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SCANNED DEC 1 0 2012

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

A For the 2011 ca	lendar year, or tax year beginning	and	ending	-					
B Check if applicable C Nar	me of organization			D Employe	r identificat	ion number			
Address M3	DWEST REGION ORGANIZI	NG COMMITTEE		1					
Nome	ng Business As			1	37-137	71059			
Control Control	mber and street (or P.O. box if mail is not deliv	vered to street address)	Room/suite	E Telephon	e number				
	N. OLD STATE CAPITOL	PLAZA	525		217-78	<u> 89-6996 </u>			
	y or town, state or country, and ZIP + 4			G Gross receip	its \$	9,709,	<u>566.</u>		
nondino.	PRINGFIELD, IL 62701			H(a) Is this a					
FNa	me and address of principal officer.JOHN	I PENN		for affili		Yes	_		
	ME AS C ABOVE	4 (mant no.) 4047(n)(4)	507	H(b) Are all a			No		
1 Tax-exempt stat	us. 501(c)(3) X 501(c)(5) W.MROCNOW.ORG	(insert no.) 4947(a)(1)	or 527	٠ .		(see instruction	ins)		
K Form of organizati		ociation Other	I Vear	of formation: 1		tate of legal domi	cile: TT.		
Part I Summ	····	outer p	L Teai	Of Iormation, 2	L J J OI WI O	tate of legal domi	<u> </u>		
4 Briefly de	escribe the organization's mission or most	significant activities: AID	LABOR	UNIONS	IN ORG	ANIZING			
W	OYERS & EMPLOYEES	<u></u>		<u> </u>					
2 Check th	is box 🕨 🔲 if the organization discon	tinued its operations or dispo	sed of more	than 25% of	its net asse	ts			
3 Number	of voting members of the governing body (Part VI, line 1a)			3		8		
4 Number	of independent voting members of the gov	erning body (Part VI, line 1b)			4		8		
5 Total nur	mber of individuals employed in calendar ye	ear 2011 (Part V, line 2a)			5		41		
6 Total nur	mber of volunteers (estimate if necessary)				6		0		
7 a Total unr	elated business revenue from Part VIII, col				7a	6,	362.		
<u>b</u> Net unre	lated business taxable income from Form 9	990-T, line 34	 -		7b		0.		
9 Contribu	tions and grants (Part VIII, line 1h)			Prior Yea	0.	Current Ye	0 •		
≒	service revenue (Part VIII, line 2g)		,023.	9,050,					
อี 10 Investme	ent income (Part VIII, column (A), lines 3, 4,								
11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8	6/		434.		045. 336.			
12 Total rev	enue - add lines 8 through 11 (must equal)	Part VIII, column (A) line 12)		8,981		9,323,			
13 Grants a	nd similar amounts paid (Part IX, colu r on (A	(), lines 1:3)		2,740		4,077,			
14 Benefits	paid to or for members (Part IX, column (X	hine 4)10			0.		0.		
	other compensation, employee benefits	art (X, column (At, lines 5-10)	764.	4,187,	147.				
16a Profession	onal fundraising fees (Part IX, column (A), li	he 1 her			0.		0.		
.a i	draising expenses (Part IX, column (D), line		<u> </u>						
- 17 Other ex	penses (Part IX, column (A), lines 11a-11d,		<u> </u>		,989.	1,447,			
	penses Add lines 13-17 (must equal Part I)		-	7,601		9,711,			
19 Revenue	less expenses Subtract line 18 from line	12		1,379		<388,			
20 Total last 22 Net asset 22 Net asset 22 Net asset 23 Net asset 24 Net asset 25 N	sets (Part X, line 16)		1 86	eginning of Curi 5,126		End of Yea 4,775,			
20 Total ass	olities (Part X, line 26)				,093.		938.		
22 Net asse	ets or fund <u>balances</u> Subtract line 21 from	line 20	 	5,077		4,724,			
Part II Signa	ature Block	1110 20		37077	, <u> </u>	1,,,,,,	755.		
Under penalties of pe	rjury, I declare that I have examined this return,	including accompanying schedul	es and staten	nents, and to the	e best of my k	nowledge and be	lief, it is		
	nplete. Declaration oppreparer (other than office				-	•	·		
	10/ len								
g.,	fature of officer			Date	ulial				
	OHN PENN, CHAIRMAN				<u> </u>	2			
	pe or print name and title			Data	/ /	T DTIN			
1	pe preparer's name	Preparer's signature	{	Date	Check] PTIN			
Paid				I <u>-</u>	self-employed				
Preparer Firm's no Use Only Firm's ac				Firm	ı's EIN 🛌				
Ose Only Fifth S at	ddress -			Dha	00.00				
May the IRS discu	ss this return with the preparer shown abo	ve? (see instructions)		1 110	ne no.	Yes	No		
	HA For Paperwork Reduction Act Notic		ions.			Form 99			

Form	990 (2011)			RGANIZING CO	MMITTEE	<u>37-1371059</u> F	age 2
Par	t III Stateme	nt of Program S	Service Accomp	olishments			
	Check if Sc	chedule O contains a	response to any que	estion in this Part III			
1		he organization's mis		octor in this rate in		****	
'	•	-		TO PMDI OVEDO	AND EMPLOYEES		
	AID DADOL	K ONTONS IL	OKGANIZIN	CATIOTERS	AND EMPLOISES		
			_				
2	Did the organizat	ion undertake anv si	gnificant program se	rvices during the year w	hich were not listed on		
_	the prior Form 99	· · · · · · · · · · · · · · · · · · ·	J p J	, , , , , , , , , , , , , , , , , , ,		Yes 🖸	Z No
	-		an Cabadula O			163 [2	2110
	•	these new services					
3	Did the organizat	ion cease conductin	g, or make significan	it changes in how it cond	lucts, any program services	? Yes 🖸	≰ No
	If "Yes," describe	these changes on S	Schedule O				
4		-		ents for each of its three	e largest program services, a	s measured by expenses.	
•	_				uired to report the amount o		
						r grants and anocations to	
			ue, if any, for each p	rogram service reported			
4a	(Code) (Expenses \$		including grants of \$) (Reve	nue \$)
	ORGANIZE	EMPLOYERS	& EMPLOYER	ES BY AIDING	AFFILIATE LOCA	AL UNIONS AND	
		COUNCILS.					
	_						

	_						
				····			
46		\ /=) (-		
4b	(Code) (Expenses \$		including grants of \$) (Reve	inue \$	—- '
			**				
						····	
	_						
			 		144		
		· · · · · · · · · · · · · · · · · · ·			·		
			· · · · · · · · · · · · · · · · · · ·				
	·						
4c	(Code) (Expenses \$		including grants of \$) (Reve	enue \$)
							
	_						
	_						
			<u> </u>				
							
				· · · · · · · · · · · · · · · · · · ·			
4d	Other program s	ervices (Describe in	Schedule O.)				
	(Expenses \$		including grants of \$) (Revenue \$		
_4e	Total program s	service expenses					
						- 000	

132002 02-09-12

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	ļ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		}	
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	۱.,	.	
h		11a	X	-
U	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		X
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		x
d	_	11c	-	<u> </u>
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	}	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16_		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		}	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	_19	ļ	X_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u></u> D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Form	990 (2011)

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Form 990 (2011) MIDWEST REGION ORGANIZING COMMITTEE

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			Ì
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	}		1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		•	
	instructions for applicable filing thresholds, conditions, and exceptions))) <u></u>
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			4.
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			- V
	contributions? If "Yes," complete Schedule M	30	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	<u> </u>	
55	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?	33		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	33a	<u> </u>	- 21
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	<u> </u>	- 21
55	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	"		 **
	Note. All Form 990 filers are required to complete Schedule O	38	X	}
	- Control of the cont			(2011)
		, 5,,,,,		,,

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Form 990 (2011) MIDWEST REGION ORGANIZING COMMITTEE

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in the Part V

	Check if Schedule O contains a response to any question in this Part V				
	• '			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 10			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming			
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined federal employment tax returned federal employm	ns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u> X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country.				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions or gifts			
	were not tax deductible?		6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).				}
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	_		
	to file Form 8282?	1 1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file File the organization received a contribution of organization and the organization file File the organization received a contribution of organization and the organization file File the organization received a contribution of organization and the organization file File the organization received a contribution of organization file File File the organization received a contribution of organization file File File File File File File File F		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining depart advised funds and parties of providing arrangizations.		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at				X
		any time ouring the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		00		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9a 9b	-	X
10	Section 501(c)(7) organizations. Enter:		90	<u> </u>	- 22
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	(· · · · · · · · · · · · · · · · · · ·]
а	Gross income from members or shareholders	11a			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources against		}		
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the			!	ĺ
	organization is licensed to issue qualified health plans	_13b]		
c	Enter the amount of reserves on hand	13c	<u> </u>		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b		
			Form	990	(2011)

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Form 990 (2011) MIDWEST REGION ORGANIZING COMMITTEE 37-1371059 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing	}		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ļ .	.	i
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, ,	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- , a -		
J	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			<u> </u>
_	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u> </u>		<u> </u>
<u> </u>	tion D. 1 Onolog (This Section B requests information about policies not required by the internal nevenue Code)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	res	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	111	ļ.——	
b 10-	Did the organization have a written conflict of interest policy? If "No," go to line 13	40-	Х	(
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
b	· · · · · · · · · · · · · · · · · · ·	12b	Δ.	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	•	1
40	In Schedule O how this was done	12c	X	├──
13	Did the organization have a written whistleblower policy?	13	X	├
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	١	3,5	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		[
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			.,
	taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		ļ	ļ
<u></u>	exempt status with respect to such arrangements?	16b		<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation.	-	
	JANELLE BROWN, CPA - 217-789-6996			
13200	1 N. OLD STATE CAPITOL PLAZA, SPRINGFIELD, IL 62701			
01-23		Form	990	(2011)

Form **990** (2011)

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	organization compensat						(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
Traine and This	hours per	(do box	(do not check more than one box, unless person is both an			than d s both	ne nan	compensation	compensation	amount of
	week	offic	er an	dad	recto	r/trus	tee)	from	from related	other
	(describe	cţō				1 1		the	organizations	compensation
	hours for	1				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	ruste			ESU		(W-2/1099-MISC)		organization
	organizations	a tru	nal t		loye	E 20			ļ	and related
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	кеу етр	Highest compensated employee	юттег			organizations
(1) CHARLES SHEMPF, JR.										
SECRETARY/TREASURER	1.00	X		<u> </u>				0.	0.	0
(2) JOHN PENN										
CHAIRMAN	4.00	X		X				0.	0.	0
(3) CLINT TAYLOR										
TRUSTEE	1.00	X						0.	0.	0
(4) GLYN RAMAGE										
TRUSTEE	1.00	X	<u></u>					0.	0.	0
(5) FRANK DEGRAW										
TRUSTEE	1.00	X	ļ			ļ		0.	0.	0
(6) GARY ELLIOTT										_
TRUSTEE	1.00	X			ļ			0.	0.	0
(7) RENO HAMMOND	1 00									
TRUSTEE	1.00	X.		<u> </u>		ļ		0.	0.	0
(8) LARRY YARNELL	1 00	7.)
TRUSTEE	1.00	X			<u> </u>	├		0.	0.	0
(9) DAVID PENN	40.00			x				140 507		00 600
DIRECTOR	40.00	-		^				140,587.	0.	80,628
		\vdash					_			
		-				_				
		<u> </u>				<u> </u>				
										ļ
		\vdash				T				
		+-			_		-			
		╁	-							

132007 01-23-12

Par	t VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)				
	(A) , Name and title	(B) Average hours per week (describe	(do box offic	not ci	(C Posi heck ss pe	C) Ition more rson i		one n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		am	(F) imate ount o other oensa	of
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	orga and		from the organization and related organizations	
			_											
				_										
			-	_		_	-							
							<u>.</u>							
				_										_
		ļ		_		_								
	Cub Add			<u> </u>					140,587.		0.	α	0,6	2 B
С	Sub-total Total from continuation sheets to Part V	II, Section A							0. 140,587.		0.	<u> </u>	0,6	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization	not limited to th	nose	 liste	ed a	bov	e) wi	no re),000 of reportabl			0,0	<u> </u>
3	Did the organization list any former officer	. director, or tri	uste	e. ke	ev er	mpla	ovee	or	highest compensated e	mplovee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	such individual							_			3		Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? If "Yes,	, " cc	mpl	ete	Sch	edul	e <i>J f</i>	for such individual	-		4	Х	_
	rendered to the organization? If "Yes," conction B. Independent Contractors					-						5	_	X
1	Complete this table for your five highest co	•	•								pens	ation f	rom	_
	(A) Name and business			ON:					(B) Description of		C	(C Compe		n
								1						
2	Total number of independent contractors \$100,000 of compensation from the organ		not I	imite	ed to		ose li O	sted	d above) who received r	nore than				
												Form	gan /	2011

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue fts, Grants Amounts 1a 1 a Federated campaigns 1b Membership dues c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 2 a EMPLOYER CONTRIBUTIONS 900099 9,050,035.9,050,035 Program Service f All other program service revenue 9,050,035 g Total, Add lines 2a-2f Investment income (including dividends, interest, and 62,683 62,683. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other 377,236. 15,276. assets other than inventory b Less. cost or other basis 369,298. 16,852 and sales expenses c Gain or (loss) 7,938. <1,576. 6,362. 6,362 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a LIUNA CONTRIBUTIONS 900099 125,438. 125,438. 56,402. **b** RETIREE COUNCIL RECEIP 900099 56,402. c CONVENTION FUND RECEIP 900099 22,000. 22,000. 900099 496. 496. d All other revenue Total. Add lines 11a-11d 204,336. 6,362. 62,683. Total revenue See instructions. 132009 01-23-12 Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do I	Check if Schedule O contains a responsition include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	4 004			
	organizations in the United States. See Part IV, line 21	4,024,500.			
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	52,651.	<u> </u>		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	221,215.			
ò	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,349,163.			
3	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	997,002.			
•	Other employee benefits	406,800.			
)	Payroll taxes	212,967.			
1	Fees for services (non-employees).				
а	Management				
b	Legal	68,536.			
С	Accounting	6,000.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	6,367.			
g	Other				
2	Advertising and promotion	750.			
3	Office expenses	110,988.			
ļ	Information technology				
5	Royalties				
3	Occupancy	40,573.			
7	Travel	386,166.			
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	135,248.			
)	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	196,441.			
3	Insurance	73,736.			
Ļ	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	REIMB SAL/TAXES/BENEFIT	256,713.			
b	ORGANIZING EXPENSES	60,355.	-		
c	CHARITABLE DONATIONS	46,780.			
d	MENT O C DAMEDONA TABARAM	40,643.			
	All other expenses	18,294.			<u> </u>
5	Total functional expenses. Add lines 1 through 24e	9,711,888.			
6	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2011)

Par	1	Balance Sheet	(A) Beginning of year		(B) End of year
— т		Cash - non-interest-bearing	Beginning or year		Lild Of year
	1 2	Savings and temporary cash investments	2,566,960.	2	2,235,187
	3	Pledges and grants receivable, net	2,300,300.	3	2,233,107
	4	Accounts receivable, net		4	
1	5	Receivables from current and former officers, directors, trustees, key	·		
	5	employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	Ū	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ş;	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
۷	9	Prepaid expenses and deferred charges		9	
Ì		Land, buildings, and equipment cost or other			
	.04	basis Complete Part VI of Schedule D 10a 1,056,019.			
	b	Less. accumulated depreciation 10b 470, 185.	688,919.	10c	585,834
	11	Investments - publicly traded securities	1,856,633.	11	1,950,716
	12	Investments - other securities See Part IV, line 11		12	
ļ	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	13,917.	15	3,934
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,126,429.	16	4,775,671
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ဖွ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ap		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of	16		
		Schedule D	49,093.	25	50,938
	26	Total liabilities. Add lines 17 through 25	49,093.	26	50,938
		Organizations that follow SFAS 117, check here X and complete			
ses		lines 27 through 29, and lines 33 and 34.		1	
auc	27	Unrestricted net assets	5,077,336.		<u>4,724,733</u>
Bal	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
፲		Organizations that do not follow SFAS 117, check here and			
S OI		complete lines 30 through 34.		_	
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds	F 077 226	32	

4,724,733. 4,775,671. Form **990** (2011)

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

5,077,336. 33

orm	990 (2011)	MIDWEST	REGION	ORGANIZING	COMMITTEE_	37-13	71059	Pag	ge 12
Par	t XI Recor	ciliation of Net Assets	S						
	Check if	Schedule O contains a resp	onse to any	question in this Part X	I				X
		•							
1	Total revenue	must equal Part VIII, column	n (A), line 12)			1	9,32	3,4	16.
2	Total expense	2	9,71	1,8	88.				
3	Revenue less	expenses Subtract line 2 fro	m line 1			3	<38	8,4	72.>
4	Net assets or	und balances at beginning o	of year (must	equal Part X, line 33,	column (A))	4	5,07	7,3	36.
5	Other change:	in net assets or fund balance	ces (explain i	ın Schedule O)	,	5			69.
6	Net assets or	und balances at end of year	Combine lir	nes 3, 4, and 5 (must e	qual Part X, line 33, column (B))	6	4,72		
Par		ial Statements and R				·			
		Schedule O contains a resp		question in this Part X	И				\mathbf{x}
								Yes	No
1	Accounting m	thod used to prepare the Fo	orm 990	Cash Acci	ual X Other MODIFIE	D CASH	ı 🗌		
	_				cked "Other," explain in Schedule		-		
2a	-	nization's financial statemen	_	· •			2a		х
b	-	nization's financial statemen	•	•	•		2b	Х	
c	•		•	•	es responsibility for oversight of th	e audit.			
_		pilation of its financial stater			, ,	·	2c	x	Ī
	If the organiza	ion changed either its overs	ant process	or selection process	during the tax year, explain in Sch	edule O			
d	•	•	• .	•	statements for the year were issue				
_		, consolidated basis, or both			,		,		ŀ
	X Separat		r	Both consolidated	and separate basis			}	
За			anization red		udit or audits as set forth in the Si	nale Audit			
		Circular A-133?		,			3a		x
b	If "Yes," did th	e organization undergo the r	required audi	lit or audits? If the orga	anization did not undergo the requ	ııred audıt			
	•	ain why in Schedule O and d	•	•	• .		3b		L

132012

Form **990** (2011)

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

•	Section 501(c)(4), (5), or (6) organizat	ions Complete Part III	,	_, ,	,,
	ne of organization			Emplo	yer identification number
	MIDWEST	REGION ORGANIZI	NG COMMITTE	E	37-1371059
Pa	art I-A Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527 or	ganization.
	Provide a description of the organiz	ation's direct and indirect politication	al campaign activities		
	Political expenditures			▶\$	
3	Volunteer hours				
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 t	for this year?		Yes No
48	Was a correction made?				Yes No
	If "Yes," describe in Part IV.		504(-)	504/	-1/0)
	art I-C Complete if the org	 		·	c)(3).
	Enter the amount directly expended	· •	•		
2	Enter the amount of the filing organ	ization's funds contributed to oth	ner organizations for s		
	exempt function activities				
3	Total exempt function expenditures	Add lines 1 and 2 Enter here a	nd on Form 1120-POL		
	line 17b			▶\$	
	Did the filing organization file Form				Yes No
5	•	• •	•	•	• •
	made payments For each organiza contributions received that were pr				•
	political action committee (PAC). If				to segregated fullo of a
	<u> </u>				(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0
			•		
					

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

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 M. Part II-A Complete if the organ	IDWEST REC	SION ORGANIZ	ING COMMITTE	EE 37 – 2 ed Form 5768	1371059 Page 2
(election under section					
		filiated group (and list in	n Part IV each affiliated g	roup member's par	ne address FIN
expenses, and share	=	-	TT LITTY CLOTT LITTLE (group mombor o nar	110, 4441000, 2114,
·	, ,	and "limited control" pro	vusions anniv		
Limits	on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion	(grass roots Johnwing)			
b Total lobbying expenditures to influe	-	.=	-		
	•	dy (direct lobbying)	-		
c Total lobbying expenditures (add line	s ra and rb)		-		+
d Other exempt purpose expenditures	(malal liman 4 m mind 4	۵۱	 		-
e Total exempt purpose expenditures					
f Lobbying nontaxable amount Enter					
If the amount on line 1e, column (a) or (bbying nontaxable am			
Not over \$500,000		f the amount on line 1e			
Over \$500,000 but not over \$1,000,0		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500	0,000 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000	,000			;
 g Grassroots nontaxable amount (enter h Subtract line 1g from line 1a. If zero is i Subtract line 1f from line 1c. If zero is j If there is an amount other than zero reporting section 4911 tax for this year 	or less, enter -0- or less, enter -0- on either line 1h o ear?				Yes No
	ions that made a		n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 MIDWEST REGION ORGANIZING COMMITTEE 37-1371059 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form F769

	<u> </u>
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," 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 d If the filing 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)(6). 	Yes	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," 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 d If the filling 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)(6).	on 501(c)(5			
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Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5			
501(c)(6).	on 501(c)(5			
		ō), or se	ction	
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1	X	1
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_2_	<u>X</u>	<u> </u>
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section	5044-1/5	3	- 1.5	2
answered "Yes." 1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		ĺ		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical	1		
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information		5		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

MIDWEST REGION ORGANIZING COMMITTEE

Employer identification number

	MIDWEST REGION ORGA		37-13/1059
Par			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
	<u></u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's ex	=	Yes No
6	Did the organization inform all grantees, donors, and donor ad-		e used only
	for charitable purposes and not for the benefit of the donor or	<u> </u>	-
	impermissible private benefit?	• • •	Yes No
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic strue	cture included in (a)	2c
ď	Number of conservation easements included in (c) acquired af	` '	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	
·	year >	acce, change on continue of a	to organization daring the tax
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period		f
-	violations, and enforcement of the conservation easements it l		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and el	_	
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	in Part XIV, describe how the organization reports conservatio	on easements in its revenue and expens	
_	include, if applicable, the text of the footnote to the organization		
	conservation easements		g
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue state	ement and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi	· · · · · · · · · · · · · · · · · · ·	
	the text of the footnote to its financial statements that describ		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (ASC		nt and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, edi		
	relating to these items	doction, or research in farther ance of p	delic service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	isures or other similar assets for financial	val dain provide
2	the following amounts required to be reported under SFAS 11		iai yairi, provide
_	Revenues included in Form 990, Part VIII, line 1	to those items.	• •
a h	·		► \$ ► \$
D	Assets included in Form 990, Part X		> •

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Sched Par		REGION OR					–1371 Assets (
	Using the organization's acquisition, accession								
	(check all that apply).	,	o, oo a, o.						
а	Public exhibition	d	Loan or	exchange progra	ams				
b	Scholarly research	e		Charles & Carl					
c	Preservation for future generations	ŭ					_		
	Provide a description of the organization's co	llections and explain	how they furth	ner the organizati	on's exem	nt nurnose	ın Part XIV		
	During the year, did the organization solicit or		=	-			mi are zav		
	to be sold to raise funds rather than to be ma				or sirrilar c	100010	Ye	. ₋ Г	□ No
	t IV Escrow and Custodial Arrang				"Yes" to F	orm 990 P			
	reported an amount on Form 990, Par		to it the Organi	zation answered	163 (01)	01111 330, 1	art iv, mio .	,, Oi	
10	Is the organization an agent, trustee, custodia		liany for contrib	utions or other as	seate not in				
18	on Form 990, Part X?	an or other intermed	nary for contrib	utions of other as	55615 1101 11	icidaea		Г	No
	·	and complete the fo	llovena tabla				T 6	S L	140
D	If "Yes," explain the arrangement in Part XIV	and complete the lo	llowing table				Δ		
	Para a shalara						АП	ount	
c	Beginning balance					1c			
	Additions during the year					1d	_		
e	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Y	es L	No
	If "Yes," explain the arrangement in Part XIV.		<u></u>						
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" t						
		(a) Current year	(b) Prior yea	ar (c) Two yea	rs back (c	Three year	rs back (e)	Four year	ars back
1a	Beginning of year balance								
þ	Contributions								
C	Net investment earnings, gains, and losses	··-							
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, colu	mn (a)) held as					
а	Board designated or quasi-endowment		%						
þ	Permanent endowment	%							
c	Temporarily restricted endowment ▶								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%							
За	Are there endowment funds not in the posse	•	ation that are h	eld and administe	ered for the	e organizat	ion		
	by	-				J		Ye	s No
	(i) unrelated organizations						3	a(i)	
	(ii) related organizations						,	a(iı)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?	•				3b	
4	Describe in Part XIV the intended uses of the							<u> </u>	
	t VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or c		Cost or other	(c) Ac	cumulated	(4)	Book va	alue
	Description of property	basis (investi	. 1	asis (other)	1	reciation	(4)	DOOK V	aido
10	Land		-	(3)	 				
b	Buildings				 				
b	· ·		 -	15,157.	+	4,599	<u>- </u>	10	558.
ن	Leasehold improvements		- 	121,094.		92,37			719.
	Equipment			919,768.		$\frac{92,37}{73,21}$			
	Other Add lines 1a through 1e (Column (d) must e	qual Form 000 Port	Y column (C)		3	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		585.	<u>557.</u>

Schedule D (Form 990) 2011

132053 01-23-12

	dule D (Form 990) 2011 MIDWEST REGION ORGANIZING				71059	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	icial State	ments		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		9,323	416.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		9,711,	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<388	<u>472.</u> >
4	Net unrealized gains (losses) on investments		4		35	<u>869.</u>
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8		_	
9	Total adjustments (net). Add lines 4 through 8		9		35	869.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and Audited Financial Statements.		10		<352	<u>.603.</u> >
<u> </u>	t XII Reconciliation of Revenue per Audited Financial Stateme	HILS WILLI HEVE	nue per n	eturn	0.254	404
1	Total revenue, gains, and other support per audited financial statements			1	9,354	494.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ا ا	SE 060			
a	Net unrealized gains on investments		<u>35,869.</u>			
þ	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c		{		
d	Other (Describe in Part XIV)	2d		_	י ב	969
e	Add lines 2a through 2d			2e	9,318	<u>, 869.</u>
3	Subtract line 2e from line 1			3	3,310	, 625.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.	6 267			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u>6,367.</u> <1,576.	<u> </u>		
b	Other (Describe in Part XIV)	4b -	(1,5/0.	1	4	701
c	Add lines 4a and 4b			4c	9,323	<u>,791.</u>
Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses ner			<u>, 410.</u>
1	Total expenses and losses per audited financial statements	ionto with Exp	criscs por	11010111	9,707	097
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				7,101	, 0 2 1 •
۷,	Donated services and use of facilities	2a				
a	Prior year adjustments	2b		1 1		
	Other losses	2c		1 1		
d	Other (Describe in Part XIV)	2d	1,576.	1		
e	Add lines 2a through 2d		1,570.	2e	1	,5 <u>7</u> 6.
3	Subtract line 2e from line 1			3	9,705	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				<u> </u>	, 321.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,367.	1		
a h	Other (Describe in Part XIV)	4b	0,501.	-		
c	Add lines 4a and 4b	- 70 [4c	6	,367.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	9,711	,888.
	rt XIV Supplemental Information				<u> </u>	10001
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III, lines 1a and 4; P	art IV, lines 1	b and 2b.	Part V. line	4. Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also com					•
				-		
PA:	RT XII, LINE 4B - OTHER ADJUSTMENTS:					
LO	SS ON DISPOSAL OF OTHER ASSETS				<u>-1</u>	<u>,576.</u>
D A	RT XIII, LINE 2D - OTHER ADJUSTMENTS:					
<u>FA</u>	KI AIII, DINE 2D OTHER ADDUSTMENTS.	 				
LO	SS ON DISPOSAL OF OTHER ASSETS				1	,576.

1EDULE 1	(066 m.
SCHE	(Form

and of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service	Comp	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" to Fo ▶ Attach to Form 990.	' to Form 990, Par m 990.	t IV, line 21 or 22.		Open to Public Inspection	<u>:</u>
Name of the organization							Employer identification number	mber
MIDWEST REGION OF	MIDWEST REGION ORGANIZING		COMMITTEE				37-1371059	59
⊣ §	ords to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	. uoi:	
criteria used to award the grants or assistance?	r assistance?				,		X Yes	2 C
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	's procedures for mon	itoring the use of grant	funds in the United	d States			•	
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	ce to Governments ar	id Organizations in the	United States. C	omplete if the orga	Inization answered "\	res" to Form 990, Part	IV, line 21, for any	
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	than \$5,000 Check th	is box if no one recipier	it received more th	Part	can be duplicated if	can be duplicated if additional space is needed	ded	
1 (a) Name and address of organization or government	ion (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
EASTERN MISSOURI LABORERS DISTRICT	RICT							
			000	c			DEMAGO CMITAIMACGO	
BKIDGETON MO 03044	43-0030304	201/2/13/	406,30%	0			ONGAINITE GRANTS	
GREAT PLAINS LABORERS DISTRICT COUNCIL - 4208 W PARTRIDGE WAY, UNIT 2 - PEORIA, IL 61615	06-1694040	501(C)(5)	.076,966	0			ORGANIZING GRANTS	
T. NOTEGET TO:								
1 N OLD STATE CAPITOL PLAZA, STE SPRINGFIELD IL 62701	E 52	501(C)(5)	180 000	0			RESEARCH GRANT	
5700 S. ANTHONY BLVD.				•				
FORT WAYNE, IN 46808	35-0415841	501(C)(S)	40,000.	0			ORGANIZING GRANTS	
LABORERS LOCAL #264								
1101 E. 87TH ST.								
KANSAS CITY, MO 64131	44-0296510	501(C)(5)	12,000.	0.			ORGANIZING GRANTS	
LABORERS LOCAL #362								
PO BOX 3248								
BLOOMINGTON, IL 61701	37-0347470	501(C)(5)	35,055.	0.				
2 Enter total number of section 501(c)(3) and government organizations	:)(3) and government or		isted in the line 1 table				A	
3 Enter total number of other organizations listed in the line 1 table	ations listed in the line	1 table					A	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	otice, see the Instruct	lions for Form 990.					Schedule I (Form 990) (2011)	2011)

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Page 1

Schedule ! (Form 990) MIDWEST REGION ORGANIZING COMMITTEE

JARKET RECOVERY GRANTS (h) Purpose of grant or assistance DRGANIZING GRANTS ORGANIZING GRANTS ORGANIZING GRANTS ORGANIZING GRANTS ORGANIZING GRANTS DRGANIZING GRANTS ORGANIZING GRANTS (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) ٥. Ö ö ö o o. o (e) Amount of non-cash assistance (d) Amount of cash grant 1,137,732 76,500, 387, 472 132,214. 13,000 334,791 164,692 24,000 (c) IRC section if applicable 501(C)(5) 501(C)(5) 501(C)(5) 501(C)(5) 501(C)(5)501(C)(5) 501(C)(5)501(C)(5) 35-0308492 43-0337603 37-0347593 44-0296418 73-1250310 37-0548864 03-0545870 44-0644881 (b) EIN WESTERN MISSOURI & KANSAS LABORERS DISTRICT COUNCIL - 1101 E 87TH ST INDIANA LABORERS DISTRICT COUNCIL LABORERS' WAY - MARION, IL 62959 LABORERS DISTRICT COUNCIL - 5100 SOUTHWESTERN ILLINOIS LABORERS COUNCIL - 11720 EAST 21ST ST HEIGHTS PROFESSIONAL PLAZA -LABORERS LOCAL #350 PIPELINE (a) Name and address of organization or government SOUTHERN & CENTRAL ILLINOIS DISTRICT COUNCIL - 3 MEADOW SOUTHWEST LABORERS DISTRICT - KANSAS CITY, MO 64131 WORKERS - PO BOX 1258 -COLLINSVILLE, IL 62234 MAURICEVILLE, TX 77626 TERRE HAUTE, IN 47807 LABORERS LOCAL #579 ST JOSEPH, MO 64501 LABORERS LOCAL #42 ST LOUIS, MO 63108 425 SOUTH 4TH ST 3710 ENRIGHT AVE TULSA, OK 74129 1203 N. 6TH ST

Schedule I (Form 990)

Page 2

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Schedule I (Form 990) (2011) MIDWEST REGION ORGANIZING COMMITTEE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
LOST TIME ORGANIZING GRANT	9	5,250.	0.		
CONVENTION GRANT	23	47,401.	0.		•
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	required in Part I, I	Ine 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: GRANT RECI	RECIPIENTS	FOR AN	EMPLOYEE'S	WAGES &	
BENEFITS ARE REQUIRED TO TURN IN M	IN MONTHLY AC	ACTIVITY, P.	PAYROLL, BEI	BENEFIT AND	
EXPENSE REPORTS FOR THE EMPLOYEE C	COVERED BY	THE GRANT.	IF THE	GRANT IS	
DESIGNATED FOR OTHER PURPOSES, THE	ORGANIZA	ATION RECE	THE ORGANIZATION RECEIVED THE GRANT	NANT SUBMITS	
QUARTERLY REPORTS FOR REVIEW BY THE	VICE	PRESIDENT,	ASSISTANT	BUSINESS	
MANAGER AND PROGRAM DIRECTOR. NO F	FURTHER PA	PAYMENTS ARE	E SENT UNTIL	IL THE	
REPORTS ARE RECEIVED AND REVIEWED.					

Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MIDWEST REGION ORGANIZING COMMITTEE

Employer identification number 37-1371059

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			ĺ
	Travel for companions Payments for business use of personal residence			1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	_1b_		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			}
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director Explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations LX Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		}	
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.			1
	The organization?	5a	ļ	↓
b	Any related organization?	_5b	ļ	ــــ
	If "Yes" to line 5a or 5b, describe in Part III]
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:		ļ	
а	The organization?	6a	 	├
b	,	6b	-	├
	If "Yes" to line 6a or 6b, describe in Part III			1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	1_		
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	1		
	DECURSIONS SECTION 3.5 4500:0107	ı u	1	

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

Schedule J (Form 990) 2011

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Page 2

MIDWEST REGION ORGANIZING COMMITTEE

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(I)·(D)	Compensation reported as deferred in prior Form 990
	Ξ	140,587.	0	0	69,882.	10,746.	221,215.	0
1 DAVID PENN	3	4		0	0	0		
	3							
2	(ii)							
	Ξ							
3	(ii)							
	Ξ							
4	▣							
	ε							
5	(ii)							
	Ξ							
9	(E)							
	Ξ							
7	Œ							
	(i)							
8	Œ							
	Ξ							
6	(ii)							
	Θ							
10	⊞							
	Ξ							
11	Ξ							
	Ξ							
12	▣							
	Ξ							
13	(ii)							
	Ξ							
14	▣							
	Θ							
15	(ii)							
	Ξ							
16	(1)							
				,			Schedu	Schedule J (Form 990) 2011

SCHEDULE 0

(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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MIDWEST REGION ORGANIZING COMMITTEE

Employer identification number 37-1371059

FORM 990, PART VI, SECTION A, LINE 2: JOHN PENN, CHAIRMAN AND DAVID PENN,
DIRECTOR ARE BROTHERS
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED WITH THE
CHAIRMAN OF THE BOARD AND ADMINISTRATOR
FORM 990, PART VI, SECTION B, LINE 12C: POLICY IS DISTRIBUTED AT THE
ANNUAL MEETING IN DECEMBER AND A SIGN-OFF SHEET IS COMPLETED
FORM 990, PART VI, SECTION B, LINE 15: BOARD DELIBERATION AND VOTED
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 35,869.
PART XI, LINE 1
THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

MIDWEST REGION ORGANIZING COMMITTEE

OMB No 1545-0047

▶ See separate instructions.

Employer identification number Open to Public Inspection

37-1371059

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2011 ž × × × Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling entity End-of-year assets e status (if section Public charity 501(c)(3)) <u>e</u> Total income Exempt Code Ð section 27 527 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Trinois LLINOIS CLLINOIS Primary activity Primary activity POLITICAL COMMITTEE POLITICAL COMMITTEE POLITICAL COMMITTEE 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. EDUCATION FUND - 37-1400940, 1 N OLD STATE MIDWEST REGION LABORERS' POLITICAL LEAGUE MIDWEST REGION LABORERS' POLITICAL LEAGUE ILLINOIS LABORERS' LEGISLATIVE COMMITTEE CAPITOL PLAZA SUITE 525, SPRINGFIELD, IL 36-4001239, 1 N OLD STATE CAPITOL PLAZA 1 N OLD STATE CAPITOL PLAZA SUITE 525 SPRINGFIELD, IL 62701 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity SPRINGFIELD, IL 62701 SUITE 525 Part Part II

37-1371059

Page 2

Schedule R (Form 990) 2011 MIDWEST REGION ORGANIZING COMMITTEE

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

Percentage ownership General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ 3 Yes Share of end-of-year assets Code V.UBI amount in box 20 of Schedule K.1 (Form 1065) Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e 6 (d)
(d)
Indect controlling | Share of total Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>©</u> e Primary activity (d)
| Direct controlling | (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

132162 01-23-12

Schedule R (Form 990) 2011

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Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36) Part V

II, III, or IV of this s	y is listed in Parts II, III, or IV of this sche	Ist	ntity is list he organi	schedule.	lowing transactions with one or more related organizations listed in Parts II-IV?
	Ist	ntity is list he organi	te. Complete line 1 if any entity is list	11, III, or IV of th	ge in any of the

- - Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s)
- Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
 - Performance of services or membership or fundraising solicitations by related organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses 0
- Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)

(d) Method of determining amount involved		
(c) Amount involved	0.	0.
(b) Transaction type (a-r)	×	N
(a) Name of other organization	(1) MIDWEST REGION LABORERS' POLITICAL LEAGUE	(2) MIDWEST REGION LABORERS' POLITICAL LEAGUE

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

0.	0.	0.	0.	0.	Schedule R (Form 990) 2011
N	Ö	М	N	М	28
(2) MIDWEST REGION LABORERS' POLITICAL LEAGUE	(3) MIDWEST REGION LABORERS' POLITICAL LEAGUE	MIDWEST REGION LABORERS' POLITICAL LEAGUE (4) EDUCATION FUND	MIDWEST REGION LABORERS' POLITICAL LEAGUE (5) EDUCATION FUND	(6) ILLINOIS LABORERS' LEGISLATIVE COMMITTEE	132163 01-23-12

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MIDWEST REGION ORGANIZING COMMITTEE

Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)ILLINOIS LABORERS' LEGISLATIVE COMMITTEE	N	0	
			•
(6)			•
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(21)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Page 4

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

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

(k) ercentage wnership	n				Schedule R (Form 990) 2011
Signing Co		 			orm (
General or managing partner?					R (F
(h) (i) (j) (k) (k) Code V-UBI General or Percentage to the control of Schedule K-1 Partner? Ownership Owne					Schedule
(h) Spropor- bonate bocations?			 		
Disi ping dilloc			 		
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all Are all 501(c)(3) 0085 4) Yes No		 		 	
partin 501 01 1) Yes				 	
(d) Are all Predominant income patiers sec (related, unrelated, excluded from tax under section 512-514) yes No					
(c) Legal domicile (state or foreign country)			1.000		
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2011 MIDWEST REGION ORGANIZING COMMITTEE 37-1371059 Page 9
Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions)
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
PART II, IDENTIFICATION OF REDATED TAX-EXEMPT ORGANIZATIONS.
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:
MIDWEST REGION LABORERS' POLITICAL LEAGUE EDUCATION FUND
EIN: 37-1400940
EIN. 37 1400340
1 N OLD STATE CAPITOL PLAZA SUITE 525
SPRINGFIELD, IL 62701