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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 7-1, 2013, and ending 6-30, 20 14	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization VERMONT STATE LABOR COUNCIL Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P O BOX 858 City or town, state or province, country, and ZIP or foreign postal code MONTPELIER, VT 05601
D Employer identification number 03-0164405	
E Telephone number 802-223-4172	
F Group Exemption Number ▶	
G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶	
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶ WWW.VT.AFLCIO.ORG	
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	
K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other	
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

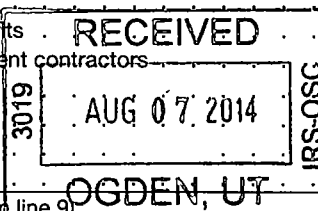
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	37,850
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	113,055
	4 Investment income	4	19
	5a Gross amount from sale of assets other than inventory 5a		
	b Less: cost or other basis and sales expenses 5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b			
c Less: direct expenses from gaming and fundraising events 6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d			
7a Gross sales of inventory, less returns and allowances 7a			
b Less: cost of goods sold 7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c			
8 Other revenue (describe in Schedule O) 8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9		150,924	
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10		
	11 Benefits paid to or for members 11		
	12 Salaries, other compensation, and employee benefits 12		102,923
	13 Professional fees and other payments to independent contractors 13		8,735
	14 Occupancy, rent, utilities, and maintenance 14		12,012
	15 Printing, publications, postage, and shipping 15		742
	16 Other expenses (describe in Schedule O) 16		29,735
	17 Total expenses. Add lines 10 through 16 ▶ 17		154,147
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18		(3,223)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		21,940
	20 Other changes in net assets or fund balances (explain in Schedule O) 20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21		18,717

For Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED AUG 18 2014



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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☒

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	24,671	22 20,242
23	Land and buildings		23
24	Other assets (describe in Schedule O)	500	24
25	Total assets	25,171	25 20,242
26	Total liabilities (describe in Schedule O)	3,231	26 1,525
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,940	27 18,717

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☒

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 Lobbying for labor laws, educating members, scholarship programs for members and their dependant
and organizing new members and retirees

(Grants \$) If this amount includes foreign grants, check here ☐

29

(Grants \$) If this amount includes foreign grants, check here ☐

30

(Grants \$) If this amount includes foreign grants, check here ☐

31

(Grants \$) If this amount includes foreign grants, check here ► ☐

32

Total program service expenses (add lines 28a through 31a) **▶**

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☒

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
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	✓
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	✓
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	✓
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ► NONE		
42a The organization's books are in care of ► CAROLYN GAUTHIER Telephone no. ► 802-233-4172 Located at ► P O BOX 858, MONTPELIER, VT ZIP + 4 ► 05601		
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	✓
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	
If "Yes," enter the name of the foreign country: ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	☐
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 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

	Yes	No
47		✓

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		✓
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		✓
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- b If "Yes," was the related organization a section 527 organization?

49b		✓
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- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

- f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1)

nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Carolyn Gauthier</i>	Date <i>8-4-14</i>
	Carolyn Gauthier, Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no ▶	

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

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Vermont State Labor Council AFL-CIO

Employer identification number

03-016445

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

**LOBBYING FOR LABOR LAWS, EDUCATION MEMBERS, SCHOLARSHIP PROGRAMS FOR MEMBERS AND THEIR DEPENDANTS
AND ORGANIZING NEW MEMBERS AND RETIREES.**

FORM 990-EZ, PART 1, LINE 16 OTHER EXPENSES

MISCELLANEOUS	162.
BANK FEES	113.
COPE EXPENSES	799.
DONATIONS	9,450.
EVENT EXPENSES	4,884.
INSURANCE	400.
OFFICE EXPENSE	2,302.
TRAVEL	10,639.
PENALTIES	386.
DUES	600.
TOTAL	29,735

FORM 990-EZ, PART 11, LINE 24

OTHER ASSETS

ACCOUNTS RECEIVABLE	BEGINNING	ENDING
	500.	0.

FORM 990-EZ, PART 11, LINE 26

TOTAL LIABILITIES

DUE FROM JAMES CROSS FUND	1,450.	1,525.
PAYROLL TAX LIABILITIES	1,781.	0.
TOTAL	3,231	1,525.

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

Cat. No 51056K

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

Employer identification number

VERMONT STATE LABOR COUNCIL

03-0164405

FORM 990-EZ, PART IV

LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

SEE ATTACHED LIST

VERMONT STATE LABOR COUNCIL AFL-CIO**03-0164405**

NAME AND ADDRESS	AVG HRS PER WK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIBUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
GEORGE LOVELL PRESIDENT	0	0	0	0
BEN JOHNSON EXECUTIVE VICE-PRESIDENT	0	900.00	0	0
CAROLYN GAUTHIER SECRETARY-TREASURER	1	2,700.00	0	0
RON RABIDEAU MEMBER-AT-LARGE	0	0	0	0
JILL CHARBONNEAU V.I.P. DIRECTOR	0	0	0	0
DENNIS LABOUNTY POLITICAL DIRECTOR	40	42,695.00	0	0
BOB CLARK PRESIDENT EMERITUS	0	0	0	0
RALPH CRIPPEN PRESIDENT EMERITUS	0	0	0	0
RON PICKERING PRESIDENT EMERITUS	0	0	0	0
DAN BRUSH PRESIDENT EMERITUS	0	0	0	0
TRAVEN LEYSHON PRESIDENT GREEN MOUNTAIN CLC	0	0	0	0
EUGENE MELVILLE DISTRICT VICE-PRESIDENT	0	0	0	0
BART WILDER DISTRICT VICE-PRESIDENT	0	0	0	0
JERRY COLBY DISTRICT VICE-PRESIDENT	0	0	0	0

VERMONT STATE LABOR COUNCIL AFL-CIO**03-0164405**

NAME AND ADDRESS	AVG HRS PER WK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIBUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
ANITA RODRIGUE DISTRICT VICE-PRESIDENT	0	0	0	0
WALTER OTTEN DISTRICT VICE-PRESIDENT	0	0	0	0
KARL LABOUNTY DISTRICT VICE-PRESIDENT	0	0	0	0
MARTY SCANLON DISTRICT VICE-PRESIDENT	0	0	0	0
JAMES STEVENS DISTRICT VICE-PRESIDENT	0	0	0	0
KRISTIN WHITE DISTRICT VICE-PRESIDENT	0	0	0	0
CHRISTAIN PASTAMSKI DISTRICT VICE-PRESIDENT	0	0	0	0
WILLIAM KELLY DISTRICT VICE-PRESIDENT	0	0	0	0
TOM FRANZONI DISTRICT VICE-PRESIDENT	0	0	0	0
STEVE FINNER DISTRICT VICE-PRESIDENT	0	0	0	0
WILLIAM CREAMER DISTRICT VICE-PRESIDENT	0	0	0	0
KEVIN MCAVOY DISTRICT VICE-PRESIDENT	0	0	0	0
ED SMITH DISTRICT VICE-PRESIDENT	0	0	0	0
WILLIAM B J OCKER DISTRICT VICE-PRESIDENT	0	0	0	0