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## 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)

2014

OMB No 1545-1150

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

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	nternal Reve	nue Service Information about Form 990-EZ and its instructions is at www.irs.gov/rorm	1990.					
	A For the	2014 calendar year, or tax year beginning , 2014, and ending	, 20					
) (	3 Check if a	pplicable C Name of organization .	D Employer identification number					
	Address	change American Federation of Labor &	48-0634170					
	Name ch	Number and street (or P O box, if mail is not delivered to street address)  Room/suite	Telephone number					
ļ	Initial retu	IP O Box 17366	316-941-4061					
Ì	Amended	City or town, state or province, country, and ZIP or foreign postal code	Group Exemption					
ì	=	on pending Wichita, KS 67217	Number ►					
-			heck ►	If the organization is not				
	Website			attach Schedule B				
	J Tax-exe		•	990-EZ, or 990-PF)				
		Form of organization Corporation Trust Association Other						
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets					
		lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>&gt;</b>	\$				
	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the II	nstructio	ons for Part I)				
		Check if the organization used Schedule O to respond to any question in this Part I						
•	1	Contributions, gifts, grants, and similar amounts-received.		1				
	2	Program service revenue including government fees and contracts/ED		2				
	3	Mambarship dues and assessments	;	3 110895				
	4	150 mark 150	T	4				
	5a	Gross amount from sale of assets other than inventory JUL 2 7 2015 5a 00 1 1 2 1 2 1 2 1 5 5a 00 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1						
	b	Less cost or other basis and sales expenses .						
	С	Gain or (loss) from sale of assets other than inventory (Stiptract-line 5b from line 5a)	5	ic				
	6	Gaming and fundraising events						
	a							
	en l	\$15,000)						
	Revenue	Gross income from fundraising events (not including \$ - of contributions	6					
	<u> </u>	from fundraising events reported on line 1) (attach Schedule G if the						
	_	sum of such gross income and contributions exceeds \$15,000) . 6b						
8	ာ	Less direct expenses from gaming and fundraising events . 6c						
Š	C107	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	tract					
		line 6c)		6d				
α	7.	Gross sales of inventory, less returns and allowances . 7a						
	h	Less cost of goods sold 7b						
AllC	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7	'c				
	l Q	Other revenue (describe in Schedule O)		8 14411				
Ω	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .	▶ :	9 125306				
CANNED	10	Grants and similar amounts paid (list in Schedule O)	1	10 5756				
	11	Benefits paid to or for members .	1	11				
×	န္မ 12	Salaries, other compensation, and employee benefits	1	78546				
· -	ž 13	Professional fees and other payments to independent contractors	1	13				
	13 14 15	Occupancy, rent, utilities, and maintenance .	1	14 12859				
	ŭ   15	Printing, publications, postage, and shipping	1	15 1297				
	16	Other expenses (describe in Schedule O)	<del>                                     </del>	16 44167				
	17	Total expenses. Add lines 10 through 16		17 142625				
	40	Excess or (deficit) for the year (Subtract line 17 from line 9)		18 (17,319)				
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	ASE	end-of-year figure reported on prior year's return)		19 119306				
	Net Assets	Other changes in net assets or fund balances (explain in Schedule O)	<u> </u>	20 1134				
	Ž 21	Net assets or fund balances at end of year Combine lines 18 through 20		21 103121				
	<del></del>	· · · · · · · · · · · · · · · · · · ·						

Pa	Balance Sheets (see the instruction	•				<del></del>
	Check if the organization used Schedu	ule O to respond to a	ny question in this		<del></del> .	<u>.                                    </u>
•	_		ļ	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			114806		97487
23	Land and buildings .	•	_		23	
24	Other assets (describe in Schedule O)			4500		5634
25	Total assets	-		119306		103121
26	Total liabilities (describe in Schedule O)	(0)	1 04)		26	
27 Par	Net assets or fund balances (line 27 of coluities)  Statement of Program Service Acco			119306	27	103121
ır alı	<del></del>	•		· ·		Expenses
Mha	Check if the organization used Schedutist the organization's primary exempt purpose?	die O to respond to a	ly question in this	rait III	(Req	uired for section
Desc as m	ribe the organization's primary exempt purpose ribe the organization's program service accom leasured by expenses. In a clear and concise ons benefited, and other relevant information for	manner, describe the			,	c)(3) and 501(c)(4) inizations optional for rs)
28						
	(Cronto C				28a	
29	(Grants \$ ) If this amou	ınt ıncludes foreign gra	ints, check here		20a	_
	(Grants \$ ) If this amou	int includes foreign gra	ants, check here	▶ □	29a	
30						
	(Grants \$ ) If this amou	int includes foreign gra	ants, check here	<u> </u>	30a	
31	Other program services (describe in Schedule (	O)				
		int includes foreign gra	ints, check here	<b>&gt;</b>	31a	
	Total program service expenses (add lines 28				32	<u> </u>
Par		· · · · · ·			nstru	ctions for Part IV)
	Check if the organization used Schedi		(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MIS( (if not paid, enter -0-	contributions to employ benefit plans and		Estimated amount of other compensation
Judy	Pierce					
Presi	dent	20		0	0	0
Jake	Lowen			}	}	
	ulting	40	6000	0 24	00	0
	ny Stewart					
	Assistant	20	1054	0	0	0
	ogers					0
	President	2		0	0	0
	y Mousley				0	0
Treas	surer	2	<del> </del>	0	-	
					_	<del></del>
					_	
	_					
_				<u> </u>		
			<u></u>			
		1	1	Į.	1	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	_	
,			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
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		<b>/</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	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.			
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		<b>✓</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40-	Gross receipts, included on line 9, for public use of club facilities	- !		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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		<b>✓</b>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Judy Pierce  Telephone no ▶	316-94	1-406	1
	Located at ► 3219 W. Central, Wichita, KS ZIP + 4 ►	672	203	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).	100		
С	At any time during the calendar year, did the organization maintain an office outside the US?  If "Yes," enter the name of the foreign country.	42c		· ·
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>≻</b>
			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		✓
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	 	✓
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	44d		<b>√</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
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		/

Form 99	0-EZ (20	014)						Page 4
46		ne organization engage, directly or in			on behalf of o	r in opposition		s No
Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines						<b>√</b> ines		
		50 and 51. Check if the organization used Sci	hedule O to respond	I to any question i	n this Part VI			
47		ne organization engage in lobbying				during the tax		s No
48	year?	If "Yes," complete Schedule C, Par organization a school as described in	t II			Ü	47	
49a	Did the If "Ye Comp	the organization as school as described in s," was the related organization a se olete this table for the organization's oyees) who each received more than	o an exempt non-cha ection 527 organizations five highest compens	ritable related orga on? sated employees (	anization? other than offi		49a 49b trustees a	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	hanefit plans	to employee (e) and deferred	Estimated amother compens	
							-	
f 51	Comp	number of other employees paid ovolete this table for the organization 000 of compensation from the orga	s five highest compe		ent contractors	who each re	ceived mo	re than
	(a) Name and business address of each independent contractor		(b) Type of service (c) (		(c) Cor	Compensation		
						<u> </u>		
						l		
							_	
d 52	d Total number of other independent contractors each receiving over \$100,000 . ▶  52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A							No
Under pe	enaities rect, and	of perjury, I declare that I have examined this is complete. Declaration of preparer other than	return, including accompan n officer) is based on all info	ying schedules and stat ormation of which prepai	ements, and to the rer has any knowle	best of my knowledge	edge and belie	ef it is
Sign Here		Signature of officer  Judy Pierce - President	QXC S	<b>-</b>	Dat	1124115		
 Paid		Type or print name and title  Print/Type preparer's name	Preparer's signature		Date	Check I if	PTIN	
Prepa Use (	,	Firm's name ▶			Firm	self-employed m's EIN ▶		
		Firm's address ► discuss this return with the prepare	r shown above? See	instructions .	Pho	one no	☐ Yes ☐	No

#### 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.

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

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
American Federation of Labor & (Wichita/Hutchinson Labor Federation)	48-0634170
Part 1 - Line 8 - Other Revenue	
Community Services Fund - 13,292, Checks to cash - 25, Tax refund - 8, Workers Comp refund - 958, R	refund for damage to appliance - 128
Teluliu - 300, N	ionalist of damage to application - 120
Post 1. Line 10. Departieur	
Part 1 - Line 10 - Donations	
United Way - 1,256, Center of Hope - 700, KANSEL - 500, Wichita Labor Temple - 2,000, NAACP Hutchir	nson - 400, Angel Tree Program - 500
Union Label - 400	
Part 1 - Line 16 - Other Expenses	
Community Service Conference Expenses - 7,371, Affiliation fees - 50, Employer Taxes - 1,030, Worker	e Momorial 2 700 Transfers 10 722
Community Service Contenence Expenses - 7,3/1, Anniation lees - 30, Employer Taxes - 1,030, Worker	5 Wellional - 2,705, Hanslers - 15,723
Labor Day event - 3,464, Labor Bond - 290, Returned check - 20, Food - 221, Hotel - 912, Workers Comp	Insurance - 1,346 -
Power for the second se	
Registration fees - 490, Community Services - 6,086 Office Supplies - 455	
Part 1 - Line 20 - new office equipment - 1,134	
	·
·····	