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SCANNED JUN 1 1 2015

Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 20**14** 

<u>ZU 14</u>

Department of the Treasury Internal Revenue Service ▶ 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

| A F           | or the                  | 2014 calenda              | r year, or tax year beginning January 1 , 2014, and ending                                       | Dec      | ember       | 31 , 20 14                     |  |
|---------------|-------------------------|---------------------------|--|----------|-------------|--------------------------------|--|
| Вс            |                         |                           | D Employer identification number   |          |             |                                |  |
|               | Address c               | hange                     | American Federation of Labor, West Central Illinois Labor Council                                |          | 3           | 7-080-3283                     |  |
| $\overline{}$ | Name cha                | -                         | Number and street (or P O box, if mail is not delivered to street address) Room/suite            | E Telep  | hone nu     | ımber                          |  |
| =             | nitial retui            |                           | 400 NE Jefferson Ave 408   |          | 309         | 9-674-2614                     |  |
| 一             | -inai returi<br>Amended | n/terminated              | City or town, state or province, country, and ZIP or foreign postal code                         | F Grou   | p Exer      | mption                         |  |
| =             |                         |                           | Peoria, Illinois 61603-3747  | Num      | ber 🕨       | 338                            |  |
| G A           | ccount                  | ting Method:              | ✓ Cash Accrual Other (specify) ► H C   | heck 1   | <b>▼</b> 11 | the organization is <b>not</b> |  |
| I V           | <b>Vebsite</b>          | e: <b>▶</b>               |  |          |             | ach Schedule B                 |  |
| J Ta          | ax-exen                 | npt status (che           |  | -        |             | )-EZ, or 990-PF).              |  |
|               |                         |                           | ✓ Corporation ☐ Trust ☐ Association ☐ Other  |          |             |                                |  |
| LA            | dd lines                | s 5b, 6c, and             | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a | ssets    | _           |                                |  |
| (Par          | t II, coli              | umn (B) below             | are \$500,000 or more, file Form 990 instead of Form 990-EZ                                      |          | <b>▶</b> \$ | 75,834                         |  |
| P             | art I                   | Revenue                   | e, Expenses, and Changes in Net Assets or Fund Balances (see the in                              | nstruc   | tions       | for Part I)                    |  |
|               |                         | Check if                  | the organization used Schedule O to respond to any question in this Part I                       |          |             | 🗸                              |  |
|               | 1                       |                           | ns, gifts, grants, and similar amounts received  |          | 1           | 32,712                         |  |
|               | 2                       | Program se                | ervice revenue including government fees and contracts   | [        | 2           | 0                              |  |
|               | 3                       | Membershi                 | p dues and assessments   | [        | 3           | 37,351                         |  |
|               | 4                       | Investment                | income   | ]        | 4           | 90                             |  |
|               | 5a                      | Gross amo                 | unt from sale of assets other than inventory   5a  | 0        |             |                                |  |
|               | b                       | Less: cost                | or other basis and sales expenses  | 0        |             |                                |  |
|               | 6                       | Gain or (los<br>Gaming an | •  | 5c       | 0           |                                |  |
|               | a                       | _                         | ome from gaming (attach Schedule G if greater than   |          | 1           |                                |  |
| Revenue       |                         | \$15,000) .               | \$15,000)  |          |             |                                |  |
| ĕ             | b                       |                           | .  | İ        |             |                                |  |
| æ             | ]                       | from fundra               |  | ł        |             |                                |  |
|               |                         | sum of suc                | h gross income and contributions exceeds \$15,000) 6b  | 5681     | ĺ           |                                |  |
|               | C                       |                           | t expenses from gaming and fundraising events 6c   | 450      |             |                                |  |
|               | d                       |                           | e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt                     | tract    |             |                                |  |
|               |                         | line 6c) .                |  | ٠ .      | 6d          | 5231                           |  |
|               | 7a                      |                           | s of inventory, less returns and allowances  | 0        |             |                                |  |
|               | b                       |                           | of goods sold  | 0        |             |                                |  |
|               | C                       |                           | t or (loss) from sales of inventory (Subtract line 7b from line 7a)                              | · ·      | 7c          | 0                              |  |
|               | 8                       | Other rever               | nue (describe in Schedule O)   | · . ·    | 8           | 0                              |  |
|               | 9                       | Constitution              | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | . •      | 9           | 75,384                         |  |
|               | 10                      |                           | similar amounts paid (list in Schedule O)  |          | 10          | 11,325                         |  |
|               | 11                      |                           | aid to or for members  | اير      | 11          | 0                              |  |
| Ses           | 12                      |                           | ther compensation, and employee benefits   | 3 😗      | 12          | 8817                           |  |
| Expense       | 13                      |                           | al fees and other payments to independent contractors  | · · )    | 13          | 17,474                         |  |
| 홌             | 14                      |                           | /, rent, utilities, and maintenance  | · - ·=   | 14          | 13,152                         |  |
| ш             | 15                      |                           | ionoditorio, postago, and shipping   |          | 15          | 21,999                         |  |
|               | 16                      |                           | enses (describe in Schedule O)   |          | 16          | 8585                           |  |
|               | 17                      | France and                | enses. Add lines 10 through 16   | . 🏲      | 17          | 81,352                         |  |
| əts           | 18<br>19                |                           | (deficit) for the year (Subtract line 17 from line 9)  | <br>Mish | 18          | (5,968)                        |  |
| SS            | '3                      |                           | r figure reported on prior year's return)  |          | 40          | 40.000                         |  |
| Net Assets    | 20                      |                           |  |          | 19          | 48,027                         |  |
| ž             | 20                      |                           | ages in net assets or fund balances (explain in Schedule 0)                                      |          | 20          | 0                              |  |
| _             | 21                      | ivet assets               | or fund balances at end of year. Combine lines 18 through 20                                     | . 🏲      | 21          | 42,059                         |  |

For Paperwork Reduction Act Notice, see the separate instructions.

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|       | 990-EZ | 12014  |
|-------|--------|--------|
| COTTI | 330-62 | (2014) |

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|------|--|---|--|---|--|----------------|--|
| Pa   |  | (see the instructions for                         |  |   | D4-11  |                | _  |
|      | Check if the organ   | nization used Schedule                            | O to respond to ar                                   | ly question in this   | (A) Beginning of year                            | • •            | (B) End of year                          |
| 22   | Cach covings and inves   | stments   |  |   | 48,027   |                | <del></del>                              |
| 23   |  |   |  |   |  | 23             | 42,059                                   |
| 24   | •  | n Schedule O)                                     |  |   |  | 24             |  |
| 25   | Total assets   | •   |  |   | 48,027   | —              | 42059                                    |
| 26   | Total liabilities (describe  |   |  |   |  | 26             |  |
| 27   | Net assets or fund bala  | ances (line 27 of column                          | (B) must agree with                                  | line 21)  | 48,027   |                | 42,059                                   |
| Par  |  | gram Service Accomp                               |  |   | Part III)  |                | - · · · · · · · · · · · · · · · · · · ·  |
|      | Check if the organ   | nization used Schedule                            | O to respond to ar                                   | ny question in this   | Part III 🗹                                       |                | Expenses                                 |
| Wha  | t is the organization's prima  | ary exempt purpose?                               | see schedule O                                       |   |  |                | uired for section<br>c)(3) and 501(c)(4) |
| as n | cribe the organization's pro-<br>neasured by expenses. In<br>ons benefited, and other re | a clear and concise malevant information for each | anner, describe the<br>ch program title.             | e services provide  | d, the number of                                 | orgar<br>other | nizations; optional for s )              |
|      |  |   |  |   |  |                |  |
|      | (Grants \$   | ) If this amount i                                | includes foreign gra                                 | nts check here  | • 🗇  | 28a            | į  |
| 29   |  | ) II tillo difficulti                             |  |   |  | 200            |  |
|      |  | ,   |  |   |  |                |  |
|      |  |   |  |   |  | ł              |  |
|      | (Grants \$   | ) If this amount                                  | includes foreign gra                                 | nts, check here .   | ▶ 🗆  | 29a            |  |
| 30   |  |   | •••••  |   |  |                |  |
|      |  |   | ••••••   |   |  | İ              |  |
|      | (Grants \$   | ) If this amount                                  | includes foreign gra                                 | nts check here  | ▶ □  | 30a            |  |
| 31   | Other program services (d  |   |  |   |  | 000            |  |
| -    | (Grants \$   | · · · · · · · · · · · · · · · · · · ·             | includes foreign gra                                 |   |  | 31a            |  |
| 32   | Total program service ex   |   |  |   |  | 32             |  |
| Par  |  | ectors, Trustees, and Key                         |  |   |  | nstruc         | tions for Part IV)                       |
|      | Check if the organ   | nization used Schedule                            | O to respond to ar                                   | ny question in this   | · , · · · · · · · · · · · · · · · · · ·          | <del></del>    | · · · · 🗸                                |
|      | (a) Name and   | i tıtle   | (b) Average<br>hours per week<br>devoted to position | compensation<br>(Forms W-2/1099-MISO<br>(if not paid, enter -0- |  | , 0            | Estimated amount of<br>ther compensation |
| See  | schedule O   |   |  |   |  |                |  |
|      |  |   |  |   |  |                |  |
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|      |  |   | 1  | i   | 1  | - 1            |  |

| Part |   |            |               | _  |
|------|---|------------|---------------|--|
|      | instructions for Part V) Check if the organization used Schedule O to respond to any question in this   | Part       | V<br>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         | 162           |  |
| 34   | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  | 34         | ·             | 1  |
| 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)?  |            |               | <b>√</b>                                     |
| 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  | 35a<br>35b | <u> </u>      | <b>-</b>                                     |
| 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        |               | <b>✓</b>                                     |
| 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         |               | 1  |
| 37a  | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 4300   | -{         |               |  |
| 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 <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .   | 38a        |               | 1  |
| b    | If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   -  | Joa        |               | <b>                                     </b> |
| 39   | Section 501(c)(7) organizations. Enter:   | 1          |               | ĺ  |
| а    | Initiation fees and capital contributions included on line 9  | ] '        |               | ĺ  |
| b    | Gross receipts, included on line 9, for public use of club facilities   |            |               | ĺ  |
| 40a  | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶  |            |               |  |
| b    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b        |               |  |
| С    | Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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        |               | 1  |
| 41   | List the states with which a copy of this return is filed ► None  |            |               |  |
| 42a  |   |            | 7-2808        |  |
| ь    | Located at ► 400 NE Jefferson Ave #408 Peoria,IL ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over  | 6 1603     | 3-3747<br>Yes |  |
| _    | a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?   | 42b        | .03           | <u>√</u>                                     |
|      | If "Yes," enter the name of the foreign country: ▶  |            |               |  |
|      | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |               |  |
| С    | At any time during the calendar year, did the organization maintain an office outside the U.S.?   | 42c        |               | ✓  |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here   |            | . 1           | ▶ □  |
|      | and enter the amount of tax-exempt interest received or accrued during the tax year   |            | Yes           | No   |
| 44a  | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44a        | 163           | ✓  |
| 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        |               | <b>▼</b>                                     |
| С    | Did the organization receive any payments for indoor tanning services during the year?  | 44c        |               | <b>▼</b>                                     |
| 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   |            |               | <u> </u>                                     |
| 45a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 44d<br>45a |               | 1  |
| b    | 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        | , ,           | 1  |

| Form 990 | -EZ (20        | 14)   |                                       |                             |                  |   |            | F        | Page 4 |  |
|----------|----------------|---|---------------------------------------|-----------------------------|------------------|---|------------|----------|--------|--|
|          |                |   |                                       |                             |                  |   |            | Yes      | No     |  |
| 46       | Did th         | e organization engage, directly or inc            | directly, in political c              | ampaign activities          | on behalf of     | or in opposition                              | 1          | t - 🚡    | 7      |  |
|          |                | didates for public office? If "Yes," co           |                                       | Parti                       | <u> </u>         | <u></u>                                       | 46         | <b>✓</b> |        |  |
| Part V   |                | Section 501(c)(3) organizations                   |                                       |                             |                  |   |            |          |        |  |
|          |                | All section 501(c)(3) organizations               | must answer que                       | stions 47–49b an            | d 52, and c      | complete the t                                | ables f    | or lin   | es     |  |
|          |                | 50 and 51.  |                                       |                             |                  |   |            |          |        |  |
|          | (              | Check if the organization used Scho               | edule O to respond                    | to any question in          | this Part V      | <u>l</u>                                      |            |          | . 🗆    |  |
| -        |                |   | <del></del>                           |                             |                  |   |            | Yes      | No     |  |
|          |                | ie organization engage in lobbying a              |                                       |                             |                  |   | · [        |          |        |  |
|          | year?          | If "Yes," complete Schedule C, Part               |                                       |                             |                  |   | 47         |          |        |  |
| 48       | ls the         | organization a school as described in             | section 170(b)(1)(A)(i                | i)? If "Yes," complet       | e Schedule I     | <b>E</b>                                      | 48         |          |        |  |
|          |                | e organization make any transfers to              |                                       |                             |                  |   | 49a        |          |        |  |
| b        | If "Yes        | s," was the related organization a sec            | ction 527 organization                | on?                         |                  |   | 49b        |          |        |  |
| 50       | Comp           | lete this table for the organization's t          | five highest compen                   | sated employees (d          |                  |   |            | es an    | d ke   |  |
|          |                | yees) who each received more than                 |                                       |                             |                  |   |            |          |        |  |
|          | ·              | T   | <del>``</del>                         | 1                           |                  | th benefits,                                  |            |          |        |  |
|          | (a) l          | Name and title of each employee                   | √(b) Average hoùrs per week           | (c) Reportable compensation | contribution     | ns to employee (e                             | ) Estimate |          |        |  |
|          |                |   | devoted to position                   | (Forms W-2/1099-MIS         | (3)              | s, and deferred<br>ensation                   | other con  | pensa    | tion   |  |
|          |                |   |                                       | <del> </del>                |                  |   | —          |          |        |  |
|          |                |   |                                       | 1                           |                  |   |            |          |        |  |
|          |                |   |                                       |                             | <del> </del>     |   |            |          |        |  |
|          |                |   |                                       |                             |                  |   |            |          |        |  |
|          |                |   |                                       |                             |                  |   |            |          |        |  |
|          |                |   |                                       |                             |                  |   |            |          |        |  |
|          |                |   |                                       |                             |                  |   |            |          |        |  |
|          |                |   |                                       |                             | ł                |   |            |          |        |  |
|          |                |   |                                       |                             |                  |   |            |          |        |  |
|          |                |   |                                       |                             |                  |   |            |          |        |  |
|          |                |   |                                       | <u></u>                     |                  |   |            |          |        |  |
|          |                | number of other employees paid ove                |                                       |                             |                  |   |            |          |        |  |
|          |                | plete this table for the organization's           |                                       |                             | nt contracto     | rs who each re                                | eceived    | more     | thar   |  |
|          | \$100 <u>,</u> | 000 of compensation from the organ                | nization. If there is no              | one, enter "None."          |                  |   |            |          |        |  |
|          | (a)            | Name and business address of each independe       | ent contractor                        | (b) Type of s               | ervice           | (c) Co  | mpensati   | on       |        |  |
|          |                |   |                                       |                             |                  |   |            |          | _      |  |
|          |                |   |                                       | 1                           |                  |   |            |          |        |  |
|          |                |   |                                       |                             |                  |   |            |          |        |  |
|          |                |   |                                       | 1                           |                  |   |            |          |        |  |
|          |                |   |                                       |                             |                  |   |            |          |        |  |
|          |                |   |                                       | _                           |                  |   |            |          |        |  |
|          |                |   |                                       |                             |                  |   |            |          |        |  |
|          |                |   |                                       | 1                           |                  | -   |            |          |        |  |
|          |                |   |                                       |                             |                  |   |            |          |        |  |
|          |                |   |                                       | X                           |                  |   |            |          |        |  |
|          |                |   |                                       |                             |                  | <u>.l.                                   </u> |            |          |        |  |
| d        | Total          | number of other independent contract              | ctors each receiving                  | over \$100,000 .            | . ▶              |   | _          |          |        |  |
| 52       | Did t          | he organization complete Schedul                  | e A? Note. All se                     | ection 501(c)(3) or         | ganizations      | must attach a                                 | <u> </u>   |          |        |  |
|          |                | leted Schedule A                                  |                                       |                             | -                | _   | ☐ Yes      |          | No     |  |
| Under pe | enalties       | of penury, I declare that I have examined this re | turn, including accompan              | ving schedules and state    | ements, and to t | he best of my know                            | ledge and  | belief.  | it is  |  |
|          |                | d complete Declaration of preparer (other than    |                                       |                             |                  |   |            |          | ,      |  |
|          |                | More m Starly                                     |                                       |                             |                  | 5/9/15  |            |          |        |  |
| Sign     |                | Signature of officer                              |                                       | ·                           |                  | ate   |            |          |        |  |
| Here     |                | •   | al Secretary/Treasure                 | r                           |                  |   |            |          |        |  |
| •        |                | Type or print name and title                      | , , , , , , , , , , , , , , , , , , , | ·                           |                  |   |            |          |        |  |
| 0-1-1    |                | Print/Type preparer's name                        | Preparer's signature                  |                             | Date             | Obs. t D                                      | PTIN       |          |        |  |
| Paid     |                | · · · · · · · · · · · · · · · · · · ·             |                                       |                             |                  | Check L if self-employed                      | <u>.</u>   |          |        |  |
| Prepa    |                | Firm's name ▶                                     |                                       |                             |                  | irm's ElN ▶                                   |            |          |        |  |
| Use (    | אוחכ           | Firm's address ▶                                  |                                       |                             |                  | hone no                                       |            |          |        |  |
| May th   | e IRS          | discuss this return with the preparer             | shown above? See                      | instructions                |                  |   | Yes        |          | No     |  |
|          |                | 4 14 20 21  |                                       |                             |                  |   |            |          |        |  |

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

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| , (  | ,                                  |  |                      |              |                  |                        |           |
|------|------------------------------------|--|----------------------|--------------|------------------|------------------------|-----------|
|      | ection 501(c)(4), (5), or (6) orga | anizations: Complete Part III.             |                      |              | F1               | N/ N                   |           |
|      | of organization                    | 8 1 1                                      |                      | ·, I         |                  | tification number      |           |
|      | rican Federation                   | of Labor-West Central:                     | IL Laborton          | uncil        | 37-08            |                        |           |
| Part |                                    | e organization is exempt unde              |                      |              |                  | organization.          |           |
| 1    |                                    | the organization's direct and indirect     |                      |              |                  |                        |           |
| 2    | Political expenditures .           |  |                      |              | ▶ \$             | 4300                   |           |
| 3    | Volunteer hours                    |  |                      |              |                  | <u>0</u>               |           |
| Part | I-B Complete if the                | e organization is exempt unde              | er section 501(c)    | )(3).        |                  |                        |           |
| 1    | Enter the amount of any            | excise tax incurred by the organiza        | tion under section   | 4955 .       | ▶ \$             | 0                      |           |
| 2    | Enter the amount of any            | excise tax incurred by organization        | managers under s     | section 49   | 55 <b>▶</b> \$   | Õ                      |           |
| 3    | If the organization incurre        | ed a section 4955 tax, did it file For     | m 4720 for this yea  | ar?          |                  | 🔲 Yes                  | No        |
| 4a   | Was a correction made?             |  |                      |              |                  | Tyes [                 | No        |
| b    | If "Yes," describe in Part         | IV.  |                      |              |                  |                        |           |
| Part |                                    | e organization is exempt unde              |                      |              |                  | (c)(3).                |           |
| 1    | Enter the amount direct            | ly expended by the filing organiz          | ation for section 5  | 527 exem     | ot function      |                        |           |
|      |                                    |  |                      |              | · -              | 0                      |           |
| 2    |                                    | filing organization's funds contrib        |                      |              |                  |                        |           |
|      |                                    | ıvıties                                    |                      |              |                  | 0                      |           |
| 3    |                                    | expenditures. Add lines 1 and 2.           |                      |              |                  |                        |           |
|      | line 17b                           |  |                      |              | ▶ \$             | <u> </u>               | /         |
| 4    | Did the filing organization        | n file <b>Form 1120-POL</b> for this year? | ?                    |              |                  | 🔲 Yes [                | No        |
| 5    | Enter the names, addres            | ses and employer identification nur        | nber (EIN) of all se | ction 527    | political organi | zations to which th    | ne filing |
|      | organization made paym             | ents. For each organization listed,        | enter the amount p   | oald from t  | he filing organi | ization's funds. Als   | o enter   |
|      | the amount of political co         | ontributions received that were pro-       | mptly and directly   | delivered t  | o a separate p   | olitical organization  | n, such   |
|      | as a separate segregated           | fund or a political action committed       | e (PAC). If addition | nal space is | s needed, prov   | ide information in F   | Part IV.  |
|      | (a) Name                           | (b) Address                                | (c) EIN              | (d) Amo      | unt paid from    | (e) Amount of politi   | tıçal     |
|      | (a) Name                           | (5) / 100.000                              | (-,                  | filing o     | rganization's    | contributions receive  | ed and    |
|      |                                    |  |                      | tunds It     | none, enter -0-  | promptly and dired     |           |
|      |                                    |  |                      |              |                  | political organization | on If     |
|      | NONE                               |  |                      |              |                  | none, enter -0-        | •         |
| (1)  |                                    |  |                      |              |                  |                        |           |
|      |                                    |  |                      |              |                  |                        |           |
| (2)  |                                    | ļ  | ļ                    |              |                  |                        |           |
|      |                                    |  |                      |              |                  |                        | -         |
| (3)  |                                    |  |                      |              |                  |                        |           |
|      | ·········                          |  |                      |              |                  |                        |           |
| (4)  |                                    |  |                      |              |                  | 1                      |           |
|      |                                    |  |                      |              | <del></del>      |                        |           |
| (5)  |                                    | <b> </b>                                   | j                    |              |                  |                        |           |
|      |                                    |  |                      |              |                  |                        |           |
| (6)  |                                    | <b></b>                                    | 1                    | l            |                  | 1                      |           |

| Pa | rt II-A  | Complete if the organization section 501(h)).     | is exempt                      | under section 50     | 01(c)(3) and filed                    | d Form 5768 (ele      | ction under           |
|----|--|---|--------------------------------|----------------------|---------------------------------------|-----------------------|-----------------------|
| A  | Check ▶  | if the filing organization bel                    | ongs to an a                   | ffiliated group (ar  | nd list in Part IV                    | each affiliated gro   | oup member's          |
|    |  | name, address, EIN, expen                         |                                |                      |                                       |                       | •                     |
| В  | Check ▶  | ☐ if the filing organization che                  | ecked box A                    | and "limited cont    | trol" provisions a                    | ipply.                |                       |
|    |  | Limits on Lobb                                    |                                |                      |                                       | (a) Filing            | (b) Affiliated        |
|    |  | (The term "expenditures" me                       | eans amounts                   | paid or incurred.    | )                                     | organization's totals | group totals          |
| 1  | a Total le   | obbying expenditures to influence                 | public opinior                 | (grass roots lobby   | ring)                                 |                       |                       |
|    | <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)   |   |                                |                      |                                       |                       |                       |
|    | c Total lobbying expenditures (add`lines 1a and 1b)                                      |   |                                |                      |                                       |                       |                       |
|    | d Other exempt purpose expenditures  |   |                                |                      |                                       |                       |                       |
|    | e Total exempt purpose expenditures (add lines 1c and 1d)                                |   |                                |                      |                                       |                       |                       |
|    | f Lobbying nontaxable amount. Enter the amount from the following table in both columns. |   |                                |                      |                                       |                       |                       |
|    | If the a   | mount on line 1e, column (a) or (b) is:           | The lobbying                   | nontaxable amoun     | t is:                                 |                       |                       |
|    |  | r \$500,000                                       |                                | mount on line 1e.    | - 151                                 |                       |                       |
|    |  | 00,000 but not over \$1,000,000                   | <del></del>                    | s 15% of the excess  | over \$500,000.                       |                       |                       |
|    |  | ,000,000 but not over \$1,500,000                 |                                | s 10% of the excess  |                                       |                       |                       |
|    |  | ,500,000 but not over \$17,000,000                |                                | s 5% of the excess o |                                       |                       |                       |
|    |  | 7,000,000   | \$1,000,000.                   |                      |                                       |                       |                       |
|    | g Grassi   | oots nontaxable amount (enter 25                  | % of line 1f)                  |                      |                                       |                       |                       |
|    | h Subtra   | ct line 1g from line 1a. If zero or le            | ss, enter -0-                  |                      |                                       |                       |                       |
|    |  | ct line 1f from line 1c. If zero or les           |                                |                      |                                       |                       |                       |
|    |  | e is an amount other than zero                    |                                | \                    | -                                     |                       | □Ves □Ne              |
|    | report   | ng section 4911 tax for this year?                |                                | · · · · · ·          | <u> </u>                              | · · · · · ·           | Yes No                |
|    | (Son   | ne organizations that made a sec<br>See the       | ction 501(h) e<br>separate ins | tructions for lines  | re to complete all<br>2a through 2f.) | of the five column    | ns below.             |
|    |  | Lobbying  | Expenditure                    | s During 4-Year A    | veraging Period                       | <u> </u>              |                       |
|    | Cal  | endar year (or fiscal year<br>beginning in)       | (a) 2011                       | <b>(b)</b> 2012      | (c) 2013                              | ( <b>d)</b> 2014      | (e) Total             |
|    | 2a Lobby   | ing nontaxable amount                             |                                |                      |                                       |                       |                       |
|    |  | ring ceiling amount<br>of line 2a, column (e))    |                                |                      |                                       |                       |                       |
|    | c Total  | obbying expenditures                              |                                |                      |                                       |                       |                       |
|    |  | roots nontaxable amount                           |                                |                      |                                       |                       |                       |
|    | e Grass<br>(150%   | roots ceiling amount<br>5 of line 2d, column (e)) |                                |                      |                                       |                       |                       |
|    | f Grass  | roots lobbying expenditures                       |                                |                      |                                       |                       |                       |
|    |  |   |                                |                      |                                       | Schodulo C (Eom       | n 990 or 990-EZ) 2014 |

| Part    | II-B Complete if the organization is exempt under section 501(c)(3) and has NOT find (election under section 501(h)).   | led I          | Form   | 5768        |           |
|---------|---|----------------|--------|-------------|-----------|
| For e   | each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed  | (a             | )      |             | (b)       |
|         | iption of the lobbying activity.  | Yes            | No     | An          | nount     |
| 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: |                |        |             |           |
| а       | Volunteers?   | 1              |        |             |           |
| b       | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |                |        |             |           |
| c<br>d  | Media advertisements?   |                |        |             |           |
| е       | 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? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |                |        |             |           |
| h<br>i  | Other activities?   |                |        |             |           |
| i       | Total. Add lines 1c through 1i  |                |        |             |           |
| ,<br>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?  | <i>(</i> =\    |        | - 4.        |           |
| Part    | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).   | (5), (         | or se  | ction       |           |
|         |   |                |        |             | Yes No    |
| 1       | Were substantially all (90% or more) dues received nondeductible by members?  |                |        | 1           | V         |
| 2       | Did the organization make only in-house lobbying expenditures of \$2,000 or less?   |                |        | 2           | И.,       |
| 3       | Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)                                       |                |        | 3           |           |
| Part    | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."  |                |        |             | ine 3, is |
| 1       | Dues, assessments and similar amounts from members  | ٠.             | 1      |             |           |
| 2       | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).   | of             |        |             |           |
| а       | Current year  | •              | 2a     |             |           |
| b       | Carryover from last year  | •              | 2b     |             |           |
| C       | Total   | •              | 2c     |             |           |
| 3       | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of  |                | ١,     |             |           |
| 4       | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby   | /ing           |        |             |           |
|         | and political expenditure next year?  |                | 4      |             |           |
| 5       | Taxable amount of lobbying and political expenditures (see instructions)  | •              | 5      |             |           |
| Par     | t IV Supplemental Information   |                |        |             |           |
|         | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro  | up lis         | t); Pa | rt II-A, li | nes 1 and |
|         | e instructions); and Part II-B, line 1. Also, complete this part for any additional information.  |                |        |             |           |
|         | RT 1-A LINE I.  |                |        |             |           |
| D       | ONATIONS were made and tickets were purchased t   | ່ <sub>ບ</sub> | Fw     | ndrai       | sers      |
| For     | cand, dates or office holders who supported work  | <u> (ing</u>   | +      | amil        | <b>4</b>  |
| •       | sues  | J              | •      |             | 1         |
|         |   |                |        |             |           |
|         |   |                |        | <b></b>     |           |
|         |   |                |        |             |           |

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

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization American Federation of Labor West Central Illinois Labor Counci dentification number Schedule O (for 990EZ 2014) Part 1 Line 10 **Donations to Charities** Thomas Jefferson Education Foundation – Peoria \$ 500.00 Heart of Illinois-United-Way-Peoria----------<del>\$2675:00</del>-Heart of Illinois Harvest-Peoria \$ 200.00 Union Sportsmen's Alliance \$-500.00 Interfaith Worker Justice Illinois \$ 150.00 Children1s Hospital of Illinois \$ 100.00 Unity Point Methodist Hospice — Peoria — \$ 50.00 Illinois Labor History Society - Chicago, IL \$ 100.00 \$4275.00 Support Of Union Activities and members WCI Bldg Trades Council Charity Golf Outing \$ 600.00 DePaul Education Center - Illinois \$--400:00 IBEW 34Charity Golf Outing Galesburg BB/BS \$ 100.00 Operating Engineers 649 Scholarship Fund Peo \$ 100.00 Shelly Hickman Benefit - UAW #974 .\$..100.00. TRICON - Golf Outing West Central IL \$ 200.00 Heather Henninger Scholarship Fund -UAW #974 \$-100:00 \$1600.00 Community Activities Local and State Political Candidates support \$ 4300.00 Assistance to Military Families Central IL \$-1000:00 Workers Memorial - OSHA - Peoria \$ 100.00 \$ 5400.00 **Affiliation Fee** ·····\$-····50.00--50.00 TOTAL \$11325.00

| Name of the organization  |                | Employer identification number          |
|---|----------------|---|
| American Federation of Labor West Central Illinois Labor Counci | 1              | 37-080323                               |
|   | , <del>-</del> | 37 000323                               |
| Schedule O 990EZ 2013 Part 1 — Line 16                          |                |   |
| Membership to shopping club (COSTCO)                            | \$ 11          | 0.00                                    |
| Illinois Labor History Society dues                             | -\$20          | 0.00                                    |
| Business Package – Insurance policy                             | \$1,23         |   |
| Conferences & Workshops   | \$1,29         |   |
| Meals and local travel representing Labor Council               |                |   |
| TOTAL   | \$ 8,58        | 5.00                                    |
|   |                | *************************************** |
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| Schedule O (Form 990 or 990-EZ) (2014)   | Page 2                                    |
|--|---|
| Name of the organization American Federation of Labor West Central Illinois Council  | Employer Identification number 37-0803283 |
| Schedule O 990EZ 2014 Part III   |   |
| Statement of Program Service Accomplishments   |   |
| Organizations primary exempt purpose:  Communications, education and community services for affilial programs and to be a good neighbor in our communities   | ted unions on labor issues and            |
| Donations received specifically to:  |   |
| Sponsor events at the Heart of   | Illinois Foir                             |
| Sponsor Labor Day Parade   |   |
| Labor Education Workshop fo  |   |
| Provide emergency assistance   | to members (5 members)                    |
| Provide home repair assistance   | e to Military families (7)                |
| Participate in the Adopt a Sch   | ool program                               |
| Support workers in our comm  | unity                                     |
| Adopt a school program through School District and Chamber of Compublic school – provide assistance, mentoring, supplies, books and a Cehildren. The school has 735 students.  | hristmas party with gifts for the         |
| Labor Day Parade on Labor Day to educate community about unions, the Greater Peoria Area.  | union employers and union products in     |
| Communicate with union members and unions on issues concerning la<br>This was accomplished with workshops, faxes, mailings, emails and pl  | bor various times throughout the year.    |
| Educate high school students on the process of negotiations. This was 102 high school students who participated in a mock negotiations situated  | accomplished with a workshop for tion.    |
| Sponsor two events (kiddy pedal pull and Kids Ride Day) at our local   | Heart of Illinois Fair                    |
| Continue our program to assist Military families, who have a spouse se repairs such as water heaters/furnaces/air conditioners/pipes or other plissues or other items necessary to be repaired. We assisted seven family | umbing made                               |
| Held a fundraiser to raise funds for all the labor council activities  |   |
|  |   |
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