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Form **990**

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

■ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A t	or the	e 2014 calendar year, or tax year beginning and ending		
В	Check if upplicable	C Name of organization	D Employer identi	fication number
	_Addre	MIDWEST REGION ORGANIZING COMMITTEE		
	Name chang		37-3	1371059
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su		
	Final return	1 N OID CONDE CADIMOI DIAZA CUIME E	1 '	-789-6996
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	10,375,548.
	Amen return	SPRINGFIELD, IL 62/01	H(a) Is this a group	return
L	Application pendi	F Name and address of principal officer JOHN PENN	for subordinate	es? Yes X No
	pendi	SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No
			27 If "No," attach	a list (see instructions)
		te: > WWW.MROCNOW.ORG	H(c) Group exempti	
			ar of formation: 1998	M State of legal domicile IL
Pa	art I	Summary		
e	1	Briefly describe the organization's mission or most significant activities: AID LABOI	R UNIONS IN C	ORGANIZING
Activities & Governance		EMPLOYERS & EMPLOYEES		
Veri	2	Check this box I if the organization discontinued its operations or disposed of m		1
ၓၟ	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	3	
ళ		Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	
iţie		Total number of volunteers (estimate if necessary)	6	
댫		Total unrelated business revenue from Part VIII, column (C), line 12	72	
⋖		Net unrelated business taxable income from Form 990-T, (line 34 & 7	7t	
		(CHO)	Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)	62,077	
Revenue		Program service revenue (Part VIII, line 2g)	8,602,610	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88,471	
<u></u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	225,023	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,978,181	9,649,389.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,927,959	1,876,802.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,994,294	
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)		
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,856,049	
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,778,302	
_ <u>_ s</u>	19	Revenue less expenses Subtract line 18 from line 12	199,879	
Net Assets or Fund Balances	00	Tatal access (Dark V. L. v. 40)	Beginning of Current Year	
ASS Ball	20	Total assets (Part X, line 16)	4,439,103	
ngt Page	21	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	10,904 4,428,199	
	art II	Signature Block	4,440,133	5,604,329.
$\overline{}$		lities of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the hest of r	ny knowledge and helief it is
		et, and complete. Declaration of prestarer (other than suiter) is based on all information of which prepare		ily kilowicage and belief, it is
				1415
Sig	n	Signature of price	Date	
Her		JOHN PENN, CHAIRMAN		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	ı	Janelle Brown Janua Brown	10/13/15 self-emple	oyed P10383615
Prep	arer	Firm's name N/A	/ / Firm's EIN	
Use	Only	Firm's address		() 201 = 1=
		N/A	Phone no. 2	17)331-5540
		RS discuss this return with the preparer shown above? (see instructions)		Yes No
4320	01 11-0	7-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2014)

Form	1990 (2014) MIDWEST REGION ORGANIZING COMMITTEE	37-1371059	Page 2
Par	rt III Statement of Program Service Accomplishments		
	·		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	AID LABOR UNIONS IN ORGANIZING EMPLOYERS AND EMPLOYEES		
		-	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	☐ Ye:	s X No
	If "Yes," describe these new services on Schedule O		
_			77
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	s X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		15, the total expenses	, and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$)
	ORGANIZE EMPLOYERS & EMPLOYEES BY AIDING AFFILIATE LOCAL	L UNIONS AND	D
	DISTRICT COUNCILS.		
	— No.		
			
	-		
	A STATE OF THE STA		
4b	(Code) (Expenses \$) (Reven	\$ \$ es)
			
			
		,	
			
4c	(Code) (Expenses \$) (Reven	ие \$)
	Market Control of the		
			· · · · · ·
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ Including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	<u> </u>	
70	Total program corred expenses P		

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	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u>X</u> _
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u> _
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			Ì
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			ļ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u> _
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>11d</u>		<u>X</u> _
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	 -
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			٦,
	Schedule D, Parts XI and XII	12a		<u>X</u> _
Þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		A -
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	!	X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Α_
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	_ X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		A -
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Ì	X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ' '	<u> </u>	12
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_10		<u> </u>
13	complete Schedule G, Part III	19	1	X_
20°	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	 	 **
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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X-
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ļ		
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,_
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		7,	
05-	Part V, line 1	34	X	L
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
27	If "Yes," complete Schedule R, Part V, line 2	36_	 	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
JO	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	20	x	}
	14016.7 Milit of the open side required to complete outleddie o	38 Form	990	(201.4)
		FOUL	550	(2014)

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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 10 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 51 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

Form **990** (2014)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 8									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8									
2										
	officer, director, trustee, or key employee?									
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?									
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5										
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		_X_						
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X	ļ						
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	}								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1								
	taxable entity during the year?	16a	ļ	X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b		l						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal							
	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's books and records.									
	JANELLE BROWN, CPA - 217-331-5540									
	1 N. OLD STATE CAPITOL PLAZA, SUITE 525, SPRINGFIELD, IL 62701									

Form 990 (2014)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organiza		orga	nıza			nper	nsat		lirector, or trustee		
(A)	(B)			(C) :			(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated amount of	
	hours per	box, unless person is both an officer and a director/trustee)			s both	h an tee)	compensation	compensation			
	week (list any	-						from	from related	other	
	hours for	direct						the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	96 OF	ste			sate		(W-2/1099-MISC)	(11-27 1033-111100)	organization	
	organizations	Individual trustee or director	Institutional trustee		yee	mpe		(** = / ********************************		and related	
	below	dual	nton		oldm	est co oyee	e.			organizations	
	line)	ğ	Instit	Officer	Key 6	Highest compensated employee	Form				
(1) CHARLES SHEMPF, JR.	1.00									_	
SECRETARY/TREASURER		X		X				0.	0.	0.	
(2) JOHN PENN	4.00	↓									
CHAIRMAN		X		Х				0.	0.	0.	
(3) CLINT TAYLOR	1.00	l							•	•	
TRUSTEE	1 00	X		<u> </u>		-	_	0.	0.	0.	
(4) GLYN RAMAGE	1.00	٠.,									
TRUSTEE	1 00	X	-		_			0.	0.	0.	
(5) DAVID FRYE	1.00	٠,							_	•	
TRUSTEE	1.00	X				 		0.	0.	0 .	
(6) GARY ELLIOTT	1.00	X						0.	o.'	^	
TRUSTEE	1.00	Δ	-			-		0.		0.	
(7) RENO HAMMOND	1.00	x	ļ					0.	0.	0.	
TRUSTEE (8) TIM BELL	1.00	^						0.		<u></u>	
TRUSTEE	1.00	x						0.	0.	0.	
(9) ELLEN SCHANZLE-HASKINS	40.00										
ADMINISTRATOR		ĺ		x				32,846.	0.	18,631.	
										, , , , , , , , , , , , , , , , , , , ,	
		1									
			ļ								
		ļ	ļ.,								
		4									
		1_	<u> </u>			 	_	ļ	<u> </u>		
		1									
		↓	<u> </u>	<u> </u>	_	 	_		ļ		
		4									
				<u> </u>	L.,	1	<u> </u>	<u> </u>	<u> </u>	5 000 (001	

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per	r do n		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			one h an	(D) Reportable compensation	(E) Reportable compensation	1	ed of	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	orç ar	other compensation from the organization and related organizations	
					_		<u> </u>						
							-	_					
				ļ			_	_	<u></u>				
			-										
						-	1				 		
				 									
			ļ	_									
		<u> </u>											
1b	Sub-total	<u>.J</u>	<u> </u>	1	1	<u>i </u>	1	>	32,846.	0		.8,6	31.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A						>	32,846.	0		8 6	0. 31.
	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho r		<u> </u>	.1	.0,0	
	compensation from the organization											Yes	0 No
	Did the organization list any former officer,			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on			-
	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si			omo	ensa	atior	n an	d ot	her compensation from	the organization	3	-	X
	and related organizations greater than \$15									tho organization	4		X
	Did any person listed on line 1a receive or rendered to the organization? If "Yes," corr					-		relat	ted organization or indiv	idual for services	5		x
Sect	ion B. Independent Contractors												
	Complete this table for your five highest co the organization. Report compensation for		-							· · · · · · · · · · · · · · · · · · ·	sation	from	
-	(A) Name and business	_	_						(B) Description of s			(C) ensatio	
•	- Name and business		M	ON	<u> </u>			\neg	Description of	services			
													
									<u> </u>				
2	Total number of independent contractors (\$100,000 of compensation from the organ		not li	mite	d to		ose li O	stec	d above) who received n	nore than			
432008 11-07-	14										Form	990	(2014)

Pa	rt VII			or note to any li	on in this Dort VIII			
		Check if Schedule O cont	ains a response	or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
irar	b		1b]			
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c]	,		
	d	Related organizations	1d					
S,E	е	Government grants (contribut	tions) 1e					
isis	f	All other contributions, gifts, gran	nts, and					
풀림		similar amounts not included abo	ve 1f					
벌	g	Noncash contributions included in lines	s 1a-1f \$					
<u>8 0</u>	<u>h</u>	Total. Add lines 1a-1f						
				Business Code	4			
<u>.</u> 2	2 a	EMPLOYER CONTRI	BUTIONS	900099	9,230,369.	9,230,369.		
e c	b	·						
n S	С							<u> </u>
Reg	d		 -					
Program Service Revenue	e	All all		 				<u> </u>
_	T -	All other program service reversed. Add lines 2a-2f	enue	<u> </u>	9,230,369.			
-	_ <u> </u>	Investment income (including	dividends intere		9,230,309.			
	Ū	other similar amounts)	arridorido, irritori	55t, a.i.d ▶	59,281.			59,281.
- 1	4	Income from investment of ta	x-exempt bond r	-	33,201.			33,201.
	5	Royalties	с. с р	•				
		,	(ı) Real	(II) Personal				
	6 a	Gross rents]			1
	þ	Less. rental expenses]			
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	619,130.	178,292.				
	b	Less cost or other basis	l					
		and sales expenses		120,019.				
		Gain or (loss)	12,990.	58,273.				
l		Net gain or (loss)			71,263.	58,273.		12,990.
e	8 a	Gross income from fundraisin	•					
en		including \$	of					
Be		contributions reported on line	·					
Other Revenue	.	Part IV, line 18 Less direct expenses	a b		†			
ŏ		Net income or (loss) from fun-			†			
		Gross income from gaming a	-					
		Part IV, line 19	а					
	b	Less direct expenses	b	-	1			
		Net income or (loss) from gar			1			
		Gross sales of inventory, less	-					
		and allowances	а]			
	ь	Less cost of goods sold	b]			
		Net income or (loss) from sale	es of inventory	<u> </u>				
		Miscellaneous Reveni		Business Code	T			
		MISCELLANEOUS I		900099	120,051.			<u> </u>
		RETIREE COUNCIL		900099	90,212.			
		LIUNA CONTRIBU	rions	900099	33,641.			
	_	All other revenue		900099	44,572.			
	_	Total. Add lines 11a-11d			288,476.			
43200	12	Total revenue See instructions.			9,649,389.	9,577,118.	0.	
11-07	- 14							Form 990 (2014)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (A) Total expenses (B) Program service (**D**) Fundraising Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1,876,802 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 51,477 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,694,513 Other salaries and wages Pension plan accruals and contributions (include 1,243,425. section 401(k) and 403(b) employer contributions) 438,834. Other employee benefits 243,149 Payroll taxes 10 Fees for services (non-employees): a Management 79,588. **b** Legal 6,000. c Accounting Lobbying Professional fundraising services. See Part IV, line 17 6,373. Investment management fees Other (If line 11g amount exceeds 10% of line 25, 52,267 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 567. 12 97,407. Office expenses 13 14 Information technology Royalties 15 Occupancy 48,893. 16 384,786. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 93,033. 19 Conferences, conventions, and meetings Interest 20 Payments to affiliates 21 170,001. Depreciation, depletion, and amortization 112,600. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 301,074. REIMB SAL/TAXES/BENEFIT VEHICLE LEASES 183,592. c TARGET PROGRAM 182,396. d CHARITABLE DONATIONS 107,733. 164,116. All other expenses 8,538,626. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

If following SOP 98-2 (ASC 958-720)

Form 990 (2014)
Part X Balance Sheet

Par	t X	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Part X		
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	1	
	2	Savings and temporary cash investments	1,738,137. 2	3,087,770
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	4	
	5	Loans and other receivables from current and former officers, directors,		
		trustees, key employees, and highest compensated employees. Complete	·	
		Part II of Schedule L	5	
	6	Loans and other receivables from other disqualified persons (as defined under		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
	i	employers and sponsoring organizations of section 501(c)(9) voluntary		
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L	6	
Assets	7	Notes and loans receivable, net	7	· · · · · · · · · · · · · · · · · · ·
₹	8	Inventories for sale or use	8	
	9	Prepaid expenses and deferred charges	9	
	10a	Land, buildings, and equipment cost or other		
		basis. Complete Part VI of Schedule D 10a 740, 515		
	b	Less accumulated depreciation 10b 430,021		310,494
	11	Investments - publicly traded securities	2,122,544. 11	310,494 2,260,441
	12	Investments · other securities See Part IV, line 11	12	
	13	Investments · program-related See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets See Part IV, line 11	5,237. 15	11,230
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,439,103. 16	5,669,935
	17	Accounts payable and accrued expenses	17	
	18	Grants payable	18	
	19	Deferred revenue	19	
	20	Tax-exempt bond liabilities	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
es	22	Loans and other payables to current and former officers, directors, trustees,		
Ħ		key employees, highest compensated employees, and disqualified persons.		
Liabilities		Complete Part II of Schedule L	22	
_	23	Secured mortgages and notes payable to unrelated third parties	23	
	24	Unsecured notes and loans payable to unrelated third parties	24	
	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24) Complete Part X of		
		Schedule D	10,904. 25	65,606
	26	Total liabilities. Add lines 17 through 25	10,904. 26	65,606
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		
Ses		complete lines 27 through 29, and lines 33 and 34.	4 400 400	5 604 000
Jan	27	Unrestricted net assets	4,428,199. 27	5,604,329
Ва	28	Temporarily restricted net assets	28	
פון	29	Permanently restricted net assets	29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here		
80		and complete lines 30 through 34.		
set	30	Capital stock or trust principal, or current funds	30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	4 429 100 22	F (04 300
	33	Total liabilities and not exacts found belonged	4,428,199. 33	5,604,329
	34	Total liabilities and net assets/fund balances	4,439,103. 34	5,669,935. Form 990 (2014

-orm	990 (2014) MIDWEST REGION ORGANIZING COMMITTEE	37-13	71059	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
					-		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,649	9,3	<u>89.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,538	3,6	<u> 26.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,110	7, 0	63.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	Net unrealized gains (losses) on investments	5	65	5,3	67.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B)) 10 5,						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				x		
	<u> </u>			Yes	No		
1	Accounting method used to prepare the Form 990. Cash Cash Corual X Other MODIFIE	D CASH					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		ŀ			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			ĺ		
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		1	ĺ		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			ĺ		
	Act and OMB Circular A-133?		3a		X		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	irod audit			i		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

432012 11-07-14

Form **990** (2014)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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.

2014

Open to Public Inspection

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

		arate instructions), then	oran Oranalata Da A III				
	ne of orga	01(c)(4), (5), or (6) organizat Dization	tions. Complete Part III		i r	Employer identifi	ication number
	9		DECTON ODCANTO	INC COMMITME		• •	71059
Pa	art I-A	Complete if the ord	REGION ORGANIZI panization is exempt und	der section 501(c)	or is a section 52	27 organizatio	71039
<u> </u>		- Complete il tile org	dinzation to exempt and	acr scotion cor(o)	01 13 4 3000011 02	- Organizatio	711.
4	Droyado (docoription of the arconi	ation's direct and indirect politic	!	us Doub IV		
		expenditures	ation's direct and indirect point	cai campaign activities		▶ 6	
	Voluntee	•				▶ \$	
3	voluntee	ritours					
Pa	rt I-B	Complete if the org	anization is exempt und	der section 501(c)	(3).		
1	Enter the		incurred by the organization un		• • • • • • • • • • • • • • • • • • • •	> \$	
			incurred by organization manag			> \$	
		•	n 4955 tax, did it file Form 4720				es No
	-	prrection made?		,			es No
b	If "Yes,"	describe in Part IV.				-	
Pa	art I-C	Complete if the org	anization is exempt und	der section 501(c)	, except section 5	501(c)(3).	
1	Enter the	amount directly expended	by the filing organization for se	ection 527 exempt func	tion activities	> \$	
2	Enter the	amount of the filing organ	zation's funds contributed to o	ther organizations for s	ection 527		
	exempt f	unction activities				\$	
3	Total exe	mpt function expenditures	Add lines 1 and 2 Enter here:	and on Form 1120-POL	-1		
	line 17b					> \$	
4	Did the f	ling organization file Form	1120-POL for this year?				es 🔲 No
5	Enter the	names, addresses and en	nployer identification number (E	IN) of all section 527 pc	olitical organizations to	which the filing o	rganization
			tion listed, enter the amount pa				
			omptly and directly delivered to			parate segregate	ed fund or a
	political	action committee (PAC) If	additional space is needed, pro	vide information in Part	IV		
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fr	om (e) Amou	unt of political
					filing organization		ns received and
					funds If none, ente		y and directly to a separate
						1	organization.
						If non-	e, enter -0-
					_		

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014	MIDWE	ST REG	ION ORGANIZ	ING COMMITT	EE 37-1	371059 Page 2
Part II-A Complete if the org section 501(h)).	anizatio	n is exer	npt under sectio	n 501(c)(3) and the	ea Form 5/08 (e	election under
				D. (1)()		
	-	_	* .	Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and shar		, ,	•			
B Check I if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.		T
		ying Expe			(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" m	eans amou	nts paid or incurred.		totals	
1a Total lobbying expenditures to influ	ience pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add li	•		, , , ,			
d Other exempt purpose expenditure		,				
e Total exempt purpose expenditure		s 1c and 1c))			
f Lobbying nontaxable amount Ente	•		•	h columns.		
If the amount on line 1e, column (a) o			bying nontaxable am	1		
Not over \$500,000	. (2) 10.		the amount on line 1e	June 101		
Over \$500,000 but not over \$1,000	2,000		0 plus 15% of the exc	ess over \$500 000		
Over \$1,000,000 but not over \$1,5			O plus 10% of the exc			
Over \$1,500,000 but not over \$17,			O plus 5% of the exce			
Over \$17,000,000	000,000	\$1,000,0		33 0 0 0 1 0 1,000,000		
ΘVei Φ17,000,000		Ψ1,000,	500			
g Grassroots nontaxable amount (en	tor 25% o	f line 1fl				
h Subtract line 1g from line 1a If zer		•				
Subtract line 1f from line 1c If zero	•					
			line 1. did the erganiz	ation file Form 4700	·	1
j If there is an amount other than ze reporting section 4911 tax for this		if lifte 111 Or	ine n, did the organiz	ation lile Form 4720		Yes No
reporting section 4511 tax for this		4-Voor Ave	eraging Period Under	section 501/h)		res no
(Some organizations t					of the five columns i	pelow.
(=c or g ===			ate instructions for li	•		
	Lobb	ying Exper	nditures During 4-Yea	ar Averaging Period		
	-	· · · · · · · · · · · · · · · · · · ·				
Calendar year	(a) 2	2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
(or fiscal year beginning in)						
2a Lobbying nontaxable amount						
b Lobbying ceiling amount			15.00.00		= +	· · · · · · · · · · · · · · · · · · ·
(150% of line 2a, column(e))						
					•	
c Total lobbying expenditures						
o rotal tops/mig oxportalitation					-	
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 MIDWEST REGION ORGANIZING COMMITTEE 37-1371059 Page 3 'Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for fobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 11 2a Dot the activities in e1 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 if the filing organization incurred as section 4912 tax, did if the filing organization incurred as section 4912 tax, did if the filing organization incurred as section 4912 tax, did if the filing organization incurred as section 4912 tax, did if filing organization incurred as section 4912 tax, did if the filing organization incurred as section 501(c)(6), or section 501(c)(6). Part III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Vere substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only inhouse lobbying expenditures of \$2,000 or less? 3 Did the organization argive to carry over lobbying and political expenditures from the pnor year? 1 Dues, assessments and similar amounts from members Section 150(e) (and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, asses	of the Johnson activity	(8	a)	(b)
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2 X 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 X Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 X X X Aggregate answered "No," OR (b) Part III-A, lines 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part III-A, line 3, is answered "No," OR (b) Part I				Yes	No
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does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5	 a Current year b Carryover from last year c Total 		2b 2c		
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5	 a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 		2b 2c		
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instructions); and Part II-B, line 1. Also, complete this part for any additional information.	 a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group 	olitical	2b 2c 3 4 5	and 2 (see	
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SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Inspection

Name of the organization

MIDWEST REGION ORGANIZING COMMITTEE

Employer identification number 37-1371059

Pai	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		·
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor ad	•	
	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?		Yes No
Pai		anization answered "Yes" to Form 990, Pa	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	of a conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru-	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 8/17/06, and not on a historic structu	ire
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	ınd enforcing conservation easements du	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	nforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		L Yes
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	the organization's accounting for
Da	conservation easements	Ant Historical Transcens	N 0::1 A1-
Pai	rt III Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
па	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi		ice of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that describ		
D	If the organization elected, as permitted under SFAS 116 (ASC	· ·	·
	treasures, or other similar assets held for public exhibition, edi	ucation, or research in furtherance of put	blic service, provide the following amounts
	relating to these items		. .
	(i) Revenue included in Form 990, Part VIII, line 1		> >
^	(ii) Assets included in Form 990, Part X	arriva an alban sissifas assistantia for for	> >
2	If the organization received or held works of art, historical trea		gain, provide
_	the following amounts required to be reported under SFAS 11	o (ASC 936) relating to these items	▶ •
a	Revenue included in Form 990, Part VIII, line 1		-
þ	Assets included in Form 990, Part X		P 9

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

		REGION OR								Page 2			
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, c	or Othe	r Simil	ar Asse	ts(contin	ued)			
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	it are a sig	gnificant	use of its	collection	ıtems			
	(check all that apply)												
а	Public exhibition	c	ı 📖 L	oan or exc	hange progra	ams							
b	Scholarly research	€		Other									
С	Preservation for future generations												
4	Provide a description of the organization's co	ollections and explai	n how th	ev further ti	he organizati	on's exen	not purp	ose in Par	t XIII				
5	During the year, did the organization solicit of												
٠	to be sold to raise funds rather than to be m						400010	Г	Yes	☐ No			
Par	t IV Escrow and Custodial Arran					"Yes" to F		Part IV I					
	reported an amount on Form 990, Pa		0.0 1. 1.10	organizatio			01111 000	,, , , , , , , , , , , , , , , , , , , ,					
12	Is the organization an agent, trustee, custod		diany for c	contribution	e or other as	eate not	ncluded						
14	on Form 990, Part X?		Jiai y 101 C	Jonanda	is or other as	13613 1101 1	incidaed		Yes	No			
h	If "Yes," explain the arrangement in Part XIII	and complete the fe	llovupa t	oblor				L	_ res	NO			
D	ii 165, explain the arrangement in Part Alli	and complete the ic	mowing to	anie					A				
_	Beginning balance						4-		Amount				
	•						1c						
u	Additions during the year						1d						
e	Distributions during the year						1e						
7-	Ending balance	000 Dt V l	. 04				1f		٦,,				
2a	Did the organization include an amount on F						ty?	<u> </u>	」Yes	⊢ No			
Par	t V Endowment Funds. Complete s												
T al	Endowment rands. Complete		ĺ										
	Danish danish danish	(a) Current year	(b) Pr	rior year	(c) Two year	rs back (d) Three	years back	(e) Four	years back			
1a	Beginning of year balance		 										
b	Contributions												
C	Net investment earnings, gains, and losses								 				
ď	Grants or scholarships												
е	e Other expenditures for facilities and programs												
	and programs 4. Administrative expenses												
f	Administrative expenses												
g	End of year balance												
2	, , , , , , , , , , , , , , , , , , , ,												
а	Board designated or quasi-endowment		%										
b	Permanent endowment	%											
С	Temporarily restricted endowment ▶	%											
	The percentages in lines 2a, 2b, and 2c should be should												
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	ind administe	ered for th	ne organı	zation	_				
	by.									Yes No			
	(i) unrelated organizations								3a(i)				
	(ii) related organizations								3a(iı)				
b	If "Yes" to 3a(II), are the related organization								3b				
4	Describe in Part XIII the intended uses of the		owment f	unds									
Pai	t VI Land, Buildings, and Equipn												
	Complete if the organization answere	d "Yes" to Form 990), Part IV,	line 11a S	ee Form 990	, Part X, I	ıne 10.						
	Description of property	(a) Cost or o			or other		cumulat		(d) Book	. value			
		basis (investi	ment)	basis	(other)	dep	reciation	1					
1a	Land									<u> </u>			
b	Buildings												
С	Leasehold improvements				5,157.		5,7	80.	9	3,377.			
d	Equipment			20	9,596.	1	.34,8	76.	74	1,720.			
e_	Other			51	5,762.	2	289,3	65.	226	397.			
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colum	nn (B), line 1	10c)			•	310),494.			

Schedule D (Form 990) 2014

432053 10-01-14 ·

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 MIDWEST REGION ORGANIZING	COMMITT	EE	37-	1371059 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statement		evenue per R	eturr	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	9,708,383.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains (losses) on investments	2a	65,367.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d		1	
е	Add lines 2a through 2d			2e	65,367.
3	Subtract line 2e from line 1			3	9,643,016.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,373.		
b	Other (Describe in Part XIII)	4b	•		
С	Add lines 4a and 4b			4c	6,373.
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	9,649,389.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With I	Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		•		
1	Total expenses and losses per audited financial statements			1	8,532,253.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				- , ,
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c	·		
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	8,532,253.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				0/332/2334
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,373.		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	6,373.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	8,538,626.
	rt XIII Supplemental Information.				0,330,020.
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	t IV, lines 1b an	d 2b, Part V, line	4, Part	X, line 2; Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional informa	tion		
					
	,				

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization an

swered "Yes" to Form 990, Part IV, line 21 or 22.	Attach to Form 990.

Open to Public 2014 Inspection Employer identification number

37-1371059

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

MIDWEST REGION ORGANIZING COMMITTEE

Part I General Information on Grants and Assistance

Schedule I (Form 990) (2014) 2 MARKET RECOVERY GRANTS (h) Purpose of grant or assistance DRGANIZING GRANTS DRGANIZING GRANTS DRGANIZING GRANTS DRGANIZING GRANTS X Yes RESEARCH GRANT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o. ö Ö Ö Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of cash grant 373,162 10,000 351,373 62,500 384,474 180,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(5) 501(C)(5) 501(C)(5) 501(C)(5) 43-0337603 501(C)(5) 501(C)(S) Enter total number of other organizations listed in the line 1 table 06-1694040 43-0630984 01-0606353 37-0347593 35-0308492 (b) EIN cntena used to award the grants or assistance? EASTERN MISSOURI LABORERS DISTRICT STE 53 1 (a) Name and address of organization COUNCIL - 3450 HOLLENBURG DRIVE -INDIANA LABORERS DISTRICT COUNCIL COUNCIL - 4208 W PARTRIDGE WAY, GREAT PLAINS LABORERS DISTRICT SOUTHWESTERN ILLINOIS LABORERS 1 N OLD STATE CAPITOL PLAZA, HEIGHTS PROFESSIONAL PLAZA -DISTRICT COUNCIL - 3 MEADOW UNIT 2 - PEORIA, IL 61615 or government COLLINSVILLE, IL 62234 SPRINGFIELD, IL 62701 TERRE HAUTE, IN 47807 MIDWEST REGION LECET BRIDGETON, MO 63044 ST LOUIS MO 63108 LABORERS LOCAL #42 3710 ENRIGHT AVE 425 SOUTH 4TH ST PartII N

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Schedule I (Form 990) MIDWEST REGION ORGANIZING COMMITTEE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g)	Assistance to Go (b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		ıf applıcable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
LABORERS LOCAL #579 1203 N. 6TH ST ST JOSEPH, MO 64501	44-0296418	501(C)(5)	41,749.	0		J.	ORGANIZING GRANTS
LABORERS LOCAL #773 5102 LABORERS WAY MARION, IL 62959	37-0510567	501(C)(5)	68,446.	0			ORGANIZING GRANTS
SOUTHWEST LABORERS DISTRICT COUNCIL - 11720 EAST 21ST ST - TULSA, OK 74129	03-0545870	501(C)(5)	53,842,	0.			ORGANIZING GRANTS
	35-0415847	501(C)(5)	50,000,	0			ORGANIZING GRANTS
CAL AMAI	46-3731186	501(C)(5)	1,256,	0			ORGANIZING GRANT
WESTERN MISSOURI & KANSAS LABORERS DISTRICT COUNCIL - 1101 E. 87TH ST - KANSAS CITY, MO 64131	44-0644881	501(C)(5)	210,000.	0			ORGANIZING GRAMT
							Schedule I (Form 990)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) GRANT RECIPIENTS FOR AN EMPLOYEE'S WAGES & BENEFITS ARE REQUIRED TO TURN IN ORGANIZATION RECEIVED THE GRANT SUBMITS QUARTERLY REPORTS FOR REVIEW BY THE VICE PRESIDENT, ASSISTANT BUSINESS MANAGER AND PROGRAM DIRECTOR. NO FURTHER THE Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information BENEFIT AND EXPENSE REPORTS FOR THE EMPLOYEE COVERED BY THE GRANT. IF THE GRANT IS DESIGNATED FOR OTHER PURPOSES, (d) Amount of non-cash assistance PAYMENTS ARE SENT UNTIL THE REPORTS ARE RECEIVED AND REVIEWED. (c) Amount of cash grant (b) Number of recipients PAYROLL, (a) Type of grant or assistance MONTHLY ACTIVITY, PART I, LINE Part IV

Schedule I (Form 990) (2014)

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SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

MIDWEST REGION ORGANIZING COMMITTEE

37-1371059

Employer identification number

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	1 1		
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract	1		
	Independent compensation consultant Compensation survey or study	1		
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
-5-	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	i		
	contingent on the revenues of	l [
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	,			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	19 i		i

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

Schedule J (Form 990) 2014

MIDWEST REGION ORGANIZING COMMITTEE

37-1371059

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Schedule J (Form 990) 2014

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii) Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Do not list any individuals that are not listed on Form 990, Part VII

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

		B) Breakdown of \	(B) Breakdown of W.2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
	1		_	-	other deferred	benefits	(B)(I)(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			_re □
			<u>-</u>					
	6							
	(E)							
	8							
1	(ii)		- 1					
	()							
	(ii)							
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Schedule J (Form 990) 2014 MIDWEST REGION ORGANIZING COMMITTEE	IZING COMMITTEE	37-1371059 Page 3
Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1	Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information	oart for any additional information
		A Company of the Comp
		in the state of th
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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.lrs.gov/form990. OMB No 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number MIDWEST REGION ORGANIZING COMMITTEE 37-1371059 FORM 990, PART VI, SECTION A, LINE 2: JOHN PENN, CHAIRMAN AND DAVID PENN, DIRECTOR ARE BROTHERS FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED WITH THE CHAIRMAN OF THE BOARD AND ADMINISTRATOR FORM 990, PART VI, SECTION B, LINE 12C: POLICY IS DISTRIBUTED AT THE ANNUAL MEETING IN DECEMBER AND A SIGN-OFF SHEET IS COMPLETED FORM 990, PART VI, SECTION B, LINE 15: BOARD DELIBERATION AND VOTED FORM 990, PART VI, SECTION C, LINE 19: UPON_REQUEST PART XI, LINE 1 THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection

2014

OMB No 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

MIDWEST REGION ORGANIZING COMMITTEE

Employer identification number 37-1371059

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year End-of-year assets Total income ਉ Legal domicile (state or Identification of Disregarded Entrties Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II Part

סיפשוויבשנוסוים סחוווים נוסים						
(a)	(9)	(၁)	(p)	(e)	(J)	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 (5) 13)
of related organization	-	foreign country)	section	status (if section	entity	entity?
				501(c)(3))		Yes No
MIDWEST REGION LABORERS' POLITICAL LEAGUE -	_					
37-1382229, 1 N OLD STATE CAPITOL PLAZA						
SUITE 525, SPRINGFIELD, IL 62701	POLITICAL COMMITTEE	ILLINOIS	527			×
MIDWEST REGION LABORERS' POLITICAL LEAGUE						
EDUCATION FUND - 37-1400940, 1 N OLD STATE						
CAPITOL PLAZA SUITE 525, SPRINGFIELD, IL	POLITICAL COMMITTEE	ILLINOIS	527			×
ILLINOIS LABORERS' LEGISLATIVE COMMITTEE -						
36-4001239, 1 N OLD STATE CAPITOL PLAZA						
SUITE 525, SPRINGFIELD, IL 62701	POLITICAL COMMITTEE	ILLINOIS	527			×
						_

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

SEE PART VII FOR CONTINUATIONS

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Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014 MIDWEST REGION ORGANIZING COMMITTEE

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

3	General or Percentage managing ownership partner?											L stallan a
9	General or managing partner?	Yes No							_	 	 	
Θ	Code V-UBI	K-1 (Form 1065)	-		-	_						
£	Disproportionate allocations?	Yes No								 		70
(6)	Share of end-of-year	gasers										1 1 000 I
ε	Share of total income											1 / (1) -
(e)	Predominant income (related, unrelated, excluded from tax index	sections 512-514)										
(Q)	Direct controlling entity					 	 ,					
(c)	Legal domicile (state or	foreign country)		·								ľ
(q)	Primary activity	,										:
(a)	Name, address, and EIN of related organization											

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(q)	(c)	(p)	(e)		(6)	ε	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	(Corp., Scorp, Scorp, foreign	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	<u>Б</u> д	Section 512(b)(13) controlled entity?
		country)		(ten) io		833613		Yes No

Schedule R (Form 990) 2014

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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) MIDWEST REGION LABORERS' POLITICAL LEAGUE	Z	0.	
(2) MIDWEST REGION LABORERS' POLITICAL LEAGUE	0	0.	
(3) MIDWEST REGION LABORERS' POLITICAL LEAGUE	H	0	
MIDWEST REGION LABORERS' POLITICAL LEAGUE			
(4) EDUCATION FUND MIDWEST REGION LABORERS' POLITICAL LEAGUE	Σ.	0	The second secon
(6) EDUCATION FUND	0	0.	To the second se
(6) ILLINOIS LABORERS' LEGISLATIVE COMMITTEE	N	0	
	29		Schedule R (Form 990) 2014

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MIDWEST REGION ORGANIZING COMMITTEE

Schedule R (Form 990)

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)ILLINOIS LABORERS' LEGISLATIVE COMMITTEE	0	0	
(8)			
(6)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(j) (k)	unate amount in box 20 managing ownership of Schedule K-1 pariner? Yes No (Form 1065) Yes No				
(i) (i) Code V-UBI	inso of Schedule K				
(h)	allocations?				
(g) Share of	end-of-year assets				
(f) Share of					
(e) Are all partners sec	501(c)(3) orgs ? Yes No				
	(related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile	(state or foreign country)	 -	 	 —	
(b) Primary activity					
(a) Name, address, and EIN Primary activity (b) (c) (d) Primary activity Legal domicile Predominant income	of entity				

Schedule R (Form 990) 2014 MIDWEST REGION ORGANIZING COMMITTEE	37-1371059 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions)	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	S:
	<u> </u>
	
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:	
MAND, ADDRESS, AND BIT OF REDATED ORGANIZATION:	·· <u>·</u>
MIDWEST REGION LABORERS' POLITICAL LEAGUE EDUCATION FUND	
ETN. 27 1400040	
EIN: 37-1400940	
1 N OLD STATE CAPITOL PLAZA SUITE 525	
GDD-17GD-171 COULD	
SPRINGFIELD, IL 62701	