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# SCANNED JUN 0 4 2013,

# Short Form Return of Organization Exempt From Income Tax

2012

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 Department of the Treasury Internal Revenue Service at the end of the year may use this form.

**Open to Public** Inspection

Δ.	or the	2012 calendar vea	r, or tax year beginning				ind ending	_	l- ^	v 5/	,201ス
_	Check if ap	سببني المراجع	me of organization	I AN UAR	.7 1	, <u>.</u>		Decei		ア 31 entification n	
_	Address c			Lui Blake	- B () - 1. Da. (	17.	Labor	_ ~		80328	
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=	Terminate	4	or town, state or country, a	<del> </del>							<u>' 7</u>
=	Amended	return D.	or town, state or country, a とok i A   工し		3-3747			F Grou			•
_	Applicatio	, , , , , , , , , , , , , , , , , , ,			7 - 2 / 7 /					338	
		-	Cash	Other (specify)	<del></del>		H				zation is <b>not</b>
	Websit		)					•		ach Schedu	
			y one) — 🔲 501(c)(3)				527	<del>`</del>		0-EZ, or 990	<del>`</del>
	Check •	-	nization is not a section				-		_	•	•
			orm 990-EZ or Form 99			90-N (e-	postcard) m	ay be req	uired (	see instruct	ions). But if
	-		o file a return, be sure to	·							
			ne 9 to determine gross		•			ts (Part II,	_	70 -	10
_			\$500,000 or more, file F					<del></del>		78,04	
P	art I		penses, and Cha	-			•				_
	1		organization used S					1		<del> </del>	<u>.,. </u>
	1	_	ifts, grants, and simi						1	41, 93	3 <i>4</i>
	2	Program service	e revenue including g	government fees a	and contracts .				2		
	3	•	es and assessments					[	3	36,0	47
	4	Investment inco				· , · · · .			4		01
	5a		rom sale of assets of		•	5a	0				
	b		her basis and sales e	•		5b	0				
	6 6	Gain or (loss) fro Gaming and fun	om sale of assets oth draising events	ner than inventory	(Subtract line 5b	from lir	ne 5a)		5c		<u> </u>
0	а	Gross income	from gaming (atta		if greater than	1 1	_				
Revenue			om fundraising even		* 41 UI	6a	0				
e ve	b		om fundraising even g events reported or				contributio	ns	1		
Œ			ss income and cont			1 1	464	,			
	_	_			· ·	6b	11111	1			
	C	•	enses from gaming a	_		6c	6b and a	htraat			
	d	line 6c)	(loss) from gaming a	and fulluraising 6	evenne (auu nnes	ua diia	ou and St	มมแสนิโ	ا يم	c	)
	7-	•	· · · · · · · · · · · · · · · · · · ·			,   -, _			6d	<u> </u>	<del>-</del>
	7a		nventory, less return			7a	<u> </u>				
	b	Less: cost of go		· · · · · · ·	 + line 7h fram lu	7b	0		,		
	C		loss) from sales of in						7c		
	8	•	describe in Schedule	•					8	27.0	
	9		Add lines 1, 2, 3, 4,			· . · ·	· · · ·	. •	9		042
	10		lar amounts paid (lis	· ·					10		128
40	11	Benefits paid to							11		26.4
Expenses	12		compensation, and e						12		757
eŭ	13		s and other paymen					• •	13		<u>567</u>
×	14	• •	t, utilities, and maint						14		<u>031</u>
ш	.~		ations, postage, and						15		517
	16	•	(describe in Schedu	•				٠.	16		654
	17		. Add lines 10 throu			<u> </u>	<u> </u>	. ▶	17		95'4
ţ	18	Excess or (defic	it) for the year (Subti and balances at beg	ract line 17 from	line 9)				18	6'	<u> 880</u>
Se	19	inet assets or fu	und balances at beg	ginning of year (fi	rom time ky, colur	<del>,</del> μπ/(Αβ)/	(must agre	e with		<b>.</b>	<b></b> , ,
Ä		end-or-year rigu	re reported on prior	year's return)	KEY	: \3	/		19	<u> 57, 5</u>	566
Net Assets	20	Other changes i	n net assets or fund	balances (explain	n in Schedule (0)	. /6	<b>√</b> ∖		20		1 62.1
	21	Net assets or fu	nd balances at end	of year. Combine	lines 18 through	20	<del>\</del>	. ▶	21		654
Fo	r Paper	work Reduction A	ct Notice, see the sep	parate instrucțions	1	Udat.	No106421			Form <b>99</b> (	<b>)-EZ</b> (2012)
				/4	COEN						
				\	00						

Page 2

Pa	rt II Balance Sheets (see the instructions f			_			
	Check if the organization used Schedule	O to respond to ar	y question in this	(A) Beginning of year	<del></del>	(B) End of	<u> L</u>
22	Cash savings and investments			1, 0 0 ,	<del>                                     </del>	<del>* *</del>	year
23	Cash, savings, and investments			<del></del>	22	<u>63,</u>	659
24	Other assets (describe in Schedule O)			0	24		
25	Total assets			57,566	25		654
26	T . I !! !!!!!			0	26	<del>, , , , , , , , , , , , , , , , , , , </del>	00 1
27	Net assets or fund balances (line 27 of column	<u> </u>		57,566	27	63.	654
Par		•		Part III)		Expens	es.
	Check if the organization used Schedule		<del>. 4</del>	Part III 🗹	1 1	uired for se	ection
	t is the organization's primary exempt purpose?	<u>See Sche</u>				c)(3) and 50 nizations a	
Desc	cribe the organization's program service accompli	shments for each of	its three largest	program services,	4947	7(a)(1) trusts	s; optional
as n	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title	services provide	d, the number of	for o	thers)	
28	one bonemos, and one relevant information for de	2011 program title.	<del></del>		-	Т	
						1	
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28a		
29							
	(One and a C	tanka kanatan dan salah sa					
30	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u> </u>	29a	-	
30							
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ □	30a		
31	Other program services (describe in Schedule O)						
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ 🗆	31a	<u> </u>	
	Total program service expenses (add lines 28a				32		
Par	List of Officers, Directors, Trustees, and Key				struct	tions for I	Part IV)
	Check if the organization used Schedule	1	(c) Reportable	(d) Health benefits.	<del></del>	<u> </u>	<u> Ц</u>
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MIS	contributions to employ			
		devoted to position	(if not paid, enter -0-			ther comp	ensation
	3 0 1 1						
	See Scedule 0				<u>.</u>		
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		<del></del>			+		
			I		1		
				1			
				ļ			

Part	, i			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '	∨ 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	res	NO
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		<u></u>
35a	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		-   
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		Ė
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 1,700			
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		مرا مرا
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► ~  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
b	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			
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		V
41	List the states with which a copy of this return is filed ► None			
42a	The organization's books are in care of NANCY M GARDNER  Located at ►400 NE JEFFERSON AVE #408 Peoria IC  ZIP+4 ► 6160			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over			
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	42b		1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	İ	2_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	Yes	
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	res	No
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		L
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del> </del>	<b>-</b>
45b		45h		1/

	0-EZ (2012)					F	Page 4
						Yes	No
46	Did the organization engage, directly or to candidates for public office? If "Yes,"	r indirectly, in political o " complete Schedule C	campaign activities on , Part I	behalf of or in opposition	tion <b>46</b>	V	-
Part			47 40h	50 1 1 - 1			<u> </u>
	All section 501(c)(3) organization 50 and 51	ons must answer que	estions 47-49b and	52, and complete th	e tables t	or lin	es
	Check if the organization used S	Schedule O to respond	to any guestion in t	nis Part VI			
			- 10 Gy 4000		<u> </u>	Yes	No
47	Did the organization engage in lobbyin year? If "Yes," complete Schedule C, P		section 501(h) electio	-	tax . 47		V
48	Is the organization a school as described	in section 170(b)(1)(A)(	ii)? If "Yes," complete s	Schedule E	. 48		1
49a Did the organization make any transfers to an exempt non-charitable related organization?							V
_ b	If "Yes," was the related organization a				. 49b	l	
50	Complete this table for the organization employees) who each received more th	n's five highest comper	nsated employees (oth	er than officers, direct	tors, truste	es an	ıd key
	employees) who each received more th		T	(d) Health benefits.	e, enter "r	ione.	
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
				compensation			
N	ONE						
f	Total number of other employees paid	over \$100,000	. •				
51	Complete this table for the organization	on's five highest comp	ensated independent	contractors who each	n received	more	thar
	\$100,000 of compensation from the or	ganization. If there is no	one, enter "None."	<del></del>			
(a)	Name and address of each independent contractor	paid more than \$100,000	(b) Type of serv	nce (c	) Compensat	on	
		<del></del>	<del></del>	<del></del>			
	ONE		1.				
			ļ				
		<u> </u>					
-		<del></del>				<del>-</del>	
	T-4-1	tractors each receiving	over \$100,000	<b>&gt;</b> •			
d	Total number of other independent con		· ·				
d 52	Did the organization complete Scheduli nonexempt charitable trusts must attact	e A? <b>Note</b> : All section 5		and 4947(a)(1)	► ☐ Yes		

Sign Here Financial Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name Check I if self-employed **Paid Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions Phone no. ☐ Yes ☐ No

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

# **Political Campaign and Lobbying Activities**

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

20**12** 

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.

Open to Public Inspection

If the c	organization answered "Yes	," to Form 990, Part IV, line 3, or For	m 990-EZ, Part V, li	ine 46 (Political Campaign A	Activities), then					
• Se	ection 501(c)(3) organizations	Complete Parts I-A and B. Do not cor	mplete Part I-C.							
• Se	ection 501(c) (other than section	on 501(c)(3)) organizations: Complete I	Parts I-A and C below	w. Do not complete Part I-B.						
• Se	ection 527 organizations: Com	plete Part I-A only.		•						
If the c	organization answered "Yes	," to Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, I	line 47 (Lobbying Activities)	, then					
		that have filed Form 5768 (election uni								
		that have NOT filed Form 5768 (election								
		," to Form 990, Part IV, line 5 (Proxy			-					
• Se	ection 501(c)(4), (5), or (6) orga		·		•					
Name	of organization	<u>-</u>			ntification number					
An	IERICAN Federat	ion of Labor of West Cent	inal Ic Labor	Council 37-08	o 32 83					
Part	I-A Complete if the	e organization is exempt und	er section 501(	c) or is a section 527 o	organization.					
1	Provide a description of t	the organization's direct and indire	ect political campa	ign activities in Part IV.						
2	Political expenditures .			\$	1,700					
3	Volunteer hours				, Ø					
Part	B Complete if the	e organization is exempt und	er section 501/	c)(3)						
1	······································	excise tax incurred by the organiz	<u>.</u>		<del></del>					
2		excise tax incurred by organizatio								
3		ed a section 4955 tax, did it file Fo	-		Yes No					
4a					Yes No					
b	If "Yes," describe in Part									
Part		e organization is exempt und	er section 501(	c), except section 501	(c)(3).					
1		ly expended by the filing organize			(-/(-/-					
•	activities									
2		filing organization's funds contril	_	janizations for section	1.					
3		expenditures. Add lines 1 and 2		•	•					
3		· · · · · · · · · · · · · · · ·			1700					
A				•						
4		n file Form 1120-POL for this year			Yes Y No					
5	organization made payme the amount of political co	ses and employer identification nu ents. For each organization listed, ontributions received that were pro I fund or a political action committ	enter the amount emptly and directly	paid from the filling organi delivered to a separate p	ization's funds Also enter political organization, such					
		I		T						
	(a) Name	(b) Address	(c) EIN	(d) Amount paud from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0					
(1)	None									
(2)										
(3)										
(4)										
(5) ———										
(6)			1							

### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization American Federation of Labor West Central Illinois Labor Council

Employer identification number

# Schedule O (for 990FZ 2012)

	TOTAL	\$15,428.00
Affiliation Fee	Illinois AFLCIO- Springfield, IL	\$ <u>50.00</u> \$ <b>50.00</b>
		\$2798.00
	Workers Memorial – OSHA – Peoria	\$ 398.00
	Wisconsin AFL-CIO support of workers	\$ 200.00
	Assistance to Military Families Central IL	\$ 500.00
Community Activitie	es Local and State Political Candidates support	\$1700.00
		Ψ/200.00
	DICC HOSICSS WORKERS Support -1 cond	\$ <b>9260.00</b>
	BTCU Hostess Workers Support –Peoria	\$2369.00
	BTCU Workers Food Pantry North Dakota	\$ 200.00
	UNITE HERE 1 Strikers Fund – Illinois	\$ 100.00
	Operating Engineers 649 Scholarship Fund Peo	\$ 100.00
	Boilermakers 60 Scholarship Fund Peoria	\$ 100.00
	LCLAA Memorial Scholarship Fund Peoria	\$ 250.00
	IBEW 34Charity Golf Outing Galesburg BB/BS	\$ 100.00
	Laborers 996 Charity Golf Outing DADS	\$ 100.00
	Peoria Labor Temple Assoc. Peoria	\$4641.00
	TRICON- Labor/Management golf outing Peo	\$ 100.00
	UAW 974 fundraiser for St Jude – Peoria	\$ 100.00
	DePaul Education Center – Illinois	\$ 400.00
	WCI Bldg Trades Council Charity Golf Outing	\$ 200.00
Support Of Union A	ctivities and members Union Retiree Council of West Central IL	\$ 500.00
Support Of Union A	ativities and mambans	
		\$3320.00
	Heart Of Illinois Skating Club	\$ 100.00
	Peoria Park District Hispanic Fiesta co sponsor	\$ 250.00
	Children1s Hospital of Illinois	\$ 100.00
	Interfaith Worker Justice Illinois	\$ 100.00
	Illinois Labor History Society- Illinois	\$ 100.00
	Campaign for Better Health Care – Illinois	\$ 120.00
	Heart Of Illinois United Way Peoria	\$2300.00
	Thomas Jefferson Education Foundation – Peoria	\$ 250.00
<b>Donations to Chariti</b>	ies	
	Part 1 Line 10	
	Schedule O (for 990EZ 2012)	

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization Employer identification number American Federation of Labor West Central Illinois Labor Council 37-08032**8**3

-----Schedule O 990EZ 2012

Part 1 - Line 16

Labor Management Organization dues	\$ 300.00
Illinois Labor History Society dues	\$ 200.00
Business Package – Insurance policy	\$ 985.00
Conferences & Workshops	\$2523.00
Attending out of town rallies	\$ 950.00
Meals and local travel representing Labor Council	\$ <u>5696.00</u>
TOTAL	\$10,654.00

Employer identification number 37-0803283

Schedule O 990Ez 2012 Part III

## **Statement of Program Service Accomplishments**

## Organizations primary exempt purpose:

Communications, education and community services for affiliated unions on labor issues and programs and to be a good neighbor in our communities

# Donations received specifically to:

Sponsor events and provide displays in the Labor Bldg.

Sponsor Labor Day Parade

Labor Education Workshop for high school students (94)

Provide emergency assistance to members (6 members)

Provide home repair assistance to Military families (15)

Participate in the Adopt a School program

Provide assistance to our aging Labor Temple

Support workers in our state and surrounding states

Adopt a school program through School District and Chamber of Commerce at a Pre-K through 8<sup>th</sup> grade public school – provide assistance, mentoring, supplies, books and a Christmas party with gifts for the children. The school has 750 students.

Labor Day Parade to educate community about unions, union employers and union products in the Greater Peoria Area.

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

Educate high school students on the process of negotiations. This was accomplished with a workshop for 94 high school students who participated in a mock negotiations situation.

Sponsor two events (kiddy pedal pull and Kids Ride Day) as well as have a labor building showcasing unions and union products at our local Heart of Illinois Fair.

Continue our program to assist Military families, who have a spouse serving in active duty, with home repairs such as water heaters/furnaces/air conditioners/pipes or other plumbing, roofs, carpentry, electrical issues or other items necessary to be repaired. Assisted 15 families in 2012.

Held a fundraiser to raise funds to help with repairs to our aging Labor Temple.

Name of the organization American Federation		tral Illino	ois Labor Cou	ncil	Employer identification number 37-0803283
Schedule O 2012 P	art IV				
Officers Trustees an	nd Executive Board	j			
Michael Everett 408 Market Washington, IL 615	President	5	\$1,320	0	0
Ronald Cox 8514 S Shryock Rd Glasford IL 61523	Exec. V Pres	2	\$240	0	0
Todd Holzinger 212 N Oregon Morton IL 61550	Vice Pres	1	\$240	0	0
Nancy Gardner 407 McKinley Ave Bartonville IL 6160	Fin Sec/Treas	10	\$2,400	0	0
Phillip Salzer 3101 N Old Trail Ro Peoria IL 61604	Rec Sec d	3	\$1,300	0	0
Evonne Fleming 313 S Webster Peoria IL 61605	Trustee	1	\$240	0	0
Martin Helfers 1820 Highland Ave Pekin IL 61554	Trustee	1	\$240	0	0
Thomas McLaughli 7720 W Bryce CT Mapleton IL 61547		1	\$240	0	0
Paul Gardner 407 McKinley Ave Bartonville IL 6160	Sgt at Arms Of decea	1 ased4/21/	\$30 22012	0	0
William Purcell 10 Scott PL Bartonville IL 6160	Sgt at Arms	1	\$70	0	0
Karen Bean 209 Collier Ave <del>Bartonville H. 6166</del>	Exec Bd	1	\$120	0	0
Dai touville IL 0100	<del></del>		<del></del>		Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization American Federation	Employer identification numbe 37-0803283				
Schedule O 2012 I	Part IV				
Arnulfo Carranza 23382 E 3000 North Dwight IL 60420	Exec Bd h Rd	1	\$120	0	0
Dave Chapman 8507 Pfeiffer Rd Mapleton IL 61547	Exec Bd	1	\$120	0	0
Gregory Daniel 5602 W Merriac Av Peoria IL 61614	Exec Bd ve	1	\$120	0	0
William Halstead 2210 N Newport Ct Peoria IL 61614	Exec Bd	1	\$120	0	0
Bonnie Hester 2215 W Butler Peoria IL 61605	Exec Bd	1	\$120	0	0
Connie Higgins 3126 N Sheridan R Peoria IL 61604	Exec Bd d	1	\$120	0	0
Anthony O'Brian 35 Hampton Ct Morton IL 61550	Exec Bd	1	\$120	0	0
Alison Watson 715 W Fort St Farmington IL 615	Exec Bd 531	1	\$120	0	0