></del>	) Type of service	(c) Compo	ensation			
	(a) Name and address of each independent contractor	paid more than \$100,000	<del></del>	) Type of service	(c) Compo	ensation			
	(a) Name and address of each independent contractor	paid more than \$100,000	<del></del>	) Type of service	(c) Compo	ensation			
	(a) Name and address of each independent contractor	paid more than \$100,000	<del></del>	) Type of service	(c) Compo	ensation			
	(a) Name and address of each independent contractor	paid more than \$100,000	<del></del>	) Type of service	(c) Compo	ensation			
	(a) Name and address of each independent contractor	paid more than \$100,000	<del></del>	) Type of service	(c) Compo	ensation			
	(a) Name and address of each independent contractor	paid more than \$100,000	<del></del>	) Type of service	(c) Compo	ensation			
	(a) Name and address of each independent contractor	paid more than \$100,000	(b	) Type of service	(c) Compo	ensation			
	(a) Name and address of each independent contractor	paid more than \$100,000	(b	) Type of service	(c) Compo	ensation			
	(a) Name and address of each independent contractor	paid more than \$100,000  each receiving over \$100  ed this return, including accomp	,000 . ►	d statements, and to the be	st of my kn	nowledge			
d	(a) Name and address of each independent contractor  ONE  Total number of other independent contractors of Under penalties of perjury, I declare that I have examine	paid more than \$100,000  each receiving over \$100  ed this return, including accomp	,000 . ►	d statements, and to the be	st of my kn	nowledge			
d	(a) Name and address of each independent contractor  ONE  Total number of other independent contractors of Under penalties of perjury, I declare that I have examine	paid more than \$100,000  each receiving over \$100  ed this return, including accomp of preparer (other than officer) in	,000	d statements, and to the beation of which preparer has	st of my kn	nowledge			
d	(a) Name and address of each independent contractor  ONE  Total number of other independent contractors of Under penalties of perjury, I declare that I have examine	paid more than \$100,000  each receiving over \$100  ed this return, including accomp	,000	d statements, and to the beation of which preparer has	st of my kn	nowledge			
d Sign Here	(a) Name and address of each independent contractor  ONE  Total number of other independent contractors of the penalties of penjury, I declare that I have examine and belief, it is true, correct, and complete Declaration  Nancy M Harlin  Signature of officer  NANCY M GARDNER  Type or print name and title	paid more than \$100,000  each receiving over \$100  ed this return, including accomp of preparer (other than officer) in	,000	d statements, and to the beation of which preparer has	st of my kn any knowle / 40	nowledge ledge			
d Sign Here	(a) Name and address of each independent contractor  Total number of other independent contractors of Declaration and belief, it is true, correct, and complete Declaration  Signature of officer  NANCY MEARONER  Type or print hame and title  Preparer's signature	each receiving over \$100  ed this return, including accomp of preparer (other than officer) in	,000	d statements, and to the best ation of which preparer has 5/14  Date  Cretary - Tree Preparer's identifying mu	st of my kn any knowle / 40	nowledge ledge			
d Sign Here	(a) Name and address of each independent contractor  ONE  Total number of other independent contractors of the penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration  Nancy M CARONER  Type or print hame and title  Preparer's signature  Firm's name (or	each receiving over \$100  ed this return, including accomp of preparer (other than officer) in	,000	d statements, and to the best ation of which preparer has 5/14  Date  Cretary - Tree Preparer's identifying mu	st of my kn any knowle / 40	nowledge ledge			
d Sign Here Paid Prepare	(a) Name and address of each independent contractor  Total number of other independent contractors of the penalties of penjury, I declare that I have examinand belief, it is true, correct, and complete Declaration  Signature of officer  NANCY MARONER  Type or print hame and title  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4	paid more than \$100,000  each receiving over \$100  ed this return, including accomplet preparer (other than officer) in the state of th	,000	d statements, and to the beaton of which preparer has  S/14  Date  Preparer's identifying nut  EIN  Phone no.	st of my kn any knowle 40	nowledge ledge			
d Sign Here Paid Prepare	(a) Name and address of each independent contractor  Total number of other independent contractors of the penalties of penjury, I declare that I have examinand belief, it is true, correct, and complete Declaration  Signature of officer  NANCY MEARONER  Type or print hame and title  Preparer's signature  Firm's name (or yours if self-employed),	paid more than \$100,000  each receiving over \$100  ed this return, including accomplet preparer (other than officer) in the state of th	,000	d statements, and to the beaton of which preparer has    S / 1 4     Date     Preparer's identifying must be preparer's identifying must be properly in the preparer's identifying must be properly in the preparer's identifying must be preparer's ide	st of my kn any knowle / 40 Lasc mber (See in	nowledge ledge			

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B Section 527 organizations: Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-B If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations. Complete Part III Employer identification number Name of organization AMERICAN Federation of Labo- West Central IL 37: 080 3283 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Complete if the organization is exempt under section 501(c)(3). Yes b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function s *-2,*893 Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (e) Amount of political (a) Name (b) Address contributions received and ing organization's promptly and directly delivered to a separate political organization if funds If none, enter -0none, enter -0-

Pao	А	2

'a	rt II-A	Complete i under sect		ion is exem	pt under section		filed Form 5768	(election
					an affiliated grou			
(	Check	▶ ☐ if the film	ng organization	checked box	x A and "limited	control" provisi	ons apply.	
		(The term '	Limits on Lob 'expenditures" n		litures ts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total	lobbying expend	ditures to influence	e public opini	on (grass roots lo	bbying)		
			\		body (direct lobb			
C			ditures (add lines	_				
d		exempt purpos						
e				dd lines 1c and	d 1d)			
f		ying nontaxable			the following tab			
ſ	If the a	amount on line 1e.	column (a) or (b) is:	The lobbying	nontaxable amou	nt is:		
		ver \$500,000			mount on line 1e			
	Over \$	\$500,000 but not o	over \$1,000,000		s 15% of the excess	s over \$500,000		
ſ		\$1,000,000 but not			10% of the excess			
ſ	Over \$	1,500,000 but not	over \$17,000,000	\$225,000 plus	s 5% of the excess	over \$1,500,000.		
ſ		\$17,000,000		\$1,000,000.				
g	Grass	sroots nontaxable	e amount (enter 2	25% of line 1f)				
h			line 1a. If zero or					
•••								
i	Subtr	ract line 1f from		-				
i i			line 1c. If zero or	less, enter -0-		organization file Fo	orm 4720 reporting	
j j	If ther		line 1c. If zero or other than zero on his year?	less, enter -0- either line 1h	or line 1i, did the	· · · · · ·	orm 4720 reporting	☐ Yes ☐
i j	If ther	re is an amount on 4911 tax for t	line 1c. If zero or other than zero on this year?  4-Yenizations that macolumns below.	less, enter -0- either line 1h ear Averaging ade a section See the instr	or line 1i, did the or services Period Under S 501(h) election ouctions for lines	Section 501(h) do not have to co 2a through 21 on	omplete all of the figure 4.)	
j	If ther	re is an amount on 4911 tax for t	line 1c. If zero or other than zero on this year?  4-Yenizations that macolumns below.	less, enter -0- either line 1h ear Averaging ade a section See the instr	or line 1i, did the or services Period Under S 501(h) election ouctions for lines	Section 581(h) do not have to co	omplete all of the figure 4.)	
j	If ther	re is an amount on 4911 tax for t	line 1c. If zero or other than zero on this year?	less, enter -0- either line 1h ear Averaging ade a section See the instr	or line 1i, did the or services Period Under S 501(h) election ouctions for lines	Section 501(h) do not have to co 2a through 21 on	omplete all of the figure 4.)	
i j	If ther section	re is an amount on 4911 tax for t  (Some organ	line 1c. If zero or other than zero on this year?	less, enter -0- either line 1h ear Averaging ade a section See the instr	or line 1i, did the control of line 1i, did the control of lines 1 or lines 1	Section 501(h) do not have to co 2a through 25 on  Averaging Perior	omplete all of the page 4.)	five
	Cale Lobby	re is an amount on 4911 tax for to (Some organismos)  endar year (or fiscobeginning in)	line 1c. If zero or other than zero on this year?	less, enter -0- either line 1h ear Averaging ade a section See the instr	or line 1i, did the control of line 1i, did the control of lines 1 or lines 1	Section 501(h) do not have to co 2a through 25 on  Averaging Perior	omplete all of the page 4.)	five
b	Cale Lobby (150%	(Some organism year (or fiscobeginning in)	line 1c. If zero or other than zero on this year?	less, enter -0- either line 1h ear Averaging ade a section See the instr	or line 1i, did the control of line 1i, did the control of lines 1 or lines 1	Section 501(h) do not have to co 2a through 25 on  Averaging Perior	omplete all of the page 4.)	five
b	Cale Lobby (150% Total I	re is an amount of the second (Some organism of the second	line 1c. If zero or other than zero on this year?	less, enter -0- either line 1h ear Averaging ade a section See the instr	or line 1i, did the control of line 1i, did the control of lines 1 or lines 1	Section 501(h) do not have to co 2a through 25 on  Averaging Perior	omplete all of the page 4.)	five
b c d	Cale Lobby (150% Total I Grassi	(Some organism on tax for the secondar year (or fiscondar year))	line 1c. If zero or other than zero on this year?	less, enter -0- either line 1h ear Averaging ade a section See the instr	or line 1i, did the control of line 1i, did the control of lines 1 or lines 1	Section 501(h) do not have to co 2a through 25 on  Averaging Perior	omplete all of the page 4.)	five

Pai	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT fi	led i	Form 5768	
		(6	2)	(b)	
		Yes	No	Amoun	t 
1	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					
c					i
d		$\vdash$			
e	Publications, or published or broadcast statements?				
f g					
h					
i	Total. Add lines 1c through 1i				
2a					
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 .	ļ			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? rt III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(	5) 0	r section	
ra	501(c)(6).	O 1 (C)(	<i>J</i> , U	i section	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? .  It III-B Complete if the organization is exempt under section 50\(c)(4), section 5			3 J	
ra	Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-Yes."				ed 
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid).	itical			
а	Current year		2a		
b			2b 2c		
	Total	$\cdot \cdot \mid$	3		
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion cexcess does the organization agree to carryover to the reasonable estimate of nondeductible lobil				
_	and political expenditure next year?	]	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	• • 1	<u>_</u> \$_		
Con	rt IV Supplemental Information  nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, o, complete this part for any additional information.	line 5;	and	Rart II-B, line	11.
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Schedule C (Fo	orm 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information (continued)	
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## 2009 990 - EZ

### West Central Illinois Labor Council 37-0803283 Part 1 - Line 10

Donations to Char	rities			
	Thomas Jefferson Education Foundatin - Per	oria	\$	250.00
	Heart Of IL United Way - Peoria		\$	500.00
	Illinois Labor History Society Illinois		\$	200.00
	Campaign for Better Health Care in Illinois		\$	100.00
	Easter Seals - Peoria		\$	100.00
	St Jude - Peoria		\$	50.00
	Interfaith Workers Justice Illinois		\$	100.00
	Children's Hospital of Illinois - Peoria		\$	200.00
	Peoria Park Districr - Hispanic Fiesta - co spe	onsor	\$	250.00
			\$ 1	,750.00
Support of Union A	Activities			
	Union Retiree Council of West Central IL	Peoria	\$	500.00
	AFL-CIO (Turn Around America Fund)	D.C.		,500.00
	UAW 974 Scholarship Fund - Peoria		\$	50.00
	UAW 974 Christmas for Striking families	Peoria	\$	250.00
	Local #1 UNITEHERE Hardship Fund	Chicago	\$	100.00
	Mother Jones Foundation	Springfield	\$	150.00
	LCLAA Memorial Scholarship Fund - Peoria		\$	250.00
	Laborers #996 Charity Golf Outing	Peoria	\$	100.00
	IBEW #34 Benefit Golf Outing Galesburg		\$	100.00
	Labor Special Assistance Fund - Central IL		\$	150.00
			\$ 3	,150.00
Community Activit	ies			
	IL Community College Foundation Scholarsh	ip -cen IL	\$	250.00
	Assistance to Military Families Central IL		\$	500.00
	Workers' Memorial - OSHA - Peoria		<u>\$</u>	215.00
			\$	965.00
Affiliation Fees				
, annual or i ooc	Illinois AFL-CIO - Springfield, IL		\$	50.00
	18th Congressional Comm. On Political Educ	cation	\$	40.00
	IL 18th Congressional District		\$	90.00
	it form congressional district		Ψ	55.50
	total		\$ 5	,955.00

## 2009 990 EZ

## West Central Illinois Labor Council 37-0803283 Part 1 - Line 16

Labor/Management Organization Dues	\$	300.00
Business Package - Insurance policy	\$	758.00
Conferences and Workshops	\$	2,898.00
Meals and Local Travel representing the Labor Council	\$_	3,753.00
total	\$	7,709.00

#### 2009 990 - EZ

West Central Illinois Labor Council 37-0803283 Part III - Lines 28-30

# Communication, Education and Community Services for Affiliated Unions on Labor Issues and Programs and to be a Good Neighbor in our Communities

#### **Donations received Specfically to:**

Sponsor Events and Provide Displays in the Labor Building
Sponsor Labor Day Parade
Labor Education workshop for high school students (114 students)
Provide emergency assistance to members 10 members
Provide home repair assistance to Military Families (13 families)
Provide materials for those participating in MOONWALK
Assist in our Adopt a School program

Adopt a School Program through School District and Chamber of Commerce at a Pre-K through 5th grade public school - provide assistance, mentoring, supplies, books and a Christmas party with gifts for the children. The school has 495 students.

Labor Day Parade to educate community about Unions ; union products and union employers in the Greater Peoria Area

Communicate with union members on issues concerning labor various times throughout the year. This was accomplished with workshops, faxes, mailings, e-mails and phone banks.

Educate High School Students on the process of negotiations

This was accomplished with a workship for 114 high school students using a mock negotiation situation

Sponsor two events (kiddie pedal pull & kids ride day) as well as have a labor building showcasing unions and union products at the Heart of Illinois Fair

## 2009 990 - EZ West Central Illinois Labor Council 37-0803283

# Part IV Officers, Trustees & Executive Board

Name & Address	Title	Hrs pr wk	Anı	nual Compenstation	Bene	Expense/A	Allowance
Michael Everett 408 Market	President	5	\$	1,320.00	0	\$	-
Washington, II 61571 Ronald Cox 8514 S Shryock Rd	Exec VP	2	\$	240.00	0	\$	-
Glasford, IL 61533 William Long 1120 Highland	VP	1	\$	240.00	0	\$	-
Pekin, IL 61554 Nancy Gardner 407 McKinley Bartonville, IL 61607	Fin Sec/Treas	10	\$	2,400.00	0	\$	-
Phillip Salzer 3101 N Old Trail Rd Peoria, IL 61604	Rec Sec	3	\$	1,200.00	0	\$	-
Martin Helfers 1820 Highwood Av Pekin, IL 61554	Trustee	1	\$	240.00	0	\$	-
Diane Johnson 417 Francis Chillicothe, IL 61523	Trustee	1	\$	240.00	0	\$	-
Thomas McLaughlin 7720 W Bryce Ct Mapleton, IL 61547	Trustee	1	\$	240.00	0	\$	-
Paul Gardner 407 McKinley Bartonville, IL 61607	Sgt at Arms	1	\$	120.00	0	\$	-
Rick Doty 311 Danbury Lane	Exec Board	1	\$	120.00	0	\$	
Metamora, IL 61548 Bonnie Hester 2215 W Butler	Exec Board	1	\$	120.00	0	\$	-
Peoria, IL 61605 William Halstead 2210 W Newport Ct	Exec Board	1	\$	120.00	0	\$	-
Peoria, IL 61614 Beth Runyon 4618 N Constantine	Exec Board	1	\$ re:	90.00 <b>signed 9/30/09</b>	0	\$	-
Peoria Heights, IL 616 D. Troy Pruitt 422 Pekin Lincoln, IL 62656	Exec Board	1	\$	120.00	0	\$	-

Sharon Royer	Exec Board	1	1	\$	120.00	0	\$	-
1126 W Gilbert								
<u>Peoria, IL 61604</u>								
Arnulfo Carranza	Exec Board	1	l	\$	120.00	0	\$	-
611 Walnut								
Washington, II 61571								
Connie Higgins	Exec Board	1		\$	120.00	0	\$	-
3126 N Sheridan								
Peoria, IL 61604								
Alison Watons	Exec Bpard	1	l	\$	10.00	0	\$	-
718 W Fort St	•		r	new 12/1/09				
Farmington, IL 61531								
Anthony O'Brian	Exec Board	1	j	\$	10.00	0	\$	-
35 Hampton Ct			r	new 12/1/09			-	
Morton, IL 61550								

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