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Form 990-EZ

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 reganizations 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.

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

Internal Revenue Service For the 2010 calendar year, or tax year beginning R Check if applicable D Employer identification number C Name of organization AFSCME LOCAL 1274 Address change C/O PENNI RUHL 37-6052916 Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Instial return 309-341-1125 2243 GRAND AVE Terminated City or town, state or country, and ZIP + 4 F Group Exemption GALESBURG, Number ► 1381 $_{
m IL}$ Application pending X Cash H Check ► X if the organization is not Accounting Method Accrual Other (specify) Website: ► N/A required to attach Schedule B 301(c)(3) \times 301(c)(5) < (insert no) 4947(a)(1) or <527 Tax-exempt status (check only one) -(Form 990, 990-EZ, or 990-PF) Check ▶ ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return 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, 121,138. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 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 1 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 120,661. 3 Membership dues and assessments 3 SEE SCHEDULE O Investment income 4 Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c SCANNANED AUG Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than 6a \$15,000) of contributions b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 6b gross income and contributions exceeds \$15,000) 6с c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add-lines,62-and,6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a ğ 7b Less cost of goods sold SI AUG (0 3 2011 Subtract line 7b from line 7a) AUG 0 3 Gross profit or (loss) from sales of inventory 7c Other revenue (describe in Schedule O) 8 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d 7c, and 8 3 5 121,138. 9 9 1,013. SCHEDULE 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 28,190.12 12 Salaries, other compensation, and employee benefits 6,205.13 Professional fees and other payments to independent contractors 13 5,305. 14 14 Occupancy, rent, utilities, and maintenance 1,767. 15 15 Printing, publications, postage, and shipping 50,760.SEE SCHEDULE O 16 Other expenses (describe in Schedule O) 16 93,240. 17 17 Total expenses. Add lines 10 through 16 27,898. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19

LHA For Paperwork Reduction Act Notice, see the separate instructions

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year Combine lines 18 through 20

Form **990-EZ** (2010)

125,157.

20

21

20

Pa	Balance Sheets. (see the instructions for Part II)					
	Check if the organization used Schedule O to respond to any question	in this Part II				X
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		93,450.	22		116,285.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0) SEE SCHEDULE (4,125.	24		9,193.
25	Total assets		97,575.	25	· ·	125,478.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE (316.			321.
27			97,259.	27		125,157.
	art III Statement of Program Service Accomplishme	nts (see the instructions				penses
	Check if the organization used Schedule O to respond to any question	•	· [(Required	for section
Wha	at is the organization's primary exempt purpose?MEMBER SERVICE		•	-		and 501(c)(4) ons and section
	scribe what was achieved in carrying out the organization's exempt pu		ncise manner, describ		4947(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevan	- T		•	for others	
	NEGOTIATED CONTRACTS				 	
				_		
	(Grants \$) If this amount includes foreign	grants chack here		_	28a	
29	HANDLED GRIEVANCES	grants, check here			200	
23	THE PUBLIC ON THE PUBLIC OF TH			_		
	(Create C) If this amount includes feverage	aranta abank bara		_	29a	
20	(Grants \$) If this amount includes foreign ORGANIZED NEW MEMBERS	grants, check here			294	
30	OKGANIZED NEW PIEPIDEKS			_		
						
	(Grants \$) If this amount includes foreign	grants, check here			30a	
31	Other program services (describe in Schedule O)		► [\neg		
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>	_	31a	
32	Total program service expenses (add lines 28a through 31a)				32	
P	art IV List of Officers, Directors, Trustees, and Key I		ne even if not compensated (si	ee the	instructions f	or Part IV)
	Check if the organization used Schedule O to respond to any question		1	/d\ .		
		(b) Title and average hou			Contributions employee	(e) Expense account and
	(a) Name and address	per week devoted to	(If not paid, enter -0-)	ben	efit plans & deferred	other allowances
			- ,	соп	npensation	0.1101 0.1101000
	KE TALLEY, 2243 GRAND AVE, ROOM	PRESIDENT	604		•	
11	· · · · · · · · · · · · · · · · · · ·	2.00	694.		0.	0.
	SA WILLAIMS, 2243 GRAND AVE, ROOM	VICE PRESIDI			_	
	, GALESBURG, IL 61401	2.00	460.		0.	0.
	ARB KING, 2243 GRAND AVE, ROOM 11,	SECRETARY			_	_
	ALESBURG, IL 61401	1.00	438.	_	0.	0.
	ENNI RUHL, 2243 GRAND AVE, ROOM 11,	TREASURER				
GA	ALESBURG, IL 61401	6.00	2,344.		0.	0.
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02-0	172 12-11				Form	990-EZ (2010)

Form 990-EZ (2010)

C/O PENNI RUHL

Schedule 0 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) 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. 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? b If "Yes," has it filed a tax return on Form 990-T for this year? 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 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 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? b If "Yes," complete Schedule L, Part II and enter the total amount involved 33	Pa	rt V Other Information (Note the statement requirements in the instructions for Part V)							
33 Dut the organization changes made to the organization of the IRS? If Yes, *provide a detailed description of each activity in Schedule 0 34 Were any significant changes made to the organization or name Otherwise, explain the change on Schedule 0 (see instructions) 35 If the organization had income through business advincts, such as those reported to lines 2.6, and and 72 (among differs), but not reported on Form 990-1; explain in Schedule 0 why the organization do not report the income on Form 990-1. 36 Dut the organization had uncome through business grows income of \$1,000 or more or was it a section \$0.05(1)(4), 5.01(6)(5), or \$5.01(6)(6) organization subject to section \$6.03(4) notice, reporting, and proxy tax requirements? 37 Dut the organization had prome through the section \$6.03(4) notice, reporting, and proxy tax requirements? 38 Dut the organization degroe alcudation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete application for Form 120-POL for this year? 39 Dut the organization the Form 120-POL for this year? 30 Dut the organization for Form 120-POL for this year? 310 If Yes, 'complete application for Form 120-POL for this year? 311 Privise, 'complete Schedule, P. Art II and enter the total amover throvbed 312 If Yes, 'complete Schedule, P. Art II and enter the total amover throvbed 313 Section 501(6)(3) and 501(6)(4) organizations Enter amount of tax imposed on the organization during the year under section \$411 Privise,' complete Schedule, P. Art II and enter the total emplants among the year under section \$411 Privise,' complete Schedule, P. Art II and enter the total emplants among the year under section \$411 Privise,' complete Schedule, P. Art II and enter the total emplants and explanation to the year under section \$411 Privise,' complete Schedule, P. Art II and enter the total emplants and explanation and the organization manages or dequalited persons during the year device and privise and privise and privise and privise and									
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34 We any significant changes made to the organization's name Otherwise, explain the change on Schedule O (see instructions) 34 X 35 If the organization had income from business admiss, such as those reported on lines 2, 5s, and 7s (among others), but not reported on Form 190-7. explain in Schedule O (see instructions) 36 If the organization had income from business admiss, such as those reported on lines 2, 5s, and 7s (among others), but not reported on Form 190-7. explain in Schedule O (see instructions) 37 If the conganization subject to section 6035(9) notice, reporting, and proxy tix requirements? 38 If Yes, has titled a tax return of mem 190-71 for this year? 39 If Yes, has titled a tax return of mem 190-71 for this year? 39 If Yes, has titled a tax return of mem 190-71 for this year? 30 If the organization undergo a lequidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 39 If Yes, it was the description to the form 190-71 for this year? 30 If the organization before 112-DQL for this year? 31 If Yes, it was the conganization to form 190-71 and another the total amount in violence in a prior year and still outstanding at the end of the tax year covered by this return? 30 If Yes, complete Schedule, I., Part II and enter the total amount in violence in a prior year and still outstanding at the end of the tax year covered by the organization during the year under section 91(2) organizations Enter amount of tax with explaining any section 495(8). N/A 31 Section 501(c)(3) and 501(c)(4) organizations Did the grain amount of tax with section 4911 × N/A 32 Section 501(c)(3) and 501(c)(4) organizations Did the grain amount of tax with explaining any section 495(8). N/A 33 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax with explaining any section 495(8). N/A 34 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax remains the explaining any section 495(8). N/A 35 Section 501(c)(3	33		33		X				
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35 If the organization had moraine from business activities, such as those reported on lines 2, 5a, and 7a (among others), but not reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T or 100 floor organization have unrelated business gloss sincome of \$1,000 or more on was it a section \$01c(4), 501(c) 5), or 501(c) 5), or 501(c) 6 5) organization subject to section \$033(e) notice, reporting, and proxy tax requirements? 50 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule 10 and 10	_								
reported on Form 990-7 explain in Schedule O why the organization and not report the income on Form 990-7 a Did the organization have unrelated business gross moroms of \$1,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization have unrelated business gross moroms of \$1,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization organization to deep a decidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule In \$2.50 organization organization for form 1126-POL for this year? 18 Did the organization before in Title-POL for this year? 18 Did the organization beform 1126-POL for this year? 18 Did the organization beform 1126-POL for this year? 19 Did the organization beform 1126-POL for this year? 19 Did the organization beform 1126-POL for this year? 10 Did the organization beform 1126-POL for this year? 10 Did the organization beform 1126-POL for this year? 10 Did the organization before and still outstanding at the end of the tax year covered by this return? 10 Did the organization before an an excess standing at the end of the tax year covered by this return? 11 Did the organization before an an excess benefit transaction files a form year under section 4912 by N/A section 4915 by N/A section 4916 by N/A sec	35								
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Solic()(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements? 55 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes; 550 N/A 373 Enter amount of political sepanditives, direct or indirect, as described in the instructions 574 Did the organization before whome, 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? 575 N/A 576 Did the organization before whome, 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? 577 N/A 578 N/A 579 N/A 579 N/A 570	а	· · · · · · · · · · · · · · · · · · ·							
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36 bill the organization undergo a legulation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule 1 37a 36	b	·	35b	N/	A				
completa applicable parts of Schedule N 37a	36	·							
The Enter amount of political expenditures, direct or indirect, as described in the instructions □ Did the organization file Form 1120-PDL for this year? □ Did the organization brown from, or make any locans to, any officer, director, frustee, 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 □ Section 501(c)(?) organizations Enter and the state of the tax year covered by this return? □ If the Section 501(c)(?) organizations included on line 9 □ Gross receipts, included on line 9 □ Gross receipts, included on line 9 □ Gross receipts, included on line 9 □ Forest receipts included			36		Х				
b Did the organization file Form 1120-POL for this year? 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? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 38a N/A 38a N/A 38b N/A 38a N/A 38b N/A 38b N/A 38b N/A 38b N/A 38c N/A 39c N/A 30c	37 a		•						
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? 38 M			37b		X				
a in a prior year and still outstanding at the end of the tax year covered by this return? b 11"es*, complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A section 4912 ▶ N/A section 4912 ▶ N/A section 4915 ▶ N/A 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 are profess on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes; complete Form 8886-T 1. List the states with which a copy of this return is filled ▶ NONE 1. Located at ▶ 2243 GRAND AVE ROOM 11, GALESBURG, IL Located at ▶ 2243 GRAND AVE ROOM 11, GALESBURG, IL 21P+4 ▶ 61401 21P+5 No 42b X 11"Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. c All any time during the calendary year, did the organization maintain an effice outside of the U S? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charactable trusts filling form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instea		·							
39 Section 501(c)(7) organizations Enter a Inhibition fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 399 N/A 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4915 ► N/A 5 Section 501(c)(3) and 501(c)(4) organizations. But the organization engage in any section 4958 sexess 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 I, Part I 5 Section 501(c)(3) and 501(c)(4) organizations. But the organization aparty to a prohibited tax shelter transaction grid by a grid or section 4915 ★ N/A 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organization At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-7 1 List the states with which a copy of this return is filled ★ NONE 12 In the organization shooks are in care of ★ PEINNTI RUHL 1 Telephone no ★ 309-341-1125 1 Located at ★ 2243 GRANID AVE ROOM 11, GALESBURG, IL 2 Tip+ 4 ★ 61401 2 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account; and the foreign country over a financial account in a foreign country for the financial account in a foreign country for the financial account in a foreign country for the financial account in a foreign country form 90-EZ in lieu of Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts. 2 At any time during the calendar year, did the organization maintain an office outside of the U S ? 1 "Yes," enter the name of the foreign country form 90-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If Yes, Form 990 must be completed instead of Form			38a		X				
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a Initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities 39b N/A 39b N/A 39b N/A 39b N/A 39b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ N/A 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 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under sections. 4912, 4955, and 4955 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations and the sections. 40 organization aparty to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1 List the states with which a copy of this return is filled ▶ NONE 2 The organization's blooks are in care of ▶ PENNIT RUHL Telephone no ▶ 309-341-1125 Located at ▶ 2243 GRAND AVE ROOM 11, GALESBURG, IL 2IP+4 ▶ 61401 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 Nocation of the second of the s	39	Section 501(c)(7) organizations Enter							
Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A section 4912 ▶ N/A section 4955 ▶ N/A 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-E2? If "Yes," complete Schedule I, Part I 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 ▶ N/A d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. All any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8886-T and this return is filed ▶ NONE 122 1 The organization's blooks are in care of ▶ PENNIT RUHL Telephone no ▶ 30.9 – 34.1 – 1.12.5 Located at ▶ 22.4.3 GRAND AVE ROOM 11, GALESBURG, IL Zi[P+4 ▶ 61.4.0.1] 1 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 in a foreign country to were a financial account in a foreign country P Seet the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 2 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 3 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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 5 Did t	а	Initiation fees and capital contributions included on line 9							
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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 44d	r			 					
ın Schedule O 44d		•							
in denedario C	u	•	440		1				
				90-EZ	(2010)				

						Yes	No
45 Is an	y related organization a controlled entity of the organization within	the meaning of section 512(b)	(13)?		45		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?						
	s, Form 990 and Schedule R may need to be completed instead of F	•	•	, ,	45a		X
46 Did th	ne organization engage, directly or indirectly, in political campaign a	ctivities on behalf of or in opposition	n to candidates for pi	ublic office?			
If "Ye	s," complete Schedule C, Part I				46		X
Part V	Section 501(c)(3) organizations and section	n 4947(a)(1) nonexempt	charitable tru	sts only. All	section	501(0	:)(3)
	organizations and section 4947(a)(1) nonexempt charitable trus	sts must answer questions 47-49b a	and 52, and complete	e the tables for II	nes 50	and 51	·
	Check if the organization used Schedule O to respond to any qu	estion in this Part VI					لـــا
						Yes	No
	ne organization engage in lobbying activities? If "Yes," complete S				47 48		
	ne organization make any transfers to an exempt non-charitable rela	ted organization?			49a		
	s,* was the related organization a section 527 organization?				49b		
	plete this table for the organization's five highest compensated empl		s, trustees and key er	npioyees) who e	acn red	eivea	more
tnan	\$100,000 of compensation from the organization. If there is none, e	(b) Title and average hours	(c) Compensation	(d) Contribution	. (e) Expe	
	(a) Name and address of each employee paid more	per week devoted to	(c) Compensation	to employee	,	count	
	than \$100,000 N/A	position		benefit plans & deferred	other allowance		
	11/11			compensation	1		
					1		
				· · · · · · · · · · · · · · · · · · ·			
			:				
	number of other employees paid over \$100,000	▶					
	plete this table for the organization's five highest compensated indep	pendent contractors who each recei	ved more than \$100,	,000 of compens	ation f	rom the	е
orgai	nization If there is none, enter "None" N/A		(h) Tuna of ann	/	-\ Com		
	(a) Name and address of each independent contractor paid m	fore than \$100,000	(b) Type of ser	vice i (c) Com	pensa	fion
							
		· · · · · · · · · · · · · · · · · · ·					
			1	ŧ			
			1				
						-	
]				
d Total	number of other independent contractors each receiving over \$100	0,000					
52 Did t	he organization complete Schedule A? Note: All section 501(c)(3) o	rganizations and 4947(a)(1) nonexe	empt				
chari	table trusts must attach a completed Schedule A			▶ [Υe		<u>N</u>
	Under penalties of perjury, I declare that I have examined this return, includir correct, and complete Declaration of preparer (other than officer) is based or	ng accompanying schedules and statemer n all information of which preparer has any	its, and to the best of m knowledge	y knowledge and b	eller, it is	true,	
Sign	Jama RU			1 7/28/	11		
Here	Signature of officer			Date			
	TMUS-rer - Penni R LI						
	Type or print name and title		1 20 1 7				
	Print/Type preparer's name Preparer's sign	ature Date	Check	if PTIN			
Paid	1).	gret 07/19	self- emplo	yea			
Prepar		<u> </u>					
Use Or			Firm's EIN	^1-	0.3	700	
	Firm's address ► 3131 GREENHEAD DRI		Phone no	217-7	93-	786	5
	SPRINGFIELD, IL 62						
May the IR	RS discuss this return with the preparer shown above? See instruction	ons		▶ [Ye		No
032174 03-04-11					Form 9	190-EZ	(2010)

SCHEDULE O

(Form 990 or 990-EZ)

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.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AFSCME LOCAL 1274 C/O PENNI RUHL

Employer identification number 37-6052916

C/O PENNI ROHL	37-6052916
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
SAVINGS INTEREST	477.
FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:	
AFFILIATE NAME: AFSCME COUNCIL 31	
AFFILIATE ADDRESS: 615 S SECOND ST SPRINGFIELD, IL 62704	
PURPOSE OF PAYMENT: AFFILIATION FEES	
AMOUNT OF PAYMENT:	1,013.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES	, AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	1,361.
OTHER EXPENSES	3,944.
TOTAL TO FORM 990-EZ, LINE 14	5,305.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE EXPENSE	1,124
MEMBER INCENTIVES	24,289
PAYROLL TAXES	2,617.
MEETINGS/TRAVEL	14,740.
DONATIONS	7,643.
BACK-UP WITHHOLDING	153.
SURETY BOND	194.
TOTAL TO FORM 990-EZ, LINE 16	50,760.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	edule O (Form 990 or 990-EZ) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

2010
Open to Public Inspection

Name of the organization

AFSCME LOCAL 1274 C/O PENNI RUHL $\begin{array}{c} \textbf{Employer identification number} \\ 37-6052916 \end{array}$

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION BEG. OF YEAR END OF Y	EAR
OTHER DEPRECIABLE ASSETS 4,125. 9,1	93.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:	
DESCRIPTION BEG. OF YEAR END OF Y	EAR
PAYROLL LIABILITY 316.	21.
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.	

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box		>	X
	are filing for an Additional (Not Automatic) 3-Month Ex			form).		
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868	
Electroni	ic filing (e-file). You can electronically file Form 8868 if	ou need a	3-month automatic extension of time t	o file (6	months for a corpo	oration
	to file Form 990-T), or an additional (not automatic) 3-mo					
-	file any of the forms listed in Part I or Part II with the ex-		•		·	
	Benefit Contracts, which must be sent to the IRS in page	•				
	ris gov/efile and click on e-file for Charities & Nonprofits		(coc mondonomo). For more details on the	10 0100	Aromo ming or and t	O1111,
Part I	Automatic 3-Month Extension of Time		bmit original (no copies needed)		•	
	ation required to file Form 990-T and requesting an autor			nlete		
Part I only		natio o me	one of the control of the control of	picto	•	
All other o	, corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to request ar	exten	sion of time	
Type or	e or Name of exempt organization Emplo					number
print	AFSCME LOCAL 1274			_		
Cita his abo	C/O PENNI RUHL			3	7-6052916	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 2243 GRAND AVE, NO. 11	ee Instruc	tions.			
return See instructions	City, town or post office, state, and ZIP code. For a for GALESBURG, IL 61401	oreign add	lress, see instructions.			
	· ·					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 3
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	1	01	Form 990-T (corporation)			
Form 990	·	02	Form 1041-A			07
Form 990		03	Form 4720		09	
Form 990		04	Form 5227		10	
		05	Form 6069			11
	PT (sec 401(a) or 408(a) trust) PT (trust other than above)	06	Form 8870			12
FOITH 990	PENNI RUHL	1 00	FOITI 6670			1 12
● Tho be	poks are in the care of ▶ 2243 GRAND AVE	ROOM	11 - GALESBURG, II.	614	0.1	
	none No. ► 309-341-1125	ROOM	FAX No. ►	014	<u> </u>	
	organization does not have an office or place of business					
	is for a Group Return, enter the organization's four digit					
box ▶	If it is for part of the group, check this box ▶				ers the extension is	tor
1 Ire	quest an automatic 3-month (6 months for a corporation				_	
		t organiza	tion return for the organization named a	above.	The extension	
	or the organization's return for:					
₽ [X calendar year 2010 or					
►Į	tax year beginning	, an	d ending		_·	
2 If th	ne tax year entered in line 1 is for less than 12 months, on the control of the c	heck reas	on: Initial return Fina	al retur	n	
	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			0.
	nrefundable credits. See instructions.	4	vafina dalala ava da d	3a	\$	<u> </u>
	nis application is for Form 990-PF, 990-T, 4720, or 6069,			٠.		Λ
	imated tax payments made Include any prior year overp	_		3b_	\$	0.
	lance due. Subtract line 3b from line 3a Include your pa	-			_	Λ
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
	If you are going to make an electronic fund withdrawal		orm 8868, see Form 8453-EO and Form	8879-		
LHA F	or Paperwork Reduction Act Notice, see Instructions	S.			Form 8868 (Re	ev 1-2011)

023841 01-03-11