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Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

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.

OMB No. 1545-1150

2010

Open to Public Inspection

A F	or the	2010 calend <u>ar year, or tax year begi</u> r	nning January	, 2010, and ending	Decem	iber i	31,2010
<b>B</b> 0	heck if ap	plicable: C Name of organization					ation number
	Address c	AMERICAN FEDT	ERATION of labor of L	lest Central IL LC	137.	- 080	3283
=	Name cha	Number and street (or P.O.)	box, if mail is not delivered to street a	address) Room/suite	E Teleph	one number	
=	Initial retui Terminate	TOO NE 10	fferson_	408	309.	- 674-	2614
City or town, state or country, and ZIP + 4							
	Application	pending Peorra.	IL 61603-3	3747	Numb	er►3	38
G A	Account	ing Method: Cash Accrual	Other (specify) ►	Н	Check ▶	if the c	organization is not
	<b>Nebsit</b>					o attach So	
JT	ax-exen	pt status (check only one) - 501(c)(3	3) X 501(c) ( 5 ) ◀ (insert no	.) 4947(a)(1) or 527	(Form 996	), 990-EZ, (	or 990-PF).
	heck >		tion 509(a)(3) supporting organiza	· · · · · · · · · · · · · · · · · · ·	normally n	ot more tha	an \$50,000. A
F	Form 99	0-EZ or Form 990 return is not require	d though Form 990-N (e-postcar	rd) may be required (see instru	ıctions). Bu	t if the org	anızation chooses
t	o file a	return, be sure to file a complete return	<b>1.</b>				
LA	dd lines	5b, 6c, and 7b, to line 9 to determine gro	oss receipts. If gross receipts are \$	200,000 or more, or if total asse	ts (Part II,		
line	25, col	ımn (B) below) are \$500,000 or more, file	Form 990 instead of Form 990-EZ			► \$10	2,72 <b>9</b>
P	art I	Revenue, Expenses, and C					
		Check if the organization used	d Schedule O to respond to	any question in this Part	1		· · · 🔀
	1	Contributions, gifts, grants, and s	imilar amounts received		[	1 23	3.834
	2	Program service revenue includin	g government fees and contr	racts	[	2	
	3	Membership dues and assessme	nts		[	3 37	7.076
	4	Investment income			[	4	2.41
	5a	Gross amount from sale of assets	s other than inventory	5a   -			
	ь	Less: cost or other basis and sale	es expenses	5b —		İ	
	С	Gain or (loss) from sale of assets	other than inventory (Subtrac	t line 5b from line 5a)		5c	_ <del>_</del>
	6	Gaming and fundraising events					
_	а	Gross income from gaming (a	ittach Schedule G if great	er than	İ		
Revenue		\$15,000)		. 6a -			
Ve	b	Gross income from fundraising ev	vents (not including \$ 12,	207 of contribution	ns	1	
æ	ļ	from fundraising events reported			ļ	-	
	i	sum of such gross income and co	ontributions exceeds \$15,000	66 41, 5	78		
	С	Less: direct expenses from gamin		6c 16, 9	Sa		
	d	Net income or (loss) from gamin	ubtract		_		
		line 6c)			[	6d o	24,626
	7a	Gross sales of inventory, less retu	ums and allowances	7a			,
	b	Less: cost of goods sold		7b —			
	С	Gross profit or (loss) from sales o	f inventory (Subtract line 7b f	from line 7a)	[	7c	
	8	Other revenue (describe in Scheo	Jule 0)		<u>L</u>	8	
	9	Total revenue. Add lines 1, 2, 3,	4, 5c, 6d, 7c, and 8	<u> </u>	▶	9 8	5,777
	10	Grants and similar amounts paid	(list in Schedule O) .		[	10	2, 625
	11	Benefits paid to or for members	· · · · · · · · / · ·	2.		11	
9	12	Salaries, other compensation, an		TEGENYED		12	11,465
, <u>E</u>	13	Professional fees and other paym			📙		30,110
Expenses	14	Occupancy, rent, utilities, and ma	η • ε	MAY. 2-3-2015 1 -	[	14 /	1, 224
Ü	15	Printing, publications, postage, a	]_	15	5,976		
;	16	Other expenses (describe in Scho		);; ; ; · · · · · · · · · · · · · · · ·	[	16	7'966
	17	Total expenses. Add lines 10 thr		Company of the Compan	▶	17 7	9 366
ş	18	Excess or (deficit) for the year (Su			· - <u>.</u>	18	6,411
SS	19	Net assets or fund balances at I		27, column (A)) (must agre	ee with		
Ą		end-of-year figure reported on pr			· · ·	19 3	9, 430
Net Assets	20	Other changes in net assets or fu			[	20	<u>'-</u>
	21	Net assets or fund balances at er		through 20	▶ \		6,041
For	Paper	vork Reduction Act Notice, see the	separate instructions.	Cat. No. 106421		Forr	n <b>990-EZ</b> (2010)

Cat. No. 106421

For Paperwork Reduction Act Notice, see the separate instructions.

Pa	rt II Balance Sheets. (see the instructions							
	Check if the organization used Schedule	O to respond to any ques	tion in this					· · 🗆
					ning of year		(B) End of	year
22	Cash, savings, and investments			39,	630	22	46,0	041
23 24	Land and buildings		}			23 24		<u>-</u>
25	Total assets		· · · }	39	630	25	LL/	041
26	Total liabilities (describe in Schedule O)			<del></del>	<u> </u>	26	T6, C	<u> </u>
27	Net assets or fund balances (line 27 of colum		)	39	630	27	46	041
Par							Expens	
	Check if the organization used Schedule	<del></del>		Part III	· · 🔀		quired for se	
	t is the organization's primary exempt purpose?	Schedule O Page	3		4		(c)(3) and 50 anizations a	
	ribe what was achieved in carrying out the organization ervices provided, the number of persons benefited, and				, describe		7(a)(1) trusts others.)	s; optional
28	or video provided, the filamed of persons schieffed, and	Obio Tolovali illoritation for t	aut program		<del></del>	107	JUIG18.)	
20								
			**********			Ì		
	(Grants \$ ) If this amoun	t includes foreign grants, che	eck here .		▶ □	288	<u>,                                    </u>	
29								
	(Grants \$ ) If this amoun	t includes foreign grants, ch	eck here .	<u> </u>	▶ ⊔	296	3	
30		<del></del>						
						ŀ	1	
	(Grants \$ ) If this amoun	t includes foreign grants, ch	eck here .		▶ □	30		
31	Other program services (describe in Schedule O)							
	(Grants \$ ) If this amoun	t includes foreign grants, ch	eck here .	<u></u>	▶ 🗆	318	a	
32	Total program service expenses (add lines 28a					32		
Par	List of Officers, Directors, Trustees, and Ke				d. (see the	instru	uctions for	
Par	Check if the organization used Schedul	e O to respond to any ques (b) Title and average	tion in this	Part IV	(d) Contributio	ns to	   (e) E	xpense
Par		e O to respond to any ques	stion in this	Part IV		ons to	(e) E:	. 🔽
Par	Check if the organization used Schedul (a) Name and address	e O to respond to any ques (b) Title and average hours per week	(c) Compen (If not pa	Part IV	(d) Contribution (d) Co	ons to	(e) E:	xpense unt and
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Par	Check if the organization used Schedul (a) Name and address	e O to respond to any ques (b) Title and average hours per week	(c) Compen (If not pa	Part IV	(d) Contribution (d) Co	ons to	(e) E:	xpense unt and

Part	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		<del>-</del>	
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	60	Yes	No 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)	33		×
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.			
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) nótice, reporting, and proxy tax requirements?	35a		X
36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b 36		X
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a   8,0 4o  Did the organization file Form 1120-POL for this year?	37b		X
38a b	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?  If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   —	38a		X
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9	-		
ь 40а	Gross receipts, included on line 9, for public use of club facilities	1		
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
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	40b	•	
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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	40e		x
41 42a	List the states with which a copy of this return is filed.	- / (		
	The organization's books are in care of NANCY M GARDNER Telephone no. 300 Located at \$400 NE Jefferson Suite 408 People TL ZIP+4 610 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)?	.03	.37	47 No
	If "Yes," enter the name of the foreign country:	42b	<del>                                     </del>	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		▶ 🗆
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c	-	X
		1		

Form **990-EZ** (2010)

							res	110
<b>45</b>	ls any	related organization a controlled entity	y of the organization within the r	meaning of section	on 512(b)(13)?	45		$\lambda$
a	Did the	e organization receive any payment fro	om or engage in any transaction	with a controlled	entity within the			
1	meani	ng of section 512(b)(13)? If "Yes," Fo	orm 990 and Schedule R may	need to be com	pleted instead of	1		
		990-EZ (see instructions)				45a		~
		•	wath in political sources and			450		_
		e organization engage, directly or indir		vittes on benair c	or in opposition	į į		
		ndidates for public office? If "Yes," cor	mplete Schedule C, Part I	· · · · ·	<i>.</i>	46	$\lfloor \chi \rfloor$	
Part V	<b>71</b>	Section 501(c)(3) organizations a	nd section 4947(a)(1) none	kempt charitat	ole trusts only. A	all sec	tion	
		601(c)(3) organizations and section						)
	a	and 52, and complete the tables fo	r lines 50 and 51.		•			
	C	Check if the organization used Scheo	dule O to respond to any ques	tion in this Part	VI			m
							Yes	No
	<b>5</b>						162	_
		e organization engage in lobbying acti				47	ļ	X
48	Is the	organization a school as described in se	ection 170(b)(1)(A)(ii)? If "Yes," ca	omplete Schedule	E	48		
49a	Did the	e organization make any transfers to a	n exempt non-charitable related	d organization? .		49a		X
<b>b</b> !	lf "Yes	s," was the related organization a secti	on 527 organization?			49b		
		lete this table for the organization's fiv		vees (other than	officers directors.		es an	d kev
		yees) who each received more than \$						
		, , , , , , , , , , , , , , , , , , , ,	(b) Title and average	(c) Compensation	(d) Contributions to		Expen	
	<b>(а)</b> Nал	ne and address of each employee paid more	hours per week	(0)	employee benefit plans 8	ac	count a	ınd
		than \$100,000	devoted to position		deferred compensation	othe	allowa	inces
		***************************************			1	1		
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f	Total r	number of other employees paid over t	\$100.000					
		number of other employees paid over the organization's t		nendent contrac	_ tore who each rec	eived	more	than
51	Comp	lete this table for the organization's f	five highest compensated inde		_ tors who each rec	eived	more	than
51	Comp \$100,0	lete this table for the organization's 1 200 of compensation from the organiz	five highest compensated inde- cation. If there is none, enter "No	one."				
51	Comp \$100,0	lete this table for the organization's f	five highest compensated inde- cation. If there is none, enter "No	one."	tors who each rec		more	
51	Comp \$100,0	lete this table for the organization's 1 200 of compensation from the organiz	five highest compensated inde- cation. If there is none, enter "No	one."				
51	Comp \$100,0	lete this table for the organization's 1 200 of compensation from the organiz	five highest compensated inde- cation. If there is none, enter "No	one."				
51	Comp \$100,0	lete this table for the organization's 1 200 of compensation from the organiz	five highest compensated inde- cation. If there is none, enter "No	one."				
51	Comp \$100,0	lete this table for the organization's 1 200 of compensation from the organiz	five highest compensated inde- cation. If there is none, enter "No	one."				
51	Comp \$100,0	lete this table for the organization's to 200 of compensation from the organization) Name and address of each independent contraction.	five highest compensated inde- cation. If there is none, enter "No	one."				
51	Comp \$100,0	lete this table for the organization's 1 200 of compensation from the organiz	five highest compensated inde- cation. If there is none, enter "No	one."				
51	Comp \$100,0	lete this table for the organization's to 200 of compensation from the organization) Name and address of each independent contraction.	five highest compensated inde- cation. If there is none, enter "No	one."				
51	Comp \$100,0	lete this table for the organization's to 200 of compensation from the organization) Name and address of each independent contraction.	five highest compensated inde- cation. If there is none, enter "No	one."				
51	Comp \$100,0	lete this table for the organization's to 200 of compensation from the organization) Name and address of each independent contraction.	five highest compensated inde- cation. If there is none, enter "No	one."				
51	Comp \$100,0	lete this table for the organization's to 200 of compensation from the organization) Name and address of each independent contraction.	five highest compensated inde- cation. If there is none, enter "No	one."				
51	Comp \$100,0	lete this table for the organization's to 200 of compensation from the organization) Name and address of each independent contraction.	five highest compensated inde- cation. If there is none, enter "No	one."				
51	Comp \$100,0	lete this table for the organization's to 200 of compensation from the organization) Name and address of each independent contraction.	five highest compensated inde- zation. If there is none, enter "No actor paid more than \$100,000	(b) Ty				
51	Comp \$100,0	lete this table for the organization's to 200 of compensation from the organization and address of each independent contraction.	five highest compensated independent of the cation. If there is none, enter "Neactor paid more than \$100,000"  Ors each receiving over \$100,00	one." (b) Ty	rpe of service			
51 s	Comp \$100,0	lete this table for the organization's to 200 of compensation from the organization and address of each independent contraction.  Name and address of each independent contraction in the contraction of other independent contraction complete Schedule A?	five highest compensated independent independent in the cation. If there is none, enter "Neactor paid more than \$100,000 or seach receiving over \$100,000 Note: All section 501(c)(3) organized in the cation in the cation is set to the cation in the cation in the cation is set to the cation in the cation is set to the cation in the cation is set to the cation is set to the cation in the cation in the cation is set to the cation in the cation in the cation is set to the cation in the	one." (b) Ty	rpe of service	(c) Co	mpens	ation
51 d 52	Total th	lete this table for the organization's to 200 of compensation from the organization and address of each independent control.  Name and address of each independent control.  NO NE	ors each receiving over \$100,000  Note: All section 501(c)(3) organization in the property of	one."  (b) Ty  (c) Ty  (b) Ty  (c) Ty  (d) Ty  (e) Ty  (f) Ty	rpe of service	(c) Co	mpens:	No
d 52	Total the nonex	lete this table for the organization's to 200 of compensation from the organization of compensation from the organization when and address of each independent control of the control of the control of the control of the control of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of the control of the con	ors each receiving over \$100,000  Note: All section 501(c)(3) orga:  orn, including accompanying schedules a	(b) Ty  (b) Ty  (c) Ty  (d) Ty  (e) Ty  (find the property of	trpe of service	(c) Co	mpens:	No
d 52	Total the nonex	lete this table for the organization's to 200 of compensation from the organization and address of each independent control.  Name and address of each independent control.  NO NE	ors each receiving over \$100,000  Note: All section 501(c)(3) orga:  orn, including accompanying schedules a	(b) Ty  (b) Ty  (c) Ty  (d) Ty  (e) Ty  (find the property of	trpe of service	(c) Co	mpens:	No
d 52	Total the nonex	lete this table for the organization's to 200 of compensation from the organization of compensation from the organization when and address of each independent control of the control of the control of the control of the control of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of the control of the con	ors each receiving over \$100,000  Note: All section 501(c)(3) orga:  orn, including accompanying schedules a	(b) Ty  (b) Ty  (c) Ty  (d) Ty  (e) Ty  (find the property of	trpe of service	(c) Co	mpens:	No
d 52 Under petrue, com	Total the nonex	lete this table for the organization's to 200 of compensation from the organization of compensation from the organization when and address of each independent control of the control of the control of the control of the control of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of the control of the con	ors each receiving over \$100,000  Note: All section 501(c)(3) orga:  orn, including accompanying schedules a	(b) Ty  (b) Ty  (c) Ty  (d) Ty  (e) Ty  (find the property of	trpe of service	(c) Co	mpens:	No
d 52 Under pe true, com	Total the nonex	lete this table for the organization's to 200 of compensation from the organization of compensation from the organization when and address of each independent control of the control of the control of the control of the control of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of the control of the con	ors each receiving over \$100,000  Note: All section 501(c)(3) orga:  orn, including accompanying schedules a	(b) Ty  (b) Ty  (c) Ty  (d) Ty  (e) Ty  (find the property of	trpe of service	(c) Co	mpens:	No
d 52 Under petrue, com	Total the nonex	lete this table for the organization's to 200 of compensation from the organization of compensation from the organization when and address of each independent control of the control of the control of the control of the control of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of the control of the con	ors each receiving over \$100,000  Note: All section 501(c)(3) orga:  orn, including accompanying schedules a	one."  (b) Ty  (b) Ty  (c) Ty  (d) Ty  (e) Ty  (e) Ty  (f) Ty	Type of service  O  17(a)(1)  O the best of my knowle owledge  S   14   11  Date	(c) Co	mpens:	No
d 52 Under pe true, com	Total the nonex	lete this table for the organization's to 200 of compensation from the organization of compensation from the organization when and address of each independent control of the control of the control of the control of the control of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of penury, I declare that I have examined this return to 200 of the control of the con	ors each receiving over \$100,000  Note: All section 501(c)(3) orga:  orn, including accompanying schedules a	(b) Ty  (b) Ty  (c) Ty  (d) Ty  (e) Ty  (find the property of	Type of service  O  17(a)(1)  O the best of my knowle owledge  S   14   11  Date	(c) Co	mpens:	No
d 52 Under petrue, com	Total the nonex	number of other independent contract e organization complete Schedule A? empt charitable trusts must attach a complete Declaration of preparer (other than of Signature of officer  NANCY M Gard n Type or print name and titte	ors each receiving over \$100,000  Note: All section 501(c)(3) orga completed Schedule A  Im, including accompanying schedules a ficer) is based on all information of which	one."  (b) Ty  (c) Ty  (b) Ty  (c) Ty  (d) Ty  (e) Ty  (e) Ty  (e) Ty  (f) Ty  (f) Ty  (g) Ty	true of service  47(a)(1)  to the best of my knowle owledge  5/14/11  Date  Tarry - True	(c) Co	mpens:	No
d 52 Under petrue, com	Total I	number of other independent contract e organization complete Schedule A? tempt charitable trusts must attach a of pengury, I declare that I have examined this return complete Declaration of preparer (other than of Signature of officer  Nancy M Gardin  Type or print name and title	ors each receiving over \$100,000  Note: All section 501(c)(3) orga:  orn, including accompanying schedules a	one."  (b) Ty  (b) Ty  (c) Ty  (d) Ty  (e) Ty  (e) Ty  (f) Ty	othe best of my knowledge  Signal II  Date  Check I if	Yes	mpens:	No
d 52 Under petrue, com	Total I	number of other independent contract e organization complete Schedule A? empt charitable trusts must attach a complete Declaration of preparer (other than of Signature of officer  NANCY M Gard n Type or print name and titte	ors each receiving over \$100,000  Note: All section 501(c)(3) orga completed Schedule A  Im, including accompanying schedules a ficer) is based on all information of which	one."  (b) Ty  (c) Ty  (b) Ty  (c) Ty  (d) Ty  (e) Ty  (e) Ty  (e) Ty  (f) Ty  (f) Ty  (g) Ty	true of service  47(a)(1)  to the best of my knowle owledge  5/14/11  Date  Tarry - True	Yes	mpens:	No
d 52 Under petrue, com Sign Here	Total IDid the nonexenatives of ect, and	number of other independent contract e organization complete Schedule A? empt charitable trusts must attach a complete Declaration of preparer (other than of Signature of officer  NANCY M Gard n Type or print name and titte	ors each receiving over \$100,000  Note: All section 501(c)(3) orga completed Schedule A  Im, including accompanying schedules a ficer) is based on all information of which	one."  (b) Ty  (c) Ty  (b) Ty  (c) Ty  (d) Ty  (e) Ty  (e) Ty  (e) Ty  (f) Ty  (f) Ty  (g) Ty	othe best of my knowledge  Signal II  Date  Check I if	Yes	mpens:	No
d 52 Under petrue, com Sign Here Paid Prepa	Total I Did th nonex enalties of ect, and	number of other independent contract e organization complete Schedule A? tempt charitable trusts must attach a complete Declaration of preparer (other than of Signature of officer  Nancy M Garda  Type or print name and titte  Print/Type preparer's name	ors each receiving over \$100,000  Note: All section 501(c)(3) orgation in based on all information of which there is based on all information of which the comparature is signature.	one."  (b) Ty  (c) Ty  (b) Ty  (c) Ty  (d) Ty  (e) Ty  (e) Ty  (e) Ty  (f) Ty  (f) Ty  (g) Ty	The of service  47(a)(1)  to the best of my knowle owledge  5   14   11  Date  Check ☐ if self-employed	Yes	mpens:	No

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

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

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

20**10** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Name	Section 501(c)(4), (5), or (6) orga	nizations: Complete Part III.		E-solares idea	tification number
	- •				
		n of Labor of West Can			
		e organization is exempt und			organization.
1		he organization's direct and indire			•
2	Political expenditures .			<b>. ▶</b> \$	8,040
3	Volunteer hours		· · · · · · ·	• • • • • • • •	320
Par	t I-B Complete if the	e organization is exempt und	er section 501(c	<del>&gt;)(3).</del>	<del></del>
1	Enter the amount of any	excise tax incurred by the organization	ation under section	1 4955 ▶ \$	
2		excise tax incurred by organization			
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part			• •	
	t I-C Complete if the	e organization is exempt und	er section 501(c	c), except section 501	(c)(3).
1		expended by the filing organiz			_
					8,040
2		iling organization's funds contrib			,
		ties			0
3	Total exempt function ex	penditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	C
				-	8,040
4		ile Form 1120-POL for this year?			Yes 🔀 No
5		s and employer identification nun			
		nts. For each organization listed, e			
		tributions received that were pror			
	as a separate segregated	fund or a political action committe	e (PAC). IT addition	al space is needed, provid	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				initias. Il richio, circo o .	delivered to a separate
					political organization. If none, enter -0
			<del> </del>		,
(1)			4		
	NONE-		<del></del>		
(2)	100		1		
(3)					
(4)					· · · · · · · · · · · · · · · · · · ·
(5)			1		
IG)			<u> </u>	1	

rage ∠		Page	2
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	•					
Sched	ule C (Form 990 or 990-EZ) 2010					Page 2
Par	II-A Complete if the organiza section 501(h)).	tion is exempt u	nder section 50	1(c)(3) and filed	Form 5768 (ele	ction under
	theck ► ☐ if the filing organization theck ► ☐ if the filing organization	checked box A a	ind "limited cont	rol" provisions a	pply.	
	Limits on Li (The term "expenditures"	obbying Expenditu ' means amounts			(a) Filing organization's totals	(b) Affiliated group totals
1a b c d e f	Total lobbying expenditures to influer Total lobbying expenditures to influer Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures (Lobbying nontaxable amount. Enticolumns.	nce a legislative bo s 1a and 1b)	dy (direct lobbying	))		
	If the amount on line 1e, column (a) or (to Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000	20% of the arr \$100,000 plus \$175,000 plus	nontaxable amount nount on line 1e. 15% of the excess of 10% of the excess of 5% of the excess of	over \$500,000. over \$1,000,000.		
g h i j	Grassroots nontaxable amount (enter Subtract line 1g from line 1a. If zero of Subtract line 1f from line 1c. If zero of If there is an amount other than a reporting section 4911 tax for this year.	or less, enter -0- or less, enter -0 ero on either line		the organization	file Form 4720	Yes No
	(Some organizations that	-Year Averaging F made a section 5 w. See the instruc	01(h) election do	not have to comp		<b>9</b>
	Lobby	ing Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total			
<b>2</b> a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column (e))								
С	Total lobbying expenditures								
d	Grassroots nontaxable amount								
е	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								
					Schedule C (For	m <b>990</b> or <b>990-EZ)</b> 2010			

Part	II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT for (election under section 501(h)).	iled	Form	5768		
			(a	a)	[	(b)	
	\		Yes	No	A	mount	t
1	legisla	the year, did the filing organization attempt to influence foreign, national, state or local tion, including any attempt to influence public opinion on a legislative matter or notwo, through the use of:					
a b		eers?					
c		advertisements?					
đ	Mailing	gs to members, legislators, or the public?					
e	Public	ations, or published or broadcast statements?					
f		to other organizations for lobbying purposes?					
g		contact with legislators, their staffs, government officials, or a legislative body?					
h		, demonstrations, serginars, conventions, speeches, lectures, or any similar means?					
i		activities? If "Yes," desoribe in Part IV			ļ		
j		Add lines 1c through 1i					
2a		e activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b		," enter the amount of any tax incurred under section 4912					
C	If "Yes	," enter the amount of any tax incurred by organization managers under section 4912 .			<b> </b>		
d		iling organization incurred a section 4912 tax, did it file Form 4720 for this year?	(E)	<u></u>			
Part	Ш-А	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (	or se 	CUON	<del></del>	r
_						Yes	No
1		substantially all (90% or more) dues received nondeductible by members?			1	<b>↓</b>	<b> </b>
2		e organization make only in-house lobbying expenditures of \$2,000 or less?	-	_	2	<b>├</b>	<b>├</b>
3		e organization agree to carryover lobbying and political expenditures from the prior year?			3	┸	<u> </u>
art	III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, li "Yes."	ne 3	is ar	nswer	ed	
1 2	Section	assessments and similar amounts from members	of	1			
•	•	nt year		2a	ļ		
a h		over from last year	•	2b			
C	Total	wer from last year	•	2c	<del> </del>		
3		gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	•	3	<del> </del>		
4		ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of		١Ť	<del> </del>		
•		s does the organization agree to carryover to the reasonable estimate of nondeductible lobby		ļ	(		
		plitical expenditure next year?		4	ļ		
5	Taxab	le amount of lobbying and political expenditures (see instructions)		5	<del>                                     </del>		
Par	IV	Supplemental Information		<u> </u>			
		s part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a part for any additional information.	and P	Part II-	-B, line	1i. Al	so,
		·					
			<i></i>				
				,			
						<b></b>	

Schedule C (For	n 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information (continued)	
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#### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Ame	FEDERATION OF FUND STREET FUND STREET	f Labor of	West Ce	utral I	IL dabor Gun	n 37-080	3283
Part					vered "Yes" to F	orm 990, Part IV, I	ine 17.
	Form 990-EZ filers are n	· · · · · · · · · · · · · · · · · ·	<del></del>	<del> </del>			
1	Indicate whether the organizatio	n raised funds th			_		
a	Mail solicitations				on of non-govern	•	
b	Internet and email solicitation	ns			on of governmen	_	
C	Phone solicitations		g∟	J Speciai i	fundraising events	5	
d 2a	<ul><li>In-person solicitations</li><li>Did the organization have a writ</li></ul>	ton or oral agree	mont with	anu individ	dual finaludina off	Soom directors true	toos
28							
b	or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?   yes  No  b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.						
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody or contrib	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	····		Yes	No			
1							
2							
3							
4						· · · · · ·	
5							
6							
7	<del></del>		,				
8							
9						.,.,	
10							
Γotal		J		•			
3	List all states in which the orga registration or licensing.	nization is regist	ered or lice	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
						·····/	
	••••••					·····	

		than \$15,000 of fundraising gross receipts greater that		and gross income on	Form 990-EZ, lines 1 a	and 6b. List events with
			(a) Event #1  50+h Anniversery  Dinug(event type)	(b) Event #2  TRIVIA Contest  Spec (event type)	(c) Other events  (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 2	Gross receipts Less: Charitable	34,016	7,562		41, 578
ш.		contributions				_
	3	Gross income (line 1 minus line 2)	34,106	7562		41,578
	4	Cash prizes		200		200
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	12,760	857		13,617
Direc	8	Entertainment				
	9	Other direct expenses .	3, 105	30		3,135
	10 11	Direct expense summary. Ac Net income summary. Comb	oine line 3, column (d), a	and line 10	<u></u> ▶	(16,952) a4 626
Pa	rt lil	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" to Form 99	0, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes %	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. A	dd lines 2 through 5 in c	olumn (d)		( )
	8	Net gaming income summar	y. Combine line 1, colu	mn d, and line 7		
	a Is	nter the state(s) in which the o the organization licensed to o "No," explain:		s in each of these states		. Yes No
10		rere any of the organization's organization's organ	gaming licenses revoked	•		? .    Yes    No

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

Schedu	ile G (Form 990 or 990-EZ) 2010		Page 3
11	Does the organization operate gaming activities with nonmembers?	☐ Yes	□No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	_ □ Yes	□No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility		%
b	An outside racility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ▶		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	□ 163	
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part			his
			· · · · · ·
	\		
	······		
	<del></del>		

# American Federation of Labor West Central Illinois Labor Council 37-0803293

#### Part 1 - Line 10

Donations to Char	ities						
Thomas Jefferson Education Foundatin - Peoria							
	\$ \$	250.00 2,200.00					
	\$	200.00					
	\$	200.00					
	\$	200.00					
	\$	500.00					
	\$	100.00					
	\$	200.00					
	\$	250.00					
	\$	4,100.00					
Support of Union A	Activities						
	Union Retiree Council of West Central IL Peoria	\$	500.00				
	WCI Bldg Trades Council Charity Golf Outing -Peoria	\$	100.00				
	UAW 974 Scholarship Fund - Peoria	\$	200.00				
	UAW 974 Christmas for Seniors Peoria	\$	70.00				
	IBEW #21 Benefit Golf Outing	\$	100.00				
	Mother Jones Foundation Springfield	\$	150.00				
	LCLAA Memorial Scholarship Fund - Peoria	\$	250.00				
	Laborers #996 Charity Golf Outing Peoria	\$	100.00				
	IBEW #34 Benefit Golf Outing Galesburg	\$	100 00				
	Labor Special Assistance Fund - Central IL	\$	400.00				
		\$	1,970.00				
Community Activities							
	Local and State Political Cantidates	\$	5,250.00				
	Assistance to Military Families Central IL	\$	1,000.00				
	Workers' Memorial - OSHA - Peoria	\$	215.00				
		\$	6,465.00				
Affiliation Fees							
7 (IIII) atloi 1 000	Illinois AFL-CIO - Springfield, IL	\$	50.00				
	\$	40.00					
	\$	90.00					
	IL 18th Congressional District	Ψ	30.00				
	total	\$	12,625.00				

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

#### Page 2

# American Federation of Labor West Central IL Labor Council 37-0803283

#### Part 1 - Line 16

Labor/Management Organization Dues	\$ 300.00
Business Package - Insurance policy	\$ 985.00
Conferences and Workshops	\$ 872.00
Meals and Local Travel representing the Labor Council	\$ 5,809.00
total	\$ 7,966.00

Schedule O Form 990 or 990EZ (2010)

Supplemental Information to form 990EZ

Page 3

American Federation of Labor West Central IL labor Council

37-0803283

Part III

Statement of Program Service Accomplishments and Organization's Primary Exempt purpose.

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

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

Sponsor Events and Provide Displays in the Labor Building
Sponsor Labor Day Parade
Labor Education workshop for high school students (114 2 students)
Provide emergency assistance to members 5 members
Provide home repair assistance to Military Families (25 families)
Assist in our Adopt a School program
Dinner to Celebrate the Labor Council's 50th Anniversary

Adopt a School Program through School District and Chamber of Commerce at a Pre-K through 5th grade public school - provide assistance, mentoring, supplies, books and a Christmas party with gifts for the children. The school has 526 students.

Labor Day Parade to educate community about Unions  $\epsilon$ , union products and union employers in the Greater Peoria Area

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

Educate High School Students on the process of negotiations

This was accomplished with a workship for 1 112 high school students participated in a mock negotiation situation

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

Celebrated the 50th anniversary of this labor council merging all AFL & CIO local councils s into the newly merged AFL-CIO nationally.

Created a program to assist Military families who have a spouse serving in active duty with repairs they may need in their homes such as waterheaters/furnaces/air conditioning/roofs/pipe or other plumbing repair/carpentry/electricial/or other items necessary. Assisted 25 families in 2010.

2010

#### Schedule O Form 990 or 990EZ

Page 4

### American Federation of Labor West Central IL Labor Council

#### 37-0803283

Part IV

Officers, Trustees & Executive Board

Name & Address	Title	Hrs pr wk	An	nual Compenstation	Bene	Expe	nse/Allowance
Michael Everett 408 Market	President	5	\$	1,320.00	0	\$	-
Washington, II 61571 Ronald Cox 8514 S Shryock Rd	Exec VP	2	\$	240.00	0	\$	-
Glasford, IL 61533 William Long 1120 Highland	VP	1	\$	240.00	0	\$	-
Pekin, IL 61554 Nancy Gardner 407 McKinley	Fin Sec/Treas	10	\$	2,400.00	0	\$	-
Bartonville, IL 61607 Phillip Salzer 3101 N Old Trail Rd	Rec Sec	3	\$	1,200.00	0	\$	-
Peoria, IL 61604 Martin Helfers 1820 Highwood Av	Trustee	1	\$	240.00	0	\$	-
Pekin, IL 61554 Diane Johnson 417 Francis	Trustee	1	\$	240.00	0	\$	-
Chillicothe, IL 61523 Thomas McLaughlin 7720 W Bryce Ct	Trustee	1	\$	240.00	0	\$	-
Mapleton, IL 61547 Paul Gardner 407 McKinley	Sgt at Arms	1	\$	120.00	0	\$	-
Bartonville, IL 61607 Rick Doty 311 Danbury Lane	Exec Board	1	\$ Re	30.00 signed 3/31/10	0	\$	
Metamora, IL 61548 Bonnie Hester 2215 W Butler	Exec Board	1	\$	120.00	0	\$	-
Peoria, IL 61605 William Halstead 2210 W Newport Ct	Exec Board	1	\$	120.00	0	\$	-
Peoria, IL 61614 Dave Chapman 8507 Pfeiffer Rd	Exec Board	1	\$ Ne	90.00 ew <b>4/1/10</b>	0	\$	-
Mapleton, IL 61547 D. Troy Pruitt 422 Pekin Lincoln, IL 62656	Exec Board	1	\$	120.00	0	\$	-

Karen Bean 209 Collier	Exec Board	1 \$	120.00	0 \$	-
Bartonville, IL 61607					
Amulfo Carranza	Exec Board	1 \$	120.00	0 \$	-
611 Walnut					
Washington, II 61571					
Connie Higgins	Exec Board	1 \$	120.00	0 \$	-
3126 N Sheridan					
Peoria, IL 61604					
Alison Wattson	Exec Bpard	1 \$	120.00	0 \$	-
718 W Fort St					
Farmington, IL 61531					
Anthony O'Brian	Exec Board	1 \$	120.00	0 \$	-
35 Hampton Ct					
Morton, IL 61550					

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