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Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2010

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Part I: For the 2010 calendar year, or tax year beginning and ending. Includes fields for Name of organization (AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, LOCAL 648), Employer identification number (36-6212463), Telephone number (312-596-7189), Group Exemption Number (1094), Accounting Method (Cash), Website (N/A), Tax-exempt status (501(c)(5)), and Total Revenue (\$168,998).

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$168,998.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I). Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns: Description, Amount, and Total. Rows include Contributions (166,452), Investment income (291), Total revenue (168,998), Total expenses (165,093), and Net assets at end of year (106,274). Includes a 'RECEIVED' stamp dated MAY 20 2011.

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)

SCANNED JUN 20 2011

AMERICAN FEDERATION OF GOVERNMENT

Form 990-EZ (2010)

EMPLOYEES, LOCAL 648

36-6212463

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Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	100,046.	103,526.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	2,323.	2,748.
25 Total assets	102,369.	106,274.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,369.	106,274.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 THE LOCAL'S PURPOSE IS TO SECURE FAIR COMPENSATION FOR ALL MEMBERS.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BRENT BARRON, 230 S. DEARBORN ST., CHICAGO, IL 60604	PRESIDENT 15.00	0.	0.	0.
STEVEN SOUTHWOOD, 230 S. DEARBORN ST., CHICAGO, IL 60604	EXECUTIVE V.P. 1.00	0.	0.	0.
MARYBETH NOLAN, 230 S. DEARBORN ST., CHICAGO, IL 60604	VICE-PRESIDENT 1.00	0.	0.	0.
MELANIE BECKER, 230 S. DEARBORN ST., CHICAGO, IL 60604	TREASURER 3.00	0.	0.	0.
ANNE WALSH-WILLIAMS, 230 S. DEARBORN ST., CHICAGO, IL 60604	SECRETARY 3.00	0.	0.	0.
LEROY RATLIFF, 230 S. DEARBORN ST., CHICAGO, IL 60604	CHIEF STEWARD 1.00	0.	0.	0.
MARK O'BRIEN, 230 S. DEARBORN ST., CHICAGO, IL 60604	SARGENT-AT-ARMS 1.00	0.	0.	0.
SHIRLEY THOMAS, 230 S. DEARBORN ST., CHICAGO, IL 60604	FORMER SEC. 3.00	0.	0.	0.
THOMAS DILSIO, 230 S. DEARBORN ST., CHICAGO, IL 60604	FORMER TREAS. 3.00	0.	0.	0.
ANNE WALSH-WILLIAMS, 230 S. DEARBORN ST., CHICAGO, IL 60604	FORMER SGT-AT-ARMS 3.00	0.	0.	0.

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AMERICAN FEDERATION OF GOVERNMENT

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EMPLOYEES, LOCAL 648

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Part V Other Information (Note the statement requirements in the instructions for Part V)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a <u>0.</u>		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9	N/A	
39b	b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	N/A	
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>N/A</u>		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ <u>N/A</u>		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>NONE</u>		
42a	The organization's books are in care of ▶ <u>MELANIE BECKER</u> Telephone no ▶ <u>312-596-7189</u> Located at ▶ <u>230 S. DEARBORN ST., CHICAGO, IL</u> ZIP + 4 ▶ <u>60604</u>		
42b	b 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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u> <u>N/A</u>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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**AMERICAN FEDERATION OF GOVERNMENT
EMPLOYEES, LOCAL 648**

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	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: Melanie Becker President Date: 05/10/2011
 Type or print name and title: Melanie Becker, Treasurer AFGF-NCFIL Local 648

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PAUL A. MERKEL	<u>Paul A. Merkel</u>	<u>5/9/11</u>		
	Firm's name ▶ BANSLEY AND KIENER, LLP	Firm's EIN ▶		Firm's address ▶ 8745 WEST HIGGINS ROAD, SUITE 200 CHICAGO, IL 60631-2704	
				Phone no	312-263-2700

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization **AMERICAN FEDERATION OF GOVERNMENT
EMPLOYEES, LOCAL 648** Employer identification number
36-6212463

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY: **AMOUNT:**
INTEREST **291.**

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE: **AMOUNT:**
MICELLANEOUS **2,255.**

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES
AFFILIATE ADDRESS: 80 F. STREET, NW WASHINGTON, DC 20001-1583
PURPOSE OF PAYMENT: PER CAPITA
AMOUNT OF PAYMENT: **83,845.**

AFFILIATE NAME: CHICAGO FEDERATION OF LABOR
AFFILIATE ADDRESS: 130 E. RANDOLPH ST., #2600 CHICAGO, IL 60601-6275
PURPOSE OF PAYMENT: PER CAPITA
AMOUNT OF PAYMENT: **604.**

AFFILIATE NAME: NATIONAL COUNCIL OF FIELD LABOR LOCALS COUNCIL 73
AFFILIATE ADDRESS: P.O. BOX 2095 BEAUFORT, NC 28516-5095
PURPOSE OF PAYMENT: PER CAPITA
AMOUNT OF PAYMENT: **10,805.**

AFFILIATE NAME: NORTHWEST CENTRAL LABOR COUNCIL
AFFILIATE ADDRESS: P.O. BOX 126 LAFAYETTE, IN 47902

SCHEDULE O
(Form 990 or 990-EZ)

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36-6212463

PURPOSE OF PAYMENT: PER CAPITA

AMOUNT OF PAYMENT: 9.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 95,263.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: CALIFORNIA RN ASSOCIATION

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 03/13/10

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: DEPAUL LABOR EDUCATION CENTER

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 11/24/10

AMOUNT GIVEN: 100.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: ILLINOIS LABOR HISTORY SOCIETY

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 11/04/10

AMOUNT GIVEN: 250.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: LABORERS DISTRICT COUNCIL

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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/11/10

AMOUNT GIVEN: 150.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: NORTHWEST CENTRAL LABOR COUNCIL

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 99/99/99

AMOUNT GIVEN: 100.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: OPERATING ENGINEERS LOCAL 150

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/11/10

AMOUNT GIVEN: 150.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: RADIUM DIAL WORKERS MEMORIAL

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 12/22/10

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: RENEE DAVIS

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/11/10

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Name of the organization **AMERICAN FEDERATION OF GOVERNMENT
EMPLOYEES, LOCAL 648** Employer identification number
36-6212463

AMOUNT GIVEN: 50.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: SIPHO DUMASANE

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/11/10

AMOUNT GIVEN: 100.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: UNITE-HERE LOCAL 1

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 12/22/10

AMOUNT GIVEN: 300.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: USW-HONEYWELL STRIKE FUND

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 12/22/10

AMOUNT GIVEN: 200.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 1,800.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

PROMOTION 11,286.

TRAINING EXPENSES 28,532.

AFFILIATION FEES 4,964.

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Name of the organization	AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, LOCAL 648	Employer identification number	36-6212463
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TRAVEL, MEETINGS AND CONFERENCES	6,144.
ORGANIZING AND MEMBERSHIP AND RECRUITMENT REBATES	4,130.
ELECTION EXPENSES	1,751.
EVENT TICKETS	1,300.
TELEPHONE	1,101.
MISCELLANEOUS	1,416.
DEPRECIATION	621.
CONTRACT ENFORCEMENT	895.
ADVERTISING	720.
TOTAL TO FORM 990-EZ, LINE 16	62,860.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	2,323.	2,748.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE LOCAL'S PURPOSE IS TO
SECURE FAIR COMPENSATION FOR ALL MEMBERS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.