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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)

2011

OMB No 1545-1150

Open to Public

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 (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.

Inspection

Content of organization Content organization Content of table of West Central II. Labor Council Content organization Content o	A	For the	2011 calend	ar year, or tax year beginning January 1 , 2011, and ending De	cembe	· 31 , 20 11
Number owner Number and street or P C box, if med is not delivered to street address) Room/suite E Telephone number Number Room/suite E Telephone number Room/suite P C Number Room/suite Room/suit	В	Check if ap	oplicable.	C Name of organization D Emp	oloyer id	entification number
Interested the common of th		Address c	3	7-0803283		
The continuation of the continuation of the complete in the companies of the continuity, and 2/P + 4 F Group Expension		Name cha	phone n	umber		
Persistant previous native or country, and 24* 14	 	;		400 NE Jefferson Ave 408	30	9-674-2614
Revenue Peorial L. 51603-3747 Number ▶ 3.38	┝	i		City or town, state or country, and ZIP + 4	up Exe	mption
Website: ► If the organization is not required to attach Schedule B Tax-axempt status (check only one) — 501(c)(3) 501(c)(5) √ (meet no.) 4947(e)(1) or 527 (From 990, 990-E2, or 990-FP). Tax-axempt status (check only one) — 501(c)(3) 501(c)(5) √ (meet no.) 4947(e)(1) or 527 (From 990, 990-E2, or 990-FP). Tax-axempt status (check only one) — 501(c)(3) 501(c)(5) √ (meet no.) 4947(e)(1) or 527 (From 990, 990-E2, or 990-FP). Tax-axempt status (check only one) — 501(c)(3) 501(c)(5) √ (meet no.) 4947(e)(1) or 527 (From 990, 990-E2, or 990-FP). Tax-axempt status (check only one) — 501(c)(3) 501(c)(5) √ (meet no.) 4947(e)(1) or 527 (From 990, 990-E2, or 990-FP). Tax-axempt status (check only one) — 601(c)(2) 601(c)(늗			<u>. </u>	-	-
Website: ► required to attack Schedule B Fragment status (check only one) — 501(c)(3) 501(c)(5) 4 (msert no.) 4947(a)(1) or 527 (check 1) 70 70 70 70 70 70 70 7	G			✓ Cash	▶ 🗸	f the organization is not
Check	1		-			
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, 1o line 9 to determine gross recepts if gross recepts are \$200,000 or more, or if total assets (Part II). Intel® 2b, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part II 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. Z Check if the organization used Schedule O to respond to any question in this Part I. Z Chrois in the organization used Schedule O to respond to any question in this Part I. Z Program service revenue including government fees and contracts. Z 9. 3 18.414.32 4 Investment income. 3 3 38.414.32 4 Investment income. 5 3 Gross amount from sale of assets other than inventory. 5 4 133.65 5 6 Gaming and fundraising events. 5 6 Gaming and fundraising events. 6 Gaming and fundraising events. 6 Gaming and fundraising events (Form Inie 5a). 5 6 Gaming and fundraising events. 7 Gross income from fundraising events. 8 Gross sales of inventory, less returns and allowances. 7 Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 Gross profit or (loss) from gaming and fundraising events. 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue.	J			· · · · · · · · · · · · · · · · · · ·		
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the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross recepts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for 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. 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 2 3 Membership dues and assessments 3 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Gross income from garning (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events from garning and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross spofit or (loss) from garning and fundraising events (add lines 6a and 6b and subtract line 6c) 8 Cher revenue (describe in Schedule O) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 68, 849, 93 10 Grants and similar amounts paid (list in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Contributions, gifts, grants, and employee benefits 12 Benefits, paid to or for members 13 1, 63, 82, 65 14 Occupancy requested and an expense of delicity of manufacture. 15 Intervenue (describe in Schedule O) 16 Carants and similar amounts paid (list in Schedule O) 17 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 68, 849, 93 18	•					
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b Less: cost or other basis and sales expenses . 5b		5a	Gross amo	ount from sale of assets other than inventory 5a	.	
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	J	Ь		· · · · · · · · · · · · · · · · · · ·	.]	
Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events direct (according to the sum of such gross income and contributions exceeds \$15,000) d Net income or (loss) from gaming and fundraising events line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Grants and similar amounts paid (list in Schedule O) 8 Grants and similar amounts paid (list in Schedule O) 10 T220.33 11 Benefits paid to or for members 12 Saldrigs (big legislation, and employee benefits 12 Benefits paid to or for members 13 16.382.66 14 Tocupancy rept, publications, positive and maintenance 14 10,809.38 15 Finiting, publications, positive and maintenance 16 9,447.72 17 Total represes (described Schedule O) 18 Excess or (delicit) for three year (Subtract line 17 from line 9) 18 Excess or (delicit) for three year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Styles as a full first three and of year. Combine lines 18 through 20 21 57,565,98	5	C		· · · · · · · · · · · · · · · · · · ·	5c	
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b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salarts: Other comparison, and employee benefits 12 Salarts: Other comparison, and employee benefits 13 16,382.66 14 Occupancy, rent, utilities and maintenance 14 10,809.38 15 In Printing, publications, possage, and shipping 16 Other expenses. (described Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for threyear (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 57,565.98			line 6c)		6d	4294.50
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Salaries Offer concensation, and employee benefits		10	Grants and	d similar amounts paid (list in Schedule O)	10	7220.33
13 16,382.66 14 Occupancy, rent, utilities and maintenance 14 10,809.38 15 Printing, publications, postage, and shipping 15 4,533.59 16 Other expenses (describe of Schedule O) 16 9,447.72 17 Total expenses. Additines 10 through 16 17 57,023.95 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 11,524.98 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 46,041.00 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 57,565.98		11 [11	
13 16,382.66 14 Occupancy, rent, utilities and maintenance 14 10,809.38 15 Printing, publications, postage, and shipping 15 4,533.59 16 Other expenses (describe of through 16 9,447.72 17 Total expenses. Additines 10 through 16 17 57,023.95 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 11,524.98 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 46,041.00 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 57,565.98	9	3 12	Salaries, o	her compensation, and employee benefits	12	8630.27
16 Other expenses (describe in Schedule O)	Š	13	oProfession	all lees and other payments to independent contractors	13	16,382.66
16 Other expenses (describe in Schedule O)	Š	14	-фссиралс	yյ rent, µtulities cand maintenance	14	10,809.38
17 Total expenses. Additines 10 through 16	ú) 15 🚡	printing, p	ublications, postage, and shipping	15	4,533.59
18 Excess or (deficit) for the year (Subtract line 17 from line 9)					16	9,447.72
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	_	17	Total exp	enses. Addilines 10 through 16	17	57,023.95
21 Net assets or fund balances at end of year. Combine lines 18 through 20 > 21 57,565.98	9	₂ 18 3	Excess or	(deficit) কিন্দাভমূৰ্ভar (Subtract line 17 from line 9)	18	11,524.98
21 Net assets or fund balances at end of year. Combine lines 18 through 20 > 21 57,565.98	ţ	ฐ 19				
21 Net assets or fund balances at end of year. Combine lines 18 through 20 > 21 57,565.98	٧	₹	=		19	46,041.00
21 Net assets or fund balances at end of year. Combine lines 18 through 20	<u> </u>	20			20	•••
	_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	

Pa	rt II Balance Sheets. (see the instructions	for Part II.)				<u> </u>
	Check if the organization used Schedule	e O to respond to ar	ny question in this	Part II	٠	🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	. 		46,041	22	57,566
23	Land and buildings				23	
24	Other assets (describe in Schedule O)	. .			24	
25	Total assets			46,041	25	57,566
26		. 			26	
27	Net assets or fund balances (line 27 of colum			46,041	27	57,566
Par	t III Statement of Program Service Accon	•		•		Expenses
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III 📝	(Red	quired for section
Wha	t is the organization's primary exempt purpose?	see schedule O		· ·		(c)(3) and 501(c)(4)
as n	cribe the organization's program service accompletesured by expenses. In a clear and concise rous benefited, and other relevant information for e	manner, describe the			494	anizations and section 7(a)(1) trusts; optional others)
28					-	
20						
	(Granta \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	t includes foreign gra	nte chock horo		28a	
29		· · · · · · · · · · · · · · · · · · ·			208	<u>'</u>
25					l	
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	(Grants \$) If this amoun	t includes foreign gra	ente check horo		29a	
30					250	'
30					1	
					1	
	(Grants \$) If this amoun	t includes foreign gra	ente check here	-	30a	
24	Other program services (describe in Schedule O)				Jua	'
91	· · · · · · · · · · · · · · · · · · ·	t includes foreign gra			31a	
32	Total program service expenses (add lines 28a	through 31a)	ints, check here .		32	
	t IV List of Officers, Directors, Trustees, and Ke					
	Check if the organization used Schedule					
		(b) Title and average	(c) Reportable	(d) Health benefits,	Ť	<u> </u>
	(a) Name and address	hours per week devoted to position	compensation (Forms W-2/1099-MISI (if not paid, enter -0-		6	Estimated amount of other compensation
see	schedule O					
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	o
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)	34		1
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
	during the year? If "Yes," complete applicable parts of Schedule N	36		
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 2,660 Did the organization file Form 1120-POL for this year?	37b		✓
	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		Ī
ь 39	Section 501(c)(7) organizations. Enter:	-		
а	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 ▶			
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	1		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶ none			
42a		309-69		
b	Located at ► 400 NE Jefferson Ave #408 Peoria IL At any time during the calendar year, did the organization have an interest in or a signature or other authority over	61603	Yes	
•	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	<u>√</u>
	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.	ļ .		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
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
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
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	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		√
450	explanation in Schedule O	44d	-	/
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		<u>*</u>

Р	age	4

		•						Yes	s No			
46		ne organization engage, directly or in andidates for public office? If "Yes," o						46 /	<u> </u>			
Part		Section 501(c)(3) organizations										
rait												
	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											
47												
71	year? If "Yes," complete Schedule C, Part II											
48												
		ne organization make any transfers to					- F	49a	+ 🗸			
49a		-	•	-			· · · · · · · · · · · · · · · · · · ·	49a 49b	+-			
50		s," was the related organization a se plete this table for the organization's							nd kov			
30		oyees) who each received more than										
	Ciripi	syces, wile capit received more than	· · · · · · · · · · · · · · · · · · ·	T '		th benefits,	T	- 110110.	<u> </u>			
	(a) Na	ame and address of each employee	(b) Title and average hours per week	(c) Reportable compensation	contribution	ns to employee		timated amo	ount of			
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MIS		s, and deferred ensation	othe	er compensa	ation			
					Comp		<u> </u>	····				
					-		-		-			
none												
							<u> </u>					
									· · · · · · · · ·			
	-											
f	Total	number of other employees paid over	* \$100.000	<u> </u>	<u> </u>				· · · · · · · · · · · · · · · · · · ·			
					<u> </u>		L					
51	\$100	olete this table for the organization's ,000 of compensation from the orga	s five nignest compe nization. If there is no	ensated independe one enter "None"	nt contracto	rs wno eac	n rece	ivea mor	e tnan			
	Ψισο	, coo or compensation from the organ	THE CHOTE IT THE COURT	T TOTAL	 	T		·····				
(a)	Name a	nd address of each independent contractor pai	d more than \$100,000	(b) Type of s	ervice	(c) Comp	ensation				
none												
110110												
						}						
-		·····	· · · · · · · · · · · · · · · · · · ·									
	-			1								
									<u>.</u>			
				1								
d	Total	number of other independent contra	ctors each receiving	over \$100.000	. •	1	0					
52		ne organization complete Schedule A	•	- '	ns and 4947	(a)(1)						
JŁ		xempt charitable trusts must attach a					▶ □	Yes 🗸	No			
Undern		of penury, I declare that I have examined this r				*	=					
		d complete. Declaration of preparer (other than						,	, n. 13			
		Mary M Mason	Fine	Section		5/11/12	-	· · · · · · · · · · · · · · · · · · ·				
Sign	ŀ	Signature of officer				ate						
Here		I NANCY M GARDNE	R Financia	J Secretaria	The c	יש שלענו:						
		Type or print name and title	- TYNCHOLD	SI SECRICAÇIO	9 - 1 - 22	<u>u. c.</u>						
D-:-		Print/Type preparer's name	Preparer's signature	- · ·	Date	Charle) , F	TIN				
Paid	d Print/Type preparer's name Preparer's signature Date					Check	1 17 I					
_									self-employed			
Prep		Firm's name				self-emplo		· · ·				
_		Firm's name ► Firm's address ►										

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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 35c (Proxy Tax), then

	ection 501(c)(4), (5), or (6) orga	ınızations: Complete Part III.		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	-1//
	of organization			Employer ide	ntification number
		West Central IL Labor Council			37-0803283
Part		e organization is exempt und			organization.
1	•	he organization's direct and indire	•	~	φ
2	•				\$ 2260
3	Volunteer hours				
Part		e organization is exempt und			
1		excise tax incurred by the organiza			\$
2		excise tax incurred by organization			\$
3	•	ed a section 4955 tax, did it file Fo	•		_ = =
4a					Yes No
b	If "Yes," describe in Part			-\	1/-//0/
Part		e organization is exempt und ly expended by the filing organiz			1(C)(3).
1				· ·	2200
2		filing organization's funds contrib			2260
~		vities			0
3		expenditures. Add lines 1 and 2			·
Ū					2260
4		n file Form 1120-POL for this year			
5		ses and employer identification nu			
Ū		ents. For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	I fund or a political action committe	ee (PAC). If additio	nal space is needed, pro	vide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Namo	(5) / (53)	(0,	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1) no	one		_		
(2)			-		
(3)		<u></u>	1		
(4)		}	1		
<i>(E</i>)					
(5)			1		
(6)					

Pa	art II-A	Complete if the organization section 501(h)).	on is exempt u	under section 50	01(c)(3) and file	d Form 5768 (ele	ction under			
A	Check ► ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).									
В	Check •	I if the filing organization ch								
<u> </u>	CHECK		bying Expendit		ioi provisions e	(a) Filing	(b) Affiliated			
		(The term "expenditures" m)	organization's totals	group totals			
•	la Total l	lobbying expenditures to influence		. <u>. </u>						
		lobbying expenditures to influence								
		obbying expenditures (add lines	-							
		exempt purpose expenditures .								
		exempt purpose expenditures (ad	d lines 1c and 1	d)						
	f Lobby colum	ring nontaxable amount. Enter	the amount f	rom the following	table in both					
	If the a	mount on line 1e, column (a) or (b) is	The lobbying	nontaxable amoun	t is:					
	Not ove	er \$500,000	20% of the ar	mount on line 1e.						
	Over \$	500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000.	1				
		1,000,000 but not over \$1,500,000		s 10% of the excess						
	Over \$	1,500,000 but not over \$17,000,000		5 5% of the excess o	ver \$1,500,000.					
		17,000,000	\$1,000,000.	····						
	_	roots nontaxable amount (enter 2	. ,			 				
		act line 1g from line 1a. If zero or l		· · · · · ·						
		act line 1f from line 1c. If zero or le re is an amount other than zero		ther line tildid		file Form 4700				
		ing section 4911 tax for this year			· · · · · · ·		☐ Yes ☐ No			
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)									
		Lobbyin	g Expenditures	During 4-Year A	eraging Period	T				
	Cal	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total			
	2a Lobby	ying nontaxable amount				,				
		ring ceiling amount 6 of line 2a, column (e))								
	c Total	lobbying expenditures								
		roots nontaxable amount								
		roots ceiling amount 6 of line 2d, column (e))								
	f Grass	roots lobbying expenditures								

Part	II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	57 6 8		
Fore	ach "Y	es" response to lines 1a through 1i below, provide in Part IV a detailed description	(;	a)		(b)	
		ing activity.	Yes	No	A	moun	nt
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 ndum, through the use of:					
а	Volunt	eers?		•			
b	Paid s	taff or management (include compensation in expenses reported on lines 1c through 1i)?					
C		advertisements?	_				
d		gs to members, legislators, or the public?					
е		ations, or published or broadcast statements?					
f		s to other organizations for lobbying purposes?					
g		contact with legislators, their staffs, government officials, or a legislative body?					
h		s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i		activities?		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		s," enter the amount of any tax incurred under section 4912					
C		s," enter the amount of any tax incurred by organization managers under section 4912 .					
d		illing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (or se	ction		
						Yes	No
1		substantially all (90% or more) dues received nondeductible by members?			1		<u> </u>
2		e organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did th	e organization agree to carry over lobbying and political expenditures from the prior year? .			3		
		Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes." assessments and similar amounts from members				line 3	3, is
2	Section politic	n 162(e) nondeductible lobbying and political expenditures (do not include amounts cal expenses for which the section 527(f) tax was paid).	of	•			
а		nt year	•	2a			
b	_	over from last year		2b			
C	Total			2c			
3		gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.		3_	-		
4	exces	ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of s does the organization agree to carryover to the reasonable estimate of nondeductible lobby blitical expenditure next year?	ring				
5	•	le amount of lobbying and political expenditures (see instructions)		4			
	t IV	Supplemental Information	<u> </u>	_5			
Comp	lete thi	s part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Folete this part for any additional information.	Part II	-A; aı	nd Part	II-B,	line
Wade	donatio	ns to Labor endorsed candidates and/or purchased tickets to their fundraisers.				••••	
		······································					
						- 	
						-	
							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Open to Public Inspection

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
see attached	
······································	
······································	

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

Part 1 - Line 10

Donations to Chariti	ies		
T	\$	250.00	
H	leart Of IL United Way - Peoria	\$	2,300.00
JJ	llinois Labor History Society Illinois	\$	300.00
Ir	nterfaith Workers Justice Illinois	\$	100.00
C	Children's Hospital of Illinois - Peoria	\$	100.00
P	Peoria Park Districr - Hispanic Fiesta - co sponsor	\$	250.00
		\$	3,300.00
Support of Union Ac	ctivities		
• •	Inion Retiree Council of West Central IL Peoria	\$	600.00
v	NCI Bldg Trades Council Charity Golf Outing -Peoria	\$	500.00
	NALC 31 Charity Golf Outing for MDA Peoria	\$	100.00
F	Fire fighters #50 Charity Trap Shoot-Burn Center Peo	\$	100.00
L	.CLAA Memorial Scholarship Fund - Peoria	\$	250.00
L	aborers #996 Charity Golf Outing Peoria	\$	100.00
II	BEW #34 Benefit Golf Outing Galesburg	\$	100.00
		\$	1,750.00
Community Activitie	es		
•	ocal and State Political Cantidates	\$	400.00
_	Assistance to Military Families Central IL	\$	1,000.00
	-	\$	500.00
		-	
V	Vorkers' Memorial - OSHA - Peoria	<u>\$</u> _	220.33
		\$	2,120.33
Affiliation Fees			
Į.	Ilinois AFL-CIO - Springfield, IL	\$	50.00
		\$	50.00
	total	\$	7,220.33

Schedule O (Form 990 or 990EZ 2011

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	\$ 329.70
Attending out of town Rallies	\$ 3,559.02
Meals and Local Travel representing the Labor Council	\$ 4,274.00
total	\$ 9,447.72

Schedule O Form 990 or 990EZ (2

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 strtudents (78 students)
Provide emergency assistance to members 6 members
Provide home repair assistance to Military Families (25 families)
Assist in our Adopt a School program
Took bus trips to Wisconsin & Indiana to sup pport workers
in those states

Adopt a School Program through School District and Chamber of Commerce at a Pre-K through 6th grade public school - provide assistance, mentoring, supplies, books and a Christmas party with gifts for the children. The school has 650 students.

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

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

Educate High School Students on the process of negotiations

This was accomplished with a workship for 1 78 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

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/fumaces/air conditioning/roofs/pipe or other plumbing repair/carpentry/electricial/or other items necessary. Assisted 25 families in 2010 11

2011

American Federation of Labor West Central IL Labor Council

37-0803283

Part IV

Officers, Trustees & Executive Board

Name & Address	Title	Hrs pr wk	Ann	ual Compenstation Bene		Expense	/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			retir	res 12/31/11			
Nancy Gardner 407 McKinley Bartonville, IL 61607	Fin Sec/Treas	10	\$	2,400.00	0	\$	-
Phillip Salzer 3101 N Old Trail Rd	Rec Sec	3	\$	1,200.00	0	\$	-
Peoria, IL 61604 Evonne Fleming 313 S Webster	Trustee	1		40	0	\$	
Peoria, IL 61605			Elec	cted 10/22/11			
Martin Helfers	Trustee	1	\$	160.00	0	\$	_
1820 Highwood Av		temporary le	eave	e from Feb to June II			
Pekin, IL 61554							
Diane Johnson	Trustee	1	\$	20.00	0	\$	-
417 Francis							
Chillicothe, IL 61523			resi	gned 1/31/11			
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 Dave Chapman 8507 Pfeiffer Rd	Exec Board	1	\$	120.00	0	\$	-
Mapleton, IL 61547							
Bonnie Hester 2215 W Butler	Exec Board	1	\$	120.00	0	\$	-
Peoria, IL 61605							
William Halstead	Exec Board	1	\$	120.00	Λ	\$	_
2210 W Newport Ct	Exec Board	,	Ψ	120.00	v	Ψ	_
Peoria, IL 61614							
Anthony O'Brian	Exec Board	1	\$	120.00	Λ	\$	_
35 Hampton Ct	EXCC DOGIG	•	Ψ	120.00	J	₩	-
Morton, IL 61550							
MOILOII, IL O1000							

D. Troy Pruitt 422 Pekin	Exec Board	1	\$	30.00	0 \$	-
Lincoln, IL 62656	resigned 3/31/11					
Karen Bean	Exec Board	1	\$	120.00	0 \$	-
209 Collier						
Bartonville, IL 61607						
Arnulfo 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 Board	1	\$	120.00	0 \$	-
718 W Fort St						
Farmington, IL 61531						
Greg Daniel	Exec Board	1		\$20.00	0 \$	
5602 W Merrimac Av						
Peoria, IL 61614			Elected	1 10/22/11		