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Form **990**

Department of the Treasury

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)

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

2009

Open to Public
Inspection

| | | dar yea | r, or tax year beginning 0 | 1-01-2009 and ending 1 | .2-31-2009 | | | |
|--------------|--|--|---|--|--|--|---|---|
| | | ease | C Name of organization | | | | D Employer i | dentification number |
| ess ch | ange us | e IRS bel or | American Center for Interna | tional Labor Solidanty | | | 52-1984 | |
| e char | nge pr | int or | Doing Business As | | | | E Telephone | number |
| al retur | m Sr | pe. See ecific | Number and street (or P O | box if mail is not delivered to s | treet address) | Room/suite | (202) 974 | |
| | tio | struc- ons. | 888 16th Street NW No 400 | | | , | G Gross receip | ots \$ 30,261,108 |
| | | | Washington, DC 20006 | ry, and ZIP + 4 | | | | |
| ication | pending | E Nan | a and address of principal | ol officer | | | | _ |
| | | | | ai officer | | | | urn for |
| | | | | | | | | |
| | | *************************************** | gton, D G 20000 | | | | | · |
| -exem | pt status | 5 01(c) | (5) ◄ (insert no) | 7(a)(1) or | | | | |
| bsit e | :► SOLIE | ARITY | CENTER ORG | | | | | |
| _ | janization 🔽 | Corporat | ion Trust Association | Other ► | | L Year of fo | rmation 1997 | M State of legal domicile D |
| | | | | | | | | |
| | AMERICA | N CENT | ER FOR INTERNATIONA | AL LABOR SOLIDARITY | IS DEDICA | | | |
| 2 | Check this | box ► | if the organization disco | ntinued its operations or | dısposed of | more than | 25% of its ne | t assets |
| 3 | Number of | voting r | nembers of the governing | body (Part VI, line 1a) | | | | 3 |
| 4 | Number of | ındepen | dent voting members of t | he governing body (Part V | I, line 1b) | | | 4 |
| | | | | | | | | 5 |
| | | | • | • • | | | | 6 |
| | _ | | | | | • | | 7a 7b |
| | Wet dillera | teu busi | ness taxable income non | | • | Prio | | Current Year |
| 8 | Contribut | ions and | i grants (Part VIII, line 1 | h) | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | 95,819 | 122,96 |
| 11 | O ther rev | enue (P | art VIII, column (A), lıne | s 5, 6d, 8c, 9c, 10c, and | 11e) | | | 9,96 |
| 12 | | | | | | | 29,301,733 | 29,670,51 |
| 13 | | | | | | | | 1,076,54 |
| 14 | Benefits ; | aid to o | r for members (Part IX, c | olumn (A), line 4) | | | | |
| 15 | Salaries, 10) | other co | empensation, employee be | enefits (Part IX, column (A | A), lines 5– | | 16,852,051 | 16,632,41 |
| 16a | Professio | nal fund | raising fees (Part IX, colu | ımn (A), line 11e) | | | | |
| Ь | | | , | · - | | | | |
| | | | | | | | | |
| | | | | | | | | 29,788,66 |
| 19 | Revenue | iess exp | enses Subtract line 18 f | rom line 12 | | | g of Current | -118,15 End of Year |
| 20 | Total ass | ets (Par | t X, line 16) | | | | 9,480,764 | 9,246,14 |
| | | | | | | | 12,173,273 | |
| | Net asset | s or fun | d balances Subtract line | 21 from line 20 | | | -2,692,509 | -2,137,67 |
| t II | Signat | ure Blo | ock | | | | | |
| t II | Under pena and belief, Signatur | Ities of pe it is true, o e of office | rjury, I declare that I have exa correct, and complete Declarat er ERIM EXECUTIVE DIRECTOR | | | on all informat | ion of which prep | |
| | Type or | print nam | e and title | | | | | |
| | I | | | Date | Che | eck if | Preparer's ide | ntifying number |
| | Preparer's signature | • | | Date | self | | (see instruction | |
| rer's | | (or yours | CALIBRE CPA GROUP PLLC | | self | · | | |
| rer's nly | signature Firm's name | (or yours | CALIBRE CPA GROUP PLLC | | self | · | (see instruction | |
| | -exemelosite of org t I 2 3 4 5 6 7a b 11 12 13 14 15 16a | entinated return incation pending return retails retailed return retailed return retails retailed return retailed return retails retailed return retailed retails retailed ret | rinated return ication pending F Nam JOHN S 888 16 Washin -exempt status | Total number of volunteers (estimate if necessary Net unrelated business taxable income from b Net unrelated business taxable income from b Net unrelated business taxable income from 12 Number of volunteers (estimate if necessary Net unrelated business taxable income from 12 Net unrelated business taxable income from 13 Net unrelated business taxable income from 14 Net unrelated business taxable income from 15 Net unrelated Ne | cation pending F Name and address of principal officer JOHN SWEENEY 888 16th Street NW No 400 Washington, DC 20006 F Name and address of principal officer JOHN SWEENEY 888 16th Street NW No 400 Washington, DC 20006 -exempt status | tions. Sas Italian Steek IN No. 400 | See 201 State (17 No. 1900) City or town, state or country, and ZIP + 4 Washington, DC 20006 F Name and address of principal officer JOHN SWEENEY 888 16th Street NW No 400 Washington, DC 20006 H(b) Area 11 NH(c) Grot Washington, DC 20006 F Name and address of principal officer JOHN SWEENEY 888 16th Street NW No 400 Washington, DC 20006 H(b) Area H(c) Grot Washington, DC 20006 H(b) Area H(c) Grot Washington, DC 20006 H(b) Area H(c) Is the affilite Application of the See See See See See See See See See S | tions. See John Steet N. Williams of the development of the Composition of the Compositi |

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Solidarity Center's mission is to help build a global labor movement by strengthening the economic and political power of workers around the world through effective, independent and democratic unions

| 2 | Did the organization the prior Form 990 | | rogram services during the yea | r which were not listed on | ┌ Yes ┌ No |
|----|---|--|--|--------------------------------------|---------------------------------|
| | If "Yes," describe | these new services on Schedi | ıle O | | |
| 3 | - | on cease conducting, or make | significant changes in how it co | onducts, any program | ┌ Yes ┌ No |
| | If "Yes," describe | these changes on Schedule O | | | |
| 4 | Section 501(c)(3) | and 501(c)(4) organizations | each of the organization's three and section 4947(a)(1) trusts venue, if any, for each program | are required to report the am | • |
| 4a | (Code |) (Expenses \$ | ıncludıng grants of \$ |) (Revenue \$ |) |
| | ConductED studies o | f international labor issues through a | global program of research activities a | and publications | |
| 4b | (Code |) (Expenses \$ | ıncludıng grants of \$ |) (Revenue \$ |) |
| | ConductED education issues | nal and cultural exchange programs o | lesigned to bring selected visitors to th | ne U S to observe, interact, and coi | nsult with specialists on labor |
| 4c | (Code |) (Expenses \$ | ıncludıng grants of \$ |) (Revenue \$ |) |
| | SupportED free trade | e unions and trainED members and le | aders overseas in emerging democrac | cies | |
| 4d | Other program s | ervices (Describe in Schedule | e O) See also Additional Data f | for Description | |
| | (Expenses \$ | ıncludıng | grants of \$ |) (Revenue \$ |) |
| 4e | Total program se | rvice expenses►\$ | | | |
| | | | | | Form 990 (2009) |

| Part TV | Checklist | of Red | nuired | Sched | dule |
|---------|-----------|--------|--------|-------|-------|
| | CHECKHIST | OI KE | aun eu | 30116 | Juici |

| | | | 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 | | Νο |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Νο |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | Νο |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where 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 | | No |
| 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 | | Νο |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Νο |
| 9 | Did the organization report an amount in Part X, line 21, 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 | | Νο |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V | 10 | | Νo |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | | | |
| | ◆ 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. | | | |
| | ◆ 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. | | | |
| | ◆ 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. | | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | | Νο |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II | 15 | Yes | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III | 16 | | Νο |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Νο |
| 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 | | Νο |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | Νο |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Νο |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | N o |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Νο |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 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 questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | Νο |
| 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 | | | |
| | <i>IV</i> | 28a | | Νo |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | N o |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Νο |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νο |
| 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 | | Νο |
| 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 | | Νο |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Νο |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 990 | (2009) |

| Form 990 (| ,2009) | | Pag |
|------------|---|-----|-----|
| Part V | Statements Regarding Other IRS Filings and Tax Compliance | | |
| _ | | Yes | No |

| | | | Yes | No |
|-----|---|-----|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | | |
| | 1a 36 | ذ | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this | | | |
| b | return | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | No |
| ь | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | 110 |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | Yes | |
| b | AG,BG,BR,CB,CO,CG,EC,GG,GT,ID,JO,KE,KU, KG,MX,MO,NI,PK,PE,QA,SF,CE,TH,UP,VE,ZI, | | | |
| | If "Yes," enter the name of the foreign country ►DR See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | - | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Νο |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | Yes | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | Yes | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | - | | |
| | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| _ | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities |] | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 122 | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the | | | |

888 16TH ST NW SUITE 400 WASHINGTON, DC 20006

(202) 974-8323

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

Section A. Governing Body and Management

| <u> </u> | ection A. Governing Body and Management | | | |
|----------|---|---------|----------|--------------|
| | | | Yes | No |
| | | | | |
| 1a | Enter the number of voting members of the governing body | | | |
| b | Enter the number of voting members that are independent 1b 7 | | | |
| 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 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | 3 | | |
| 4 | supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was | | | Νο |
| _ | filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | | Νο |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | Νo |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | Νo |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | Νo |
| 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 | | Νo |
| | ection B. Policies (This Section B requests information about policies not required by the Internal | | | |
| Re | evenue Code.) | | W | B.1 - |
| 10- | Describe and marked have lead should be have been been as official as | 10a | Yes | No |
| | Does the organization have local chapters, branches, or affiliates? | IUa | | Νο |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| Ь | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | | | |
| c | to conflicts? | 12b | | Νο |
| | describe in Schedule O how this is done | 12c | | Νo |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | Νo |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| | ection C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed ► | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply | | | |
| 19 | Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of | | | |
| 20 | interest policy, and financial statements available to the public. See Additional Data Table. | na ora- | nization | , k - |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the LYSTIA SANTOSA | ie orga | mization | · F |

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

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. Use Schedule J-2 if additional space is needed

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

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

| Check this box if the organization did i | not compen | sate any | y curi | rent | or fo | rmer | ffice | r, dırector, trustee | or key employee | |
|--|-------------------------|-----------------------------------|------------------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) Average hours | Posi t | (C tion (hat a | ched | ckal) | I | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| See add'l data | | | | | | | | | | |
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| Forr | 1 990 (2009) | | | Page 8 | | | | | | |
|------|--|----------------|----------------------|---------------|--|--|--|--|--|--|
| 1b | Lb Total | | | | | | | | | |
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 29 | • | | | | | | | | |
| | | | Yes | No | | | | | | |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | No | | | | | | |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes | | | | | | | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If</i> " <i>Yes,"</i> complete Schedule J for such person | 5 | | No | | | | | | |
| S | ection B. Independent Contractors | | | | | | | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization | | | | | | | | | |
| | (A) Name and business address (B) Description of services | \blacksquare | (C Comper | | | | | | | |
| | | \Rightarrow | | | | | | | | |
| 2 | Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0 | | | . (2.2.2.5) | | | | | | |
| | | F | orm 99 0 |) (: | | | | | | |

| Form 9 | • | • | | | | | | Page 9 |
|--|----------|--|---|---------------|----------------------|--|---|--|
| Part \ | <u> </u> | Statement of | of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513, or 514 |
| ## ## ## ## ## ## ## ## ## ## ## ## ## | 1a | Federated cam | paigns 1a | | | | | |
| 를 <u>표</u> | Ь | Membership du | ıes 1b | | | | | |
| S, G | С | Fundraising ev | ents 1c | | | | | |
| <u>#</u> _≅ | d | Related organiz | zations 1d | 600,000 | | | | |
| E, E | e | Government grant | s (contributions) 1e | 28,875,063 | | | | |
| er. | f | All other contribute similar amounts no | ons, gifts, grants, and 1f ot included above | 62,522 | | | | |
| ^듩 | g | Noncash contr | ibutions included in | | | | | |
| Contributions, gifts, grants and other similar amounts | h | | s 1a-1f | 🔸 | 29,537,585 | | | |
| | | | | Business Code | | | | |
| Program Serwce Revenue | 2a | | | | | | | |
| æ | Ь | | | | | | | |
| 90 | c | | | | | | | |
| žer v | d | | | | | | | |
| Ē | e | | | | | | | |
| 22 | f | All other progra | am service revenue | | | | | |
| Ě | g | Total. Add lines | s 2a-2f | | | | | |
| | 3 | Investment inc | ome (including dividen | ds, interest | | | | |
| | | and other sımıl | aramounts) | ▶ [| 138,503 | | | 138,503 |
| | 4 | Income from inves | stment of tax-exempt bond | proceeds 🕨 | | | | |
| | 5 | Royalties . | | ▶ | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a b | Gross Rents Less rental | | | | | | |
| | • | expenses | | | | | | |
| | C | Rental income or (loss) | | | | | | |
| | d | Net rental inco | me or (loss) | | | | | |
| | 1_ | Gross amount | (i) Securities 575,051 | (II) O ther | | | | |
| | 7a | from sales of | 373,031 | | | | | |
| | | assets other than inventory | | | | | | |
| | Ь | Less cost or other basis and | 590,594 | | | | | |
| | c | sales expenses Gaın or (loss) | -15,543 | | | | | |
| | d | | ss) | ▶ | -15,543 | | | -15,543 |
| | 8a | Gross income f | from fundraising | | | | | |
| Other Revenue | | | luding reported on line 1c) ne 18 a | | | | | |
| Ē | Ь | Less directer | penses b | | | | | |
| ₹ | c | | (loss) from fundraising | | | | | |
| | 9a | | from gaming activities ne 19 | | | | | |
| | ь | | penses b | | | | | |
| | 10a | | (loss) from gaming acti | vicies | | | | |
| | | returns and allo | | | | | | |
| | b c | _ | oods sold b (loss) from sales of inve | entory ► | | | | |
| | | Miscellaneous | s Revenue | Business Code | | | | |
| | 11a | OTHER INCOM | M E | 900,099 | 9,969 | | | 9,969 |
| | Ь | | | | | | | |
| | С | | | | | | | |
| | d | All other reven | | | | | | |
| | e | Total. Add line: | s 11a-11d | | 9,969 | | | |
| | 12 | Total revenue. | See Instructions . | ▶ | 29,670,514 | 0 | 0 | 132,929 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | l other organizations must complete column (A) but are not required to | complete column | | | (D) |
|------------|--|-----------------------|---|---|---------------------------------------|
| | ot include amounts reported on lines 6b, o, 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 governments and organizations in the U S See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 1,076,541 | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,203,607 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 9,718,919 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 1,406,390 | | | |
| 9 | Other employee benefits | 3,726,800 | | | |
| 10 | Payroll taxes | 576,696 | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 113,211 | | | |
| c | Accounting | 196,554 | | | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 2,101,738 | | | |
| 12 | Advertising and promotion | 2,135 | | | |
| L3 | Office expenses | 1,934,034 | | | |
| L4 | Information technology | 99,255 | | | |
| L 5 | Royalties | | | | |
| L6 | Occupancy | 1,963,530 | | | |
| L 7 | Travel | 4,666,715 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| L9 | Conferences, conventions, and meetings | 468,070 | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 11,603 | | | |
| 23 | Insurance | 120,656 | | | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| а | Temporary Personnel | 263,323 | | | |
| Ь | MIscELLANEOUS | 138,887 | | | |
| c | | | | | |
| d | | | | | |
| е | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 29,788,664 | | | |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

| Pa | rt X | Balance Sheet | | | |
|--------------|------|---|--------------------------|-----|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 1,923,475 | 1 | 2,164,574 |
| | 2 | Savings and temporary cash investments | 509,866 | 2 | 944,703 |
| | 3 | Pledges and grants receivable, net | 1,988,856 | 3 | 1,444,798 |
| | 4 | Accounts receivable, net | 69,283 | 4 | 154,009 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and | | | |
| | | highest compensated employees Complete Part II of | | | |
| | | Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of | | | |
| | | Schedule L | | 6 | |
| ssets | 7 | Notes and loans receivable, net | | 7 | |
| 8 | 8 | Inventories for sale or use | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | 295,106 | 9 | 311,206 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 494,372 | | | |
| | ь | Less accumulated depreciation 10b 467,207 | 38,768 | 10c | 27,165 |
| | 11 | Investments—publicly traded securities | 2,869,207 | 11 | 3,301,787 |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 1,786,203 | 15 | 897,904 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 9,480,764 | 16 | 9,246,146 |
| | 17 | Accounts payable and accrued expenses . | 10,957,668 | 17 | 11,235,259 |
| | 18 | Grants payable | 1,180,437 | 18 | 138,370 |
| | 19 | Deferred revenue | 35,168 | 19 | 10,189 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| <u>.</u> | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | |
| ä | | persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 12,173,273 | 26 | 11,383,818 |
| J. | | Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 | | | |
| Fund Balance | | through 29, and lines 33 and 34. | | | |
| <u>ā</u> | 27 | Unrestricted net assets | -2,694,373 | 27 | -2,139,536 |
| <u>ത</u> | 28 | Temporarily restricted net assets | 1,864 | 28 | 1,864 |
| Ξ | 29 | Permanently restricted net assets | | 29 | |
| 교 | | Organizations that do not follow SFAS 117, check here ► ☐ and complete | | | |
| P | | lines 30 through 34. | | 20 | |
| Et s | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | 2 602 500 | 32 | 2 427 672 |
| ¥ĕ | 33 | Total labelitate and not proceed found belongs | -2,692,509 | | -2,137,672 |
| | 34 | Total liabilities and net assets/fund balances | 9,480,764 | 34 | 9,246,146 |

Part XI Financial Statements and Reporting

| | | | Yes | No | |
|----|--|----|-----|----|--|
| L | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νo | |
| b | • Were the organization's financial statements audited by an independent accountant? | | | | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | Yes | | |

Form **990** (2009)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493319067640

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** American Center for International Labor Solidarity 52-1984713 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the

| | organization answered "Yes" to Form 9 | T | | | |
|----|--|---|-------------|---|------|
| | | (a) Donor advised funds | (1 | b) Funds and other account | ts |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate contributions to (during year) | | | | |
| 3 | Aggregate grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor adv funds are the organization's property, subject to the | - | onor advis | sed Yes | ┌ No |
| 6 | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the being conferring impermissible private benefit | | • | purpose | ┌ No |
| Pa | rt III Conservation Easements. Complete | ıf the organızatıon answered "Yes' | ' to Form | 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space | tion or pleasure) Preservation of Preservation of | a certified | cally importantly land area I historic structure | |
| 2 | Complete lines 2a-2d if the organization held a qua easement on the last day of the tax year | lified conservation contribution in the fo | rm of a co | | |
| | Total number of conservation easements | | 3- | Held at the End of the Y | Year |
| a | | _ | 2a | | |
| b | Total acreage restricted by conservation easements Number of conservation easements on a certified hi | | 2b | | |
| C | | • • | 2c | | |
| d | • • | • | 2d | | |
| 3 | Number of conservation easements modified, transf | erred, released, extinguished, or termina | ated by the | e organization during | |
| | the taxable year ► | | | | |
| 4 | Number of states where property subject to conserv | ation easement is located ► | | | |
| 5 | Does the organization have a written policy regarding enforcement of the conservation easements it holds | | andling of | violations, and Yes | ┌ No |
| 6 | Staff and volunteer hours devoted to monitoring, ins | pecting and enforcing conservation ease | ements du | iring the year ► | |
| 7 | A mount of expenses incurred in monitoring, inspect | ing, and enforcing conservation easeme | nts durıng | the year > \$ | |
| 8 | Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$? | 2(d) above satisfy the requirements of s | ection | ☐ Yes | ┌ No |
| 9 | In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease | the footnote to the organization's financ | | | |

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

►\$ _____

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2009

| Par | Organizations Maintaining Co | ollections of Art | t, His | tori | cal Tre | easur | es, or C | the | r Similar As | sets | i (cor | ntınued) |
|-----|--|----------------------|---------|-----------------|---------------------------|---------|-----------------------------------|------------|------------------------------------|----------|--------------|----------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check an | y of th | ne foll | owing th | nat are | a sıgnıfıc | ant u | se of its collect | ion | | |
| а | Public exhibition | | d | \vdash | Loan o | rexch | ange prog | rams | | | | |
| b | Scholarly research e C Other | | | | | | | | | | | |
| c | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's content of the organization of the organization's content of the organization of t | ollections and expla | ain hov | w the | y further | the or | ganızatıor | ı's ex | empt purpose ı | n | | |
| 5 | During the year, did the organization solicit assets to be sold to raise funds rather than | | | | | | | | | ⊢ γe | es | ┌ No |
| Pai | rt IV Escrow and Custodial Arrang | | | | | | answere | d "Y | es" to Form 9 | 90, | | |
| | Part IV, line 9, or reported an ar | | | | • | | | | | | | |
| | Is the organization an agent, trustee, custoo included on Form 990, Part X? | | | | | ions or | other ass | ets r | | ⊢ γe | :S | Г No |
| b | If "Yes," explain the arrangement in Part XI | V and complete the | follow | /ıng ta | able | | Г | | | | | |
| _ | | | | | | | | _ | An | ount | | |
| C C | Beginning balance | | | | | | - | 1c | | | | |
| d | Additions during the year | | | | | | | 1d | | | | |
| e | Distributions during the year | | | | | | - | 1e | | | | |
| f | Ending balance | | | | | | L | 1 f | | | | |
| 2a | Did the organization include an amount on F | | e 21? | | | | | | | Ye | :S | No |
| | If "Yes," explain the arrangement in Part XI\ | | | | | – | | | | | | |
| Pa | rt V Endowment Funds. Complete | (a)Current Year | |)Prior \ | | | orm 990, Years Back | | t IV, line 10. Three Years Back | (e)Fo | ur Ye | ars Back |
| 1a | Beginning of year balance | (a) carrent rear | (2) | y . 1.0. | · cai | (0) | rears back | (4) | Timee Tears Back | (0). | <u> </u> | ars back |
| ь | Contributions | | | | | | | | | | | |
| c | Investment earnings or losses | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | |
| e | Other expenditures for facilities | | | | | | | | | | | |
| | and programs | | | | | | | _ | | | | |
| f | Administrative expenses | | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | | |
| 2 | Provide the estimated percentage of the year | ir end balance held | as | | | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | % | | | | | | | | | | |
| Ь | Permanent endowment 🕨 % |) | | | | | | | | | | |
| c | Term endowment 🕨 % | | | | | | | | | | | |
| 3а | Are there endowment funds not in the posse organization by | ssion of the organiz | ation | that a | are held | and ad | lmınıstere | d for | the | Г | res | No |
| | (i) unrelated organizations | | | | | | | | 3a(| - | | |
| | (ii) related organizations | | | | | | | | 3a(| ii) | | |
| Ь | If "Yes" to 3a(II), are the related organization | ns listed as require | d on S | ched | ule R? | | | | 3Ł | , | | |
| 4 | Describe in Part XIV the intended uses of th | | | | | | | | | | | |
| Par | rt VI Investments—Land, Building | s, and Equipme | nt. S | ee F | orm 99 | 90, Pai | rt X, lıne | 10. | 1 | | | |
| | Description of investment | | | | n) Cost or sis (invest | | (b) Cost or basis (oth | | (c) Accumulate depreciation | d (| d) Bo | ok value |
| 1a | Land | | • | | | | | | | | | |
| b | Buildings | | | | | | | | | | | |
| c | Leasehold improvements | | | | | | 21 | 4,861 | 214,8 | 861 | | (|
| | Equipment | | | | | | 27 | 9,511 | 252,3 | 346 | | 27,165 |
| e | Other | | | | | | | | | | | |

27,165

| Part VII Investments—Other Securities. See | Form 990, Part X, line 12 | | 1.6.1.1 |
|---|---------------------------|----------|---------------------------------------|
| (a) Description of security or category (including name of security) | (b)Book value | | d of valuation f-year market value |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| O ther | | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | <u> </u> | | |
| Part VIII Investments—Program Related. Se | | 13. | |
| | | | d of valuation |
| (a) Description of investment type | (b) Book value | | f-year market value |
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| Total. (Column (b) should equal Form 990. Part X. col (B) line 13) | <u> </u> | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lii | | | |
| (a) Descrip | | | (b) Book value |
| ADVANCES TO FIELD OFFICES | | | 589,275 |
| EXPENSE ADVANCES TO EMPLOYEES | | | 109,581 |
| DUE FROM Education Fund | _ | | 199,048 |
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| | | | 897,904 |
| Part X Other Liabilities. See Form 990, Part > | K, line 25. | | 897,904 |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | | | 897,904 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability | K, line 25. | | 897,904 |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | K, line 25. | | 897,904 |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | K, line 25. | | 897,904 |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | K, line 25. | | 897,904 |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | K, line 25. | | 897,904 |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | K, line 25. | | 897,904 |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | K, line 25. | | 897,904 |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | K, line 25. | | 897,904 |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | K, line 25. | . | 897,904 |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | K, line 25. | | 897,904 |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | K, line 25. | | 897,904 |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | K, line 25. | | 897,904 |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | K, line 25. | | 897,904 |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | K, line 25. | | 897,904 |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | K, line 25. | | 897,904 |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | K, line 25. | | 897,904 |
| () 5 | K, line 25. | | 897,904 |

| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme | ents | |
|--------|--|---------------|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 29,670,514 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 29,788,664 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -118,150 |
| 4 | Net unrealized gains (losses) on investments | 4 | 21,257 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | 3,481 |
| 8 | Other (Describe in Part XIV) | 8 | 648,249 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 672,987 |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | 554,837 |
| | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 30,383,084 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | , , |
| а | Net unrealized gains on investments | , | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) 2d 691,313 | 3 | |
| e | Add lines 2a through 2d | 2e | 712,570 |
| 3 | Subtract line 2e from line 1 | 3 | 29,670,514 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) 4b | | |
| c | Add lines 4a and 4b | 4c | O |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 29,670,514 |
| Part | XIIII Reconciliation of Expenses per Audited Financial Statements With Expense | s per Re | turn |
| 1 | Total expenses and losses per audited financial | 1 1 | 30,465,188 |
| 2 | statements | + | |
| ے a | Donated services and use of facilities | | |
| b | Prior year adjustments | - | |
| c | Other losses | - | |
| d | Other (Describe in Part XIV) | <u> </u> | |
| e | Add lines 2a through 2d | | 676,524 |
| 3 | Subtract line 2e from line 1 | 3 | 29,788,664 |
| 4 | A mounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIV) 4b | - | |
| c | Add lines 4a and 4b | − 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | | 29,788,664 |
| | t XIV Supplemental Information | | , , , |
| | | | |

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Ident if ier | Return Reference | Explanation |
|---|------------------|--|
| Part XI, Line 8 - Other Adjustments | | POSTRETIREMENT BENEFIT COSTS OTHER THAN NET PERIODIC BENEFIT COST 648249 |
| Part XII, Line 2d - Other Adjustments | | In-kind Contributions 611595 REVENUE OF RELATED ORGANIZATION 79718 |
| Part XIII, Line 2d - Other Adjustments | | IN-KIND EXPENSES 608944 EXPENSES OF RELATED ORGANIZATION 67580 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319067640

OMB No 1545-0047

2009

SCHEDULE F

(Form 990)

Department of the Treasury

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Internal Revenue Service Name of the organization

American Center for International Labor Solidarity

Employer identification number

52-1984713

| Part : | I General Information on Activities Outside the United States. Complete if the organization answered |
|--------|--|
| | "Yes" to Form 990, Part IV, line 14b. |
| | are annumentation of the experimentary maintain records to substantiate the amount of the experts or |

- For grantmakers. 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 criteria used to award
- For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

| 3 Activites per Region (U | se Schedule F-1 | (Form 990) if add | ditional space is needed) | | |
|---|-------------------------------------|---|--|--|---|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| central america | 2 | 7 | PROGRAM SERVICES | Conducted studies of international labor issues through a global program of research activities and publications | 1,056,315 |
| EAST ASIA AND THE PACIFIC | 3 | 41 | PROGRAM SERVICES | Conducted studies of international labor issues through a global program of research activities and publications | 2,660,820 |
| MIDDLE EAST AND NORTH AFRICA | 5 | 23 | PROGRAM SERVICES | Conducted studies of international labor issues through a global program of research activities and publications | 2,669,356 |
| NORTH AMERICA | 1 | 8 | PROGRAM SERVICES | Conducted studies of international labor issues through a global program of research activities and publications | 663,721 |
| SOUTH AMERICA | 3 | 14 | PROGRAM SERVICES | Conducted studies of international labor issues through a global program of research activities and publications | 2,094,710 |
| SOUTH ASIA | 3 | 26 | PROGRAM SERVICES | Conducted studies of international labor issues through a global program of research activities and publications | 1,460,573 |
| SUB-SAHARAN AFRICA | 5 | 65 | PROGRAM SERVICES | Conducted studies of international labor issues through a global program of research activities and publications | 3,758,928 |
| RUSSIA & NEWLY INDEPENDENT STATES | 3 | 11 | PROGRAM SERVICES | Conducted studies of international labor issues through a global program of research activities and publications | 1,092,229 |
| | | | | | |
| | | | | | |
| | | | | | |
| | 25 | 195 | | | 15,456,652 |
| Totals ▶ For Privacy Act and Paperwork R | | | | Cat No 50082W Sch e | edule F (Form 990) 2009 |

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other |
|----------------------------|---|------------|-------------------------|------------------------------|---------------------------------------|---|--|---|
| See Add'l Data | | | | | | | | |
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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

| Part IV Supplemental Inform Complete this part to pr | | in Part I, line 2, and any additional information. |
|--|-----------------|---|
| Identifier Procedure for Monitoring Grants Outside the U S | ReturnReference | Explanation Schedule F, Part I, Line 2 SOLIDARITY CENTER HAS MONITORING POLICIES AND PROCEDURES WHICH ARE APPLIED TO ALL OF THE AGREEMENTS THE CENTER ISSUES TO OUR PARTNERS' ORGANIZATIONS OVERSEAS THE AGREEMENTS SPECIFY THE TERMS, THE BUDGET AMOUNT AND PERIOD, THE SCOPE OF WORK, AS WELL AS THE NARRATIVE AND FINANCIAL REPORT REQUIREMENTS ON HOW TO ACCOUNT FOR THE FUNDS GIVEN TO THE PARTNERS' ORGANIZATIONS OUR FIELD OFFICES ARE RESPONSIBLE FOR MONITORING AND OVERSEEING THE PROGRESS AND IMPLEMENTATION OF THE PROGRAM ACTIVITIES CONDUCTED BY THE PARTNERS ADVANCE FUNDS ARE GIVEN TO THE SUBGRANTEES BY OUR FIELD OFFICES WITH THE TERMS AND CONDITIONS IN WHICH THE SUBGRANTEE MUST COMPLY WITH ALL DISBURSEMENTS PAID BY THE SUBGRANTEE MUST BE ACCOUNTED FOR AND SUPPORTED BY LEGITIMATE RECEIPTS IN ORDER TO BE ACCEPTED BY THE SOLIDARITY CENTER THE RECEIPTS ARE BEING AUDITED BY OUR FINANCIAL STAFF IN FIELD OFFICES PRIOR TO SENDING TO SOLIDARITY CENTER'S HEADQUARTERS FOR FINAL |
| | | REVIEW AND AUDIT |
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(a) Name of

organization

Additional Data

(b) IRS code

section

and EIN(ıf

applicable)

(c) Region

CENTRAL AMERICA PROGRAM AND

CENTRAL AMERICA PROGRAM AND

CENTRAL AMERICA PROVIDE SUPPORT

CENTRAL AMERICA PROVIDE SUPPORT,

CENTRAL AMERICA SUPPORT A

CENTRAL AMERICA SUPPORT

(d) Purpose of grant

PARTNERS ADMIN COST TO SUPPORT TRADE UNION

PARTNERS ADMIN COST TO SUPPORT TRADE UNION STAFF, EDUCATORS AND ORGANIZERS

FOR FESTRAS TO RETAIN A LEGAL ADVISOR

EDUCATION AND TRAININGS FOR WORKERS IN THE ELECTRICITY SECTOR

WORKER EDUCATOR TO CONDUCT OUTREACH AND WORKER RIGHTS TRAININGS BY

CEAL

AND SITES CONDUCT SMALL

MONTHLY MEETINGS

EDUCATION AND TRAININGS FOR WORKERS IN THE ELECTRICITY SECTOR

AND STIPES CONDUCTED 2 TRAINING

EACH

CENTRAL AMERICA SUPPORT THE

CENTRAL AMERICA PROVIDE SUPPORT

EACH

CENTRAL AMERICA SUPPORT THE

EAST ASIA AND

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EAST ASIA AND

EAST ASIA AND THE PACIFIC

EAST ASIA AND

THE PACIFIC

PACIFIC

THE PACIFIC

WORKSHOPS OF 2 DAYS, 4 TRAINING WORKSHOPS OF 1 DAY, WITH A MINIMUM OF 15 PARTICIPANTS IN

DRAFT CENTRAL TRADE UNIONS IN THE BANANA INDUSTRY AND FRUIT AND

VEGETABLES FROM THE GARDEN / AGRICULTURAL PRODUCTS FOR EXPORT IN GUATEMALA, AND HONDURAS

AND SIREMAH CONDUCT 2 TRAINING

WORKSHOPS FOR 2 DAYS, 4 TRAINING WORKSHOPS OF 1 DAY, WITH A MINIMUM OF 15 PARTICIPANTS IN

DRAFT CENTRAL TRADE UNIONS IN TEH BANANA INDUSTRY AND FRUIT AND

VEGETABLES FROM THE GARDEN / AGRICULTURAL PRODUCTS FOR EXPORT IN GUATEMALA, HONDURAS AND NICARAGUA

A FOUR-DAY

DEVELOP COMMON

STRATEGIES FOR PERSUADING **EMPLOYERS AND** GOVERNMENTS TO ADOPT WET PROCESSING LAWS AND PROCESSES

SUPPORT OSH

CONFERENCE OF

TWO CAPACITY

SUPPORT THE

LABOR CONTRACT

IMPLEMENTATION WEBSITE AND SEMINAR

SUPPORT PROJECT

STRENGTHEN RULE

ENFORCEMENT IN

STRENGTHEN THE

CAPABILITIES OF

SUPPORT A CENTER

COLLECTION AND DISTRIBUTION OF INFORMATION ON WORKERS' RIGHTS

STRENGTHEN RULE

OF LAW IN CHINA BY PROMOTING LABOR RIGHTS ENFORCEMENT THROUGH THE PEACEFUL RESOLUTION OF LABOR DISPUTES

STRENGTHEN THE

CAPACITY OF UNION MEMBERS TO ADVOCATE FOR MINIMUM WAGE LEGISLATION THAT BENEFITS ALL INCOME WORKERS IN HONG KONG

SUPPORT

SUPPORT

ADB CLS

SUPPORT

INCREASED A WARENESS OF TRAFFICKING AND SAFE MIGRATION OF PEOPLE IN RURAL AREAS TARGETED BY TRAFFICKERS

SUPPORT FOR THE

MALAYSIAN TRADE UNION CONGRESS TO CONDUCT TRAINING FOR NEW LOCAL LEADERS AND ACTIVISTS

ALNI/PHILLIPINES

IN CONDUCTING ORIENTATION ON

HANDBOOKAND TWO SURVEYS OF CLS COMPLIANCE

ALNI/PHILLIPINES

IN CONDUCTING ADVOCACY FORUMS

ADDITIONAL

FUNDING TO SUPPORT THE RULE OF LAW PROGRAM

RESEARCH ON

WORKERS IN LABOR RIGHTS HELP WORKERS FORM AN INTERNAL GROUP, DEMANDING EMPLOYERS TO IMPROVE WORKING CONDITIONS THROUGH COLLECTIVE BARGAINING

AND MAESAREANG OFFICES TO CONDUCT EDUCATIONAL RESEARCH AND MONITORING ACTIVITIES TO PROMOTE THE RIGHTS OF

BURMESE MIGRANT WORKERS AND PROTECT THEM

TRAFFICKING BROADEN SUPPORT FOR BURMA'S DEMOCRACY MOVEMENT AND PROMOTE GREATER COMPLIANCE BY THE BURMESE GOVERNMENT WITH INTERNAL LABOR STANDARDS AND IILO CONVENTIONS ON FORCED LABOR AND FREEDOM OF ASSOCIATION

FROM

VIOLATIONS AMONG MIGRANT LABORERS IN SAMUT SAKORN PROVINCE EDUCATING AND TRAINING

easT ASIA AND THE SUPPORT MAESOT

INDEPENDENT LABOR ACTIVISTS

OF LAW IN THE AREA OF LABOR

RIGHTS

CHINA

FOR THE

TO ENHANCE THE

CAPACITY OF UNION MEMBERS TO EFFECTIVELY ADVOCATE BEFORE THE TRIBUNAL

WORKSHOP SUPPORT THE

ANNUAL

ANROAV

BUILDING SEMINARS FOR LABOR LAWYERS

LA W

TRAINING OCCUPATIONAL HEALTH AND SAFETY TRAINING

CENTRAL AMERICA PROVIDE SUPPORT

CENTRAL AMERICA PROVIDE SUPPORT

STAFF, EDUCATORS, ORGANIZERS, LABOR RIGHTS AND NEGOTIATING

SKILLS

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| CI SIOII. | |
|-----------|-------------|
| EIN: | 52-1984713 |
| Name: | American Ce |
| | |
| | |

| Software Version: | |
|--------------------------|-------------|
| EIN: | 52-1984713 |
| Name: | American Ce |
| | |

(e) A mount of

cash grant

enter for International Labor Solidarity

(f) Manner of

cash disbursement

15,654 WIRE TRANSFER

34,228 WIRE TRANSFER

38,229 WIRE TRANSFER

6,067 WIRE TRANSFER

5,582 WIRE TRANSFER

10,348 WIRE TRANSFER

6,394 WIRE TRANSFER

6,568 WIRE TRANSFER

25,401 WIRE TRANSFER

10,851 WIRE TRANSFER

13,651 WIRE TRANSFER

11,521 WIRE TRANSFER

6,748 WIRE TRANSFER

13,213 WIRE TRANSFER

40,467 WIRE TRANSFER

10,336 WIRE TRANSFER

12,230 WIRE TRANSFER

66,093 WIRE TRANSFER

18,544 WIRE TRANSFER

19,290 WIRE TRANSFER

18,900 WIRE TRANSFER

57,691 WIRE TRANSFER

13,405 WIRE TRANSFER

331,433 WIRE TRANSFER

21,219 WIRE TRANSFER

6,980 WIRE TRANSFER

5,100 WIRE TRANSFER

8,057 WIRE TRANSFER

11,388 WIRE TRANSFER

8,698 WIRE TRANSFER

(ı) Method of

valuation

(book, FMV,

appraisal, other)

(h) Description of

non-cash

assistance

(g) A mount of non-

cash

assistance

Software ID:

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant PROVIDE SUPPORT | (e) A mount of cash grant 5,736 | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuatıon (book, FMV, appraisal, other) |
|--------------------------|---|---------------------------------|--|---------------------------------------|---------------------------------|---|--|--|
| | | THE PACIFIC | PROVIDE SUPPORT TO THE PROJECT "MAKING MIGRANT SAFETY AT WORK MATTER" | 5,/36 | L INANOFEK | | | |
| | | EAST ASIA AND THE PACIFIC | MATTER" BUILD AN ORGANIZATIONAL STRUCTURE WHICH PROVIDES LEGAL | 107,057 | WIRE TRANSFER | | | |
| | | | REPRESENTATION TO MIGRANT WORKERS IN SAMUT SAKHON | | | | | |
| | | | PROVINCE BOTH THROUGH INDIVIDUAL CASE REPRESENTATION | | | | | |
| | | EAST ASIA AND | AND NATIONAL POLICY ADVOCACY SUPPORT THE | 59,657 | WIRE TRANSFER | | | |
| | | THE PACIFIC | EFFORT TO EDUCATE INTERNATIONAL TRADE UNION ORGANIZATIONS | | | | | |
| | | EAST ASIA AND THE PACIFIC | AND HUMAN RIGHTS GROUPS STRENGTHEN COOPERATION | 204,324 | WIRE TRANSFER | | | |
| | | THE FACIFIC | AND PLANNING AND OTHER COMPONENTS OF THE PRO- | | | | | |
| | | | DEMOCRACY MOVEMENT STRENGTHEN THE COLLABORATION | 67,050 | WIRE TRANSFER | | | |
| | | | BETWEEN NATIONAL JOURNALISTS' UNIONS IN EASTERN AFRICA | | | | | |
| | | | AND THEIR REGIONAL ORGANIZATION, TEH EASTERN | | | | | |
| | | | AFRICAN JOURNALISTS' ASSOCIATION (EAJA) | | | | | |
| | | NORTH AFRICA | THREE-DAY WORKER RIGHTS MONITORING FOR JOURNALISTS WORKSHOP | 44,470 | WIRE TRANSFER | | | |
| | | | CONDUCT TWO LEADERSHIP DEVELOPMENT AND STRATEGIC | | WIRE TRANSFER | | | |
| | | | PLANNING 3-DAY WORKSHOPS THREE-DAY WORKSHOP FOR | 25,481 | WIRE TRANSFER | | | |
| | | | WOMEN LABOR LEADERS TO INVOLVE IN UNOIN ACTIVITIES AND | | | | | |
| | | | HELP BUILD AND STRENGTHEN THEIR ORGANIZATION STRENGTHEN THE | F0 757 | WIRE TRANSFER | | | |
| | | MIDDLE EAST AND NORTH AFRICA | ORGANIZING CAPACITY OF THE UNION AND SUPPORT ITS | 50,/30 | L I RANSFER | | | |
| | | MIDDLE EAST AND NORTH AFRICA | ORGANIZING EFFORTS IMPROVE THE CAPACITY OF | 9,041 | WIRE TRANSFER | | | |
| | | | LABOR FEDERATIONS IN YEMEN AND KUWAIT TO REPORT ON VIOLATIONS OF | | | | | |
| | | NORTH AMERICA | ON VIOLATIONS OF WORKER RIGHTS STRENGTHEN DEMOCRATIC UNION | | WIRE TRANSFER | | | |
| | | | ORGANIZATIONS AND EDUCATE AUTO PARTS WORKERS OF THEIR | | | | | |
| | | | HUMAN AND LABOR RIGHTS SUPPORT THE SECTION 301 | 23,201 | WIRE TRANSFER | | | |
| | | | SNTMMSRM ORGANIZING CAMPAIGN IN CLUDAD ACUNA, COAHUILA | | | | | |
| | | NORTH AMERICA | STRENGTEHN DEMOCRATIC UNION ORGANIZATIONS | 12,879 | WIRE TRANSFER | | | |
| | | | AND EDUCATE AUTO PARTS WORKERS OF THEIR HUMAN AND LABOR RIGHTS | | | | | |
| | | NORTH AMERICA | RIGHTS STRENGTHEN DEMOCRATIC UNION ORGANIZATIONS | 7,893 | WIRE TRANSFER | | | |
| | | | AND EDUCATE AUTO PARTS WORKERS OF THEIR HUMAN AND LABOR | | | | | |
| | | | RIGHTS WORKSHOPS STRENGTHENING ACTIONS WITH | , | WIRE TRANSFER WIRE TRANSFER | | | |
| | | SOUTH AMERICA | ACTIONS WITH YOUTH WORKERS OF THE CHEMICAL SECTOR PRODUCTION OF | 7 5 2 7 | WIRE TRANSFER | | | |
| | | | MATERIAL AND TRAINERS CAPACITATION ON REDUCTION OF THE | ,,307 | | | | |
| | | SOUTH AMERICA | WORKING DAYS THEME PUBLICATION OF DIEESE'S | 7,587 | WIRE TRANSFER | | | |
| | | SOUTH AMERICA | TECHNICAL PRODUCTION IN SPANISH YOUTH SEMINAR IN DEC 2009 | 6,947 | WIRE TRANSFER | | | |
| | | SOUTH AMERICA | SUPPORT EREMIM FROM JUNE TO SEPTEMBER 2009 TRAINING COURSE | | WIRE TRANSFER WIRE TRANSFER | | | |
| | | SOUTH AMERICA | FOR UNION LEADERS SEMINAR IN SALVADOR APR 24- | , | WIRE TRANSFER | | | |
| | | SOUTH AMERICA | 25, 2009 INSTITUTIONAL SUPPORT TWO UGT YOUTH | | WIRE TRANSFER WIRE TRANSFER | | | |
| | | SOUTH AMERICA | SEMINAR CUT YOUTH NATIONAL MEETING | | WIRE TRANSFER | | | |
| | _ | SOUTH AMERICA | GERDAU EMPLOYEES NATIONAL MEETING CNM/CUT | 5,687 | WIRE TRANSFER | | | |
| | | | AND CNTTM/FS SUPPORT NATIONAL LEVEL JOURNALIST | 10,000 | WIRE TRANSFER | | | |
| | | SOUTH ASIA | WORKER RIGHTS A WARENESS RAISING CAMPAIGNS WORKERS | 24.051 | WIRE TRANSFER | | | |
| | | | EDUCATION AND TRADE UNION SUPPORT PROGRAM INCLUDING | 24,251 | E IRANSFER | | | |
| | | | ORGANIZING TRAINING, UNION CAPACITY BUILDING | | | | | |
| | | | TRAINING, INDUSTRY PROMOTION TRAINING, MONITORING AND | | | | | |
| | | | EVALUATION, BRANDS & BUYERS CODE OF CONDUCT, | | | | | |
| | | SOUTH ASIA | BANGLADESH LABOR LAWS AND ILO CONVENTION WORKERS | 13,051 | WIRE TRANSFER | | | |
| | | | EDUCATION AND TRADE UNION SUPPORT PROGRAM INCLUDING ORGANIZING | | | | | |
| | | | TRAINING, UNION CAPACITY BUILDING TRAINING, | | | | | |
| | | 1 | INDUSTRY PROMOTION TRAINING, MONITORING AND | | | | | |
| | | | EVALUATION, BRANDS & BUYERS CODE OF CONDUCT, BANGLADESH | | | | | |
| | | SOUTH ASIA | LABOR LAWS AND ILO CONVENTION LABOR LAW TRAINING | 8,937 | WIRE TRANSFER | | | |
| | | | PROGRAM INCLUDING LEGAL COUNSELING AND COURT CASES | | | | | |
| | | | HANDLING | | | | | |

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant 6,770 | (f) Manner of cash disbursement WIRE TRANSFER | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuatıon (book, FMV, appraisal, other) |
|--------------------------|--|--------------------------------------|---|---------------------------------------|---|---|--|--|
| | | | TRAFFICKING BY ADDRESSING ALL ASPECTS OF THE PROBLEM, INCLUDING PREVENTION, PROTECTION, AND | | | | | |
| | | SOUTH ASIA | ACCESS TO JUSTICE CAPACITY BUILDING PROGRAMS ON TRADE UNIONS | 51,255 | WIRE TRANSFER | | | |
| | | SOUTH ASIA | AND DEMOCRACY CAPACITY BUILDING PROGRAMS ON TRADE UNIONS AND DEMOCRACY | | WIRE TRANSFER | | | |
| | | SOUTH ASIA | SUPPORT THE CENTER FOR LABOR ADVOCACY AND DIALOGUE (CLAD) IN ENGAGING GOVERNMENT, BUSINESS AND | 10,876 | WIRE TRANSFER | | | |
| | | SOUTH ASIA | BUSINESS AND UNION OFFICIALS SUPPORT IN COMBATING CHILD LABOR BY EXPOSING PROBLEMS AND PUSHING FOR COORDINATED ACTION BY | 7,419 | WIRE TRANSFER | | | |
| | | SOUTH ASIA | STAKEHOLDERS SUPPORT THE LHRLA/WWSC WORK ON STRENGTHENING THE ROLE OF WORKING WOMEN | 11,918 | WIRE TRANSFER | | | |
| | | SOUTH ASIA | IN PAKISTAN ACTIVITIES THROUGH THE FTZ & GSEU TO PROMOTE LABOR RIGHTS AND TRADE UNIONISM IN THE EXPORT PROCESSING ZONES (EPZS) IN KATUNAYAKE, BIYAGAMA (WESTERN PROVINCE) AND KOGGALA (SOUTHERN | 7,942 | WIRE TRANSFER | | | |
| | | SOUTH ASIA | PROVINCE) PROMOTE LABOR RIGHTS AND TRADE UNIONISM IN THE EXPORT PROCESSING ZONES (EPZ'S), KATUNAYAKE, BIYAGAMA AND KOGGALA ACTIVITIES | | WIRE TRANSFER | | | |
| | | SOUTH ASIA | ACTIVITIES THROUGH PU TO PROMOTE LABOR RIGHTS AND TRADE UNIONISM IN THE EXPORT PROCESSING ZONE | 6,060 | WIRE IKANSFER | | | |
| | | SOUTH ASIA | (EPZ) IN BIYAGAMA (WESTERN PROVINCE) ACTIVITIES THROUGH THE FRIENDSHIP HOUSES TO PROMOTE LABOR RIGHTS AND TRADE UNIONISM IN THE EXPORT PROCESSING ZONES IN KATUNAYAKE | 12,912 | WIRE TRANSFER | | | |
| | | SOUTH ASIA | PROMOTE LABOR RIGHTS AND TRADE UNIONISM IN THE EXPORT PROCESSING ZONES, | 7,757 | WIRE TRANSFER | | | |
| | | SOUTH ASIA | KATUNAYAKE, KIYAGAMA AND KOGGALA PROMOTE LABOR RIGHTS AND TRADE UNIONISM IN THE EXPORT PROCESSING ZONES, | 5,051 | WIRE TRANSFER | | | |
| | | SOUTH ASIA | KATUNAYAKE, KIYAGAMA AND KOGGALA WORKERS - IMPACT ON THE LABOR FORCE IN SRI LANKA OF THE GLOBAL ECONOMIC CRISIS | 6,642 | WIRE TRANSFER | | | |
| | | SOUTH ASIA | PROMOTING HTE RIGHTS OF MIGRANT WORKERS | | WIRE TRANSFER | | | |
| | | SOUTH ASIA | SUPPORT 15 PREDEPARTURE ORIENTATION PROGRAMS AND ONE MEDIA GATHERING CONDUCT HIV | | WIRE TRANSFER WIRE TRANSFER | | | |
| | | AFRICA | EDUCATION TRAINING AND SUPPORT SERVICES TO MOBILE POPULATIONS PRIMARILY TRUCK | ,,,,,, | | | | |
| | | SUB-SAHARAN AFRICA | DRIVERS SUPPORT KUDHEIHA WORKERS COMMITTEES' COMMUNICATION AND TRANSPORT | 21,215 | WIRE TRANSFER | | | |
| | | SUB-SAHARAN AFRICA | BUILD ITS CAPACITY TO ORGANIZE DOMESTIC WORKERS IN KISUMU AND NAIROBI IN KENYA | 6,580 | WIRE TRANSFER | | | |
| | | SUB-SAHARAN AFRICA | SUPPORT A TWO- DAY CAPACITY BUILDING WORKSHOP | | WIRE TRANSFER | | | |
| | | SUB-SAHARAN AFRICA | SUPPORT KPAWU WITH COMMUNICATION AND TRANSPORT FOR ORGANZING | 13,300 | WIRE TRANSFER | | | |
| | | SUB-SAHARAN AFRICA | CAMPAIGNS SUPPORT CATV HOLD A TWO DAY NATIONAL LEADERSHIP ORGANIZING | 6,450 | WIRE TRANSFER | | | |
| | | SUB-SAHARAN AFRICA SUB-SAHARAN | CONFERENCE SUPPORT THE PARALEGAL EVALUATION 2009 SUPPORT COTU-K | | WIRE TRANSFER WIRE TRANSFER | | | |
| | | A FRI CA SUB-SA HA RA N A FRI CA | WOMEN'S DEPARTMENT CONDUCT A TWO DAY NATIONAL WOMEN IN LEADERSHIP CONFERENCE FOR 60 PARTICIPANTS COLLABORATE WITH KLDTDU AND OTHER APHIA II AND ROADS II PARTERS TO CONTINUE PROVIDING SERVICES TO THE TRUCK DRIVERS | | WIRE TRANSFER | | | |
| | | SUB-SAHARAN AFRICA | AND COMMUNITY MEN AT MARIAKANI RESOURCE CENTER COMBAT THE PROBLEM OF CHILD TRAFFICKING | 41,460 | WIRE TRANSFER | | | |
| | | SUB-SAHARAN AFRICA | WITHIN THE TEA, COFFEE AND SISAL SECTORS IN KENYA CONDUCT HIV EDUCATION | 84,071 | WIRE TRANSFER | | | |
| | | SUB-SAHARAN AFRICA | TRAINNG AND SUPPORT SERVICES TO MOBILE POPULATION PRIMARILY TRUCK DRIVERS IMPROVE THE CAPABILITY OF THE EAJA AFFILIATE IN | 21,008 | WIRE TRANSFER | | | |
| | | SUB-SAHARAN AFRICA | SOMALIA (NUSOJ) TO INCREASE MEMBERSHIP ACTIVISM SUPPORT THE FUNDING OF TWO | 19,010 | WIRE TRANSFER | | | |
| | | SUB-SAHARAN AFRICA | THREE-DAY WORKSHOPS TO BRING NUSO J MEMBERS TOGETHER FOR BASIC UNION TRAINING CONDUCT HIV EDUCATION TRAINING AND SUPPORT SERVICES TO | 67,239 | WIRE TRANSFER | | | |
| | | SUB-SAHARAN AFRICA | MOBILE POPULATION PRIMARILY TRUCK DRIVERS CONDUCT HIV EDUCATION TRAINING AND SUPPORT SERVICES TO MOBILE POPULATION PRIMARILY TRUCK DRIVERS | 71,814 | WIRE TRANSFER | | | |

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|------------|---|------------------------------|---------------------------------|---|--|--|
| | | AFRICA | SUPPORT THE ZCTU TO RETAIN ITS TECHNICAL CAPACITY BY FUNDING THE SALARY OF THE LEDRIZ CHIEF ECONOMIST | 24,000 | WIRE TRANSFER | | | |
| | | | INCREASE THE PRODUCTION AND DISTRIBUTION OF ITS MONTHLY PUBLICATION, THE WORKER, FROM 7,000 PER MONTH TO 15,000 | 30,000 | WIRE TRANSFER | | | |
| | | | PARLIAMENTARY DESK CONSULTANT | 7,560 | WIRE TRANSFER | | | |
| | | AFRICA | SUPPORT THE COST FOR PUBLISHING THE WORKER NEWSLETTER | 28,051 | WIRE TRANSFER | | | |

DLN: 93493319067640

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| Ame | erican Center for International Labor Solidanty | 52-1984713 | | | |
|-----|--|---|----|-----|----|
| Pa | rt I Questions Regarding Compensation | | | | |
| | - | | | Yes | Νo |
| 1a | | vided any of the following to or for a person listed in Form to provide any relevant information regarding these items | | | |
| | First-class or charter travel | Housing allowance or residence for personal use | | | |
| | Travel for companions | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses descr | ganization follow a written policy regarding payment or ribed above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive | | 2 | | |
| 3 | Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all th | at apply | | | |
| | Compensation committee | Written employment contract | | | |
| | Independent compensation consultant | Compensation survey or study | | | |
| | Form 990 of other organizations | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, For a related organization | Part VII, Section A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control | payment? | 4a | | Νo |
| Ь | Participate in, or receive payment from, a supplemen | ntal nonqualified retirement plan? | 4b | | Νo |
| c | Participate in, or receive payment from, an equity-ba | ased compensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and pro | ovide the applicable amounts for each item in Part III | | | |
| 5 | Only 501(c)(3) and 501(c)(4) organizations only mu For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of | | | | |
| а | The organization? | | 5a | | |
| b | Any related organization? | | 5b | | |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | |
| 6 | For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of | line 1a, did the organization pay or accrue any | | | |
| а | The organization? | | 6a | | |
| Ь | Any related organization? | | 6b | | |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d | | 7 | | |
| 8 | Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III | | 8 | | |
| 9 | If "Yes" to line 8, did the organization also follow the | rebuttable presumption procedure described in Regulations | | | |

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation (| | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--------------------|-------------|--|-----|---|--------------------------------|------------------------|----------------------|---|
| | | (i) Base compensation | | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| John Sweeney | (ı) (ıı) | 0 219,470 | 0 0 | 0 | 0 59,817 | 0 | 0 279,287 | |
| Richard Trumka | (I) (II) | 0 264,339 | 0 | 0 | 0 77,414 | 0 | 0 341,753 | (|
| ARLENE HOLT BAKER | (ı) (ıı) | 0 253,668 | 0 | 0 | 0 72,512 | 0 | 0 326,180 | (|
| ELLIE LARSON | (ı) (ıı) | 137,567 0 | 0 | 0 | 28,636 0 | 29,658 0 | | (|
| LYSTIA SANTOSA | (ı) (ıı) | 108,626 0 | 0 | 0 | 22,612 0 | 23,424 0 | 154,662 0 | (|
| NANCY MILLS | (ı) (ıı) | 0 135,958 | 0 | 0 | 0 52,610 | 0 | 0 188,568 | (|
| Kathleen Doherty | (ı) (ıı) | 118,677 0 | 0 | 0 | 24,704 | 25,586 0 | | (|
| DARCY WERTZ | (ı) (ıı) | 108,565 0 | 0 | 0 | 22,599 0 | 23,411 0 | 154,575 0 | (|
| ROBERt Pajkovski | (ı) (ıı) | 128,893 0 | 0 | 0 | 26,830 0 | 27,795 0 | 183,518 0 | (|
| CATHerine Feingold | (ı) (ıı) | 128,500 0 | 0 | 0 | 26,749 0 | 27,710 0 | 182,959 0 | (|
| EARL BRO WN | (ı) (ıı) | 114,528 0 | 0 | 0 | 23,840 | 24,697 0 | 163,065 0 | (|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

|] | Ident if ier | Ret urn Ref erence | Explanation |
|---|--------------|-----------------------|-------------|
|] | Ident if ier | Reference | Explanation |

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319067640

OMB No 1545-0047

2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990

Open to Public Inspection

| | F Attuen to Form 330: | |
|-----------------------------|-------------------------|--------------------------------|
| Name of the organizat | ion | Employer identification number |
| American Center for Interna | tional Labor Solidarity | |
| | | 52-1984713 |
| • | | |

| ldentifier | Return Reference | Explanation |
|---|---------------------|---|
| Form 990, Part VI, Section A, line 8b | | THE BOARD OF TRUSTEES DOES NOT HAVE COMMITTEES |
| Form 990, Part VI, Section B, line 11 | | THE RETURN IS PROVIDED TO THE GOVERNING BODY FOR REVIEW PRIOR TO FILING |
| Form 990, Part VI, Section B, line 15 | | THE process of determining compensation - Solidarity Center has the pay scales or structures that are approved by the AFL-CIO for the Executive Director, Deputy ExecUTIVE Director and the managers. The pay scales WERE DIVIDED into categories FOR each position for management AND staff. Each year, the pay SCALES may be adjusted for COLA increases in accordance with ANY increase MADE BY the AFL-CIO. |
| Form 990, Part VI, Section C, line 19 | | THE DOCUMENTS ARE AVAILABLE UPON REQUEST |

DLN: 93493319067640

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
American Center for International Labor Solidarity

Employer identification number

52-1984713

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state
or foreign country)

(d) Total income (e) End-of-year assets **(f)** Direct controlling entity

Direct controlling

entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

EDUCATION FUND OF THE AMERICAN CENTER FOR INTERNATIONAL LABOR SOLIDARITY

888 16TH STREET NW

Washington, DC 20006
52-1984719

AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS

Name, address, and EIN of related organization

BETTERMENT OF THE LIVES OF WORKING MEN AND WOMEN WORLDWIDE, PRIMARILY THROUG

FEDERATION OF LABOR

UNIONS

(b)

Primary activity

DC

(c)

Legal domicile (state

or foreign country)

501(c)(3)

(d)

Exempt Code section

Line 7 N/A

Public charity status

(if section 501(c)(3))

888 16TH STREET NW

Washington, DC 20006 53-0228172 501(c)(5)

N/A

(j)

General or

managing

| Part III | Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, | Part IV, line | 34 |
|----------|--|---------------|----|
| | because it had one or more related organizations treated as a partnership during the tax year.) | | |

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership Note. Complete line 1 if any entity is listed in Parts II, III or IV

(4) american federation of labor and congress of industrial organizations

(5)

(6)

No

Yes

| Dart V | Transactions With Related Org | anizations (Com | inlata if the arc | anization answered ! | "Vas" on Forn | agan Dart I | V line 3/1 3 | 15 or 36 \ |
|--------|-------------------------------|------------------|--------------------|----------------------|---------------|---------------|---------------|-------------|
| Part V | rransactions with Related Org | janizations (Com | ipiete ii trie org | janization answered | res on rom | i 990, Pail I | v, iine 34, 3 | ו.סכ זט ,כו |

| 1 D | uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
|----------------|---|------------|-----------------|-------------|
| а | Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | 1a | | No |
| b | Gift, grant, or capital contribution to other organization(s) | 1b | | No |
| c | Gıft, grant, or capıtal contribution from other organization(s) | 1 c | Yes | |
| d | Loans or loan guarantees to or for other organization(s) | 1d | | No |
| e | Loans or loan guarantees by other organization(s) | 1e | | No |
| | | | | |
| f | Sale of assets to other organization(s) | 1f | | No |
| g | Purchase of assets from other organization(s) | 1g | | No |
| h | Exchange of assets | 1h | | No |
| i | Lease of facilities, equipment, or other assets to other organization(s) | 1i | | No |
| | | | | |
| j | Lease of facilities, equipment, or other assets from other organization(s) | 1j | | No |
| k | Performance of services or membership or fundraising solicitations for other organization(s) | 1k | | No |
| ı | Performance of services or membership or fundraising solicitations by other organization(s) | 11 | | No |
| m | Sharing of facilities, equipment, mailing lists, or other assets | 1m | Yes | |
| n | Sharing of paid employees | 1n | Yes | |
| | | | | |
| 0 | Reimbursement paid to other organization for expenses | 10 | | No |
| р | Reimbursement paid by other organization for expenses | 1р | | No |
| | | | | |
| q | O ther transfer of cash or property to other organization(s) | 1q | | No |
| r | Other transfer of cash or property from other organization(s) | 1 r | | No |
| | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | | | |
| | (a) Name of other organization (b) Transaction type(a-r) | | (c) t involv | ed |
| (1) E | DUCATION FUND OF THE AMERICAN CENTER FOR INTERNATIONAL LABOR SOLIDARITY M | | | 44,499 |
| (2) E | DUCATION FUND OF THE AMERICAN CENTER FOR INTERNATIONAL LABOR SOLIDARITY | | | , 23,911 |
| (3) A | MERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS | | | 00 000 |
| | | | n | |

35,958

Ν

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Additional Data

Software ID: Software Version:

EIN: 52-1984713

Name: American Center for International Labor Solidarity

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| dd. Other program services | | | | | | | | | | | |
|----------------------------|----------------|------------------------|---------------|---|--|--|--|--|--|--|--|
| (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | | | |
| | | | | | | | | | | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) A verage hours | (C) Position (check all that apply) | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other | | |
|--|--------------------------|-------------------------------------|-----------------------|--------|--------------|-----------------------------------|--|--|---|--|
| | per week | Individual trustee or director | Institutional Trustee | Office | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| John Sweeney CHAIR | 2 00 | X | | | | | | 0 | 219,470 | 59,817 |
| Richard Trumka SECRETARY/TREASURER | 2 00 | x | | Х | | | | 0 | 264,339 | 77,414 |
| Lında Chavez-Thompson Trustee | 2 00 | X | | | | | | 0 | 0 | 67,688 |
| MARK GAFFNEY Trustee | 2 00 | х | | | | | | 0 | 0 | 0 |
| BARBARA SHAILOR Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| JO SLYN WILLIAMS Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| LARRY COHEN Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| LEO GERARD Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 |
| THOMAS BUFFENBARGER Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 |
| William Lucy VICE-CHAIR | 2 00 | X | | | | | | 0 | 0 | 0 |
| ARLENE HOLT BAKER Trustee | 2 00 | X | | | | | | 0 | 253,668 | 72,512 |
| ELLIE LARSON ExeCUTIVE Director/PRESI | 40 00 | | | Х | | | | 137,567 | 0 | 58,294 |
| LYSTIA SANTOSA DIRECTOR OF FINANCE | 40 00 | | | Х | | | | 108,626 | 0 | 46,036 |
| NANCY MILLS EXECUTIVE DIRECTOR/PRESI | 40 00 | | | Х | | | | 0 | 135,958 | 52,610 |
| Kathleen Doherty Deputy DIRector ED | 40 00 | | | | | X | | 118,677 | 0 | 50,290 |
| DARCY WERTZ DIRECTOR OF OPERATIONS | 40 00 | | | | | X | | 108,565 | 0 | 46,010 |
| ROBERt Pajkovski COUNTRY PROGRAM DIRECTOR | 40 00 | | | | | X | | 128,893 | 0 | 54,625 |
| CATHerine Feingold COUNTRY PROGRAM DIRECTOR | 40 00 | | | | | Х | | 128,500 | 0 | 54,459 |
| EARL BROWN LABOR & EMPLOYMENT LAW D | 40 00 | | | | | Х | | 114,528 | 0 | 48,537 |