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Department of the Treasury 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.

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

Open to Public Inspection

OMB No 1545-0047

A	For the	2015 calendar year, or tax year beginning and ending	
B	Check if pplicable	C Name of organization	D Employer identification number
<u></u>	Addre	MIDWEST REGION ORGANIZING COMMITTEE	
Ļ	Name chang	Doing business as	37-1371059
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	
L	Final return.		217-789-6996
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 9,974,296
Ļ	Amen	SPRINGFIELD, IL 62701	H(a) Is this a group return
L	Application pendii	Na	for subordinates? Yes X No
	_	SAME AS C ABOVE	H(b) Are all subordinates included? Yes No
			If "No," attach a list. (see instructions)
		e: WWW.MROCNOW.ORG	H(c) Group exemption number ▶
	_		ear of formation: $1998$ M State of legal domicile: $\overline{11}$
Pa	art I	Summary	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities. AID LABO EMPLOYERS & EMPLOYEES	R UNIONS IN ORGANIZING
'nar			pero then 250/ of to not exects
Ϋ́		, , , , , , , , , , , , , , , , , , , ,	l _ l
යි	1	Number of voting members of the governing body (Part VI, line 1a)	<del></del>
<b>න්</b> ග		Number of independent voting members of the governing body (Part VI, line 1b)	<u> </u>
<u>ii</u>		Total number of individuals employed in calendar year 2015 (Part V, line 2a)	
ŧ		Total number of volunteers (estimate if necessary)	74 74 7
¥		Total unrelated business revenue from Part VIII, column (C), line 12	
	B	Net unrelated business taxable income from Form 990-T, line 34	
_	8	Contributions and grants (Part VIII line 1b)	Prior Year Current Year
Revenue	ı	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)	9,230,369. 9,215,430
ě.		Investment income (Port VIII column (A) lines 2.4 and 7d)	116 1/130,544. 129,774
æ		15-1 - OF 3 F L	288,476. 163,310
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e); \ \ \( \int \) \\ \( \int	139,649,389. 9,508,514
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,876,802. 2,279,149
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
"	l l	Benefits paid to or for members (Part IX, column (A), line 4)	4,671,398. 4,564,281
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)	0. 4,071,330. 4,304,201
ber			
X		5   (	1,990,426. 2,475,210
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,538,626. 9,318,640
		Revenue less expenses. Subtract line 18 from line 12	1,110,763. 189,874
es	13	nevertue less experises. Subtract line 16 front line 12	
ets ( anc	20	Total assets (Part X, line 16)	5,669,935. 5,774,083
Ass	21	Total liabilities (Part X, line 16)	65,606. 11,773
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	5,604,329. 5,762,310.
Pa	rt II	Signature Block	3,004,323. 3,702,310
	_	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my knowledge and helief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	
<u> </u>		A A A	and the dry knowledge.
Sigr	,	Signature of officer	Date ,
Her	e e	JOHN PENN, CHAIRMAN	10/4/11.
		Type or print name and title	1-1-114
5		Print/Type preparer's name Preparer's signature	Date , Check PTIN
⊃ -Paid		Janelle Brown Janelle Blown	9/26/16 If self-employed PO13836/5
Prepع		Firm's name \ \\ \lambda \  \lambda \  \lambda \  \lambda \	Firm's EIN > 1/A
- ∢Use		Firm's address	THE SERVICE STATES
2	•		Phone no. (217) <b>331</b> -5540
Mav	the IF	S discuss this return with the preparer shown above? (see instructions)	Yes No
	1 12-1		Form <b>990</b> (2015

Par	1990 (2015) MIDWEST REGION ORGANIZING COMMITTEE 37-1371059 Page rt III   Statement of Program Service Accomplishments
	<del></del>
	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:
	AID LABOR UNIONS IN ORGANIZING EMPLOYERS AND EMPLOYEES
	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X N
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
а	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ORGANIZE EMPLOYERS & EMPLOYEES BY AIDING AFFILIATE LOCAL UNIONS AND
	DISTRICT COUNCILS.
)	(Code) (Expenses \$ including grants of \$) (Revenue \$
	(Code) (Expenses \$
	Other program services (Describe in Schedule O.)
ı	(Expenses \$ including grants of \$ ) (Revenue \$ )

	•		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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		Х
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			
	similar 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		х
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		X
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			
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	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	1		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	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			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		$\frac{\Lambda}{X}$
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>' ' ' '</del>		<del></del> -
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		\ <b>\</b>
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<b> </b> -	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	4.0		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	<u> </u>	<u> </u>
-	complete Schedule G, Part III	19		x
			990	(2015)

	s ·		res	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 2? 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			
	Schedule K. If "No", go to line 25a	24a		Х
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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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		Х
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	L	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	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		İ	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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	L.	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	}		
	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			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	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	38	X	<u> </u>
_		F	000	(2015)

Form	990 (2015) MIDWEST REGION ORGANIZING COMMITTEE 37-1371	<u>059</u>	Р	age 5
Pai	rt 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 51			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За		За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	,	
	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)?	4a		х
ь	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).			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
Va	any contributions that were not tax deductible as charitable contributions?	6a		x
h	·	Va		<del></del>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7		OD		ļ
, a	Organizations that may receive deductible contributions under section 170(c).  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		-
		7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		
	to file Form 8282?	7c		-
	If "Yes," indicate the number of Forms 8282 filed during the year	<b>-</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	├─
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ł
_	sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	
	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them.)			ŀ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	ļ
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		ŀ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	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		1	
С	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u>L</u>
		C	. 000	/2015

532005 12-16-15

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					
<u>Sec</u>	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 1a 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	b Enter the number of voting members included in line 1a, above, who are independent [1b]								
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?								
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?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
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		Х					
<u>Sec</u>	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	<b>b</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?								
11a	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	ın Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
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						
b	Other officers or key employees of the organization	15b	X						
	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								
	taxable entity during the year?	16a		X					
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			!					
	exempt status with respect to such arrangements?	16b	<u> </u>	l					
Sec	tion C. Disclosure	_							
	List the states with which a copy of this Form 990 is required to be filed NONE								
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	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	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								

# 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 organizat		orga I	iniza			nper	nsat				
(A)	(B)		(C) Position		(D)	(E)	(F)				
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated amount of other compensation	
	hours per week	offi	, unle: cer an	ss pe dad	rson ırecto	is bot or/trus	n an tee)	compensation from	compensation from related		
	(list any	ē						the	organizations		
	hours for	direc				2		organization	(W-2/1099-MISC)	from the	
	related	io ee	stee			nsate		(W-2/1099-MISC)	( · · · · · · · · · · · · · · · · · · ·	organization	
	organizations	Tas I	al tru		o yee	ed wo		, i		and related	
	below	Individual trustee or director	Institutional trustee	ы	Key employee	Highest compensated employee	ner			organizations	
	line)	횰	Inst	Officer	Key	Hg mb	쥰				
(1) CHARLES SHEMPF, JR.	1.00									_	
SECRETARY/TREASURER		Х		Х		<u> </u>		0.	0.	0.	
(2) JOHN PENN	4.00							_			
CHAIRMAN		Х		X				0.	0.	0.	
(3) CLINT TAYLOR	1.00										
TRUSTEE		Х						0.	0.	0.	
(4) GLYN RAMAGE	1.00										
TRUSTEE		Х						0.	0.	0.	
(5) DAVID FRYE	1.00										
TRUSTEE		X			ļ			0.	0.	0.	
(6) GARY ELLIOTT	1.00									·· <del></del>	
TRUSTEE	·	X			•			0.	0.	0.	
(7) RENO HAMMOND	1.00								· <del>-</del> ·		
TRUSTEE		X						0.	0.	0.	
(8) TIM BELL	1.00										
TRUSTEE		X						0.	0.	0.	
(9) ELLEN SCHANZLE-HASKINS	36.00										
ADMINISTRATOR		ŀ		X				144,200.	0.	86,370.	
(10) SEAN STOTT	29.00										
LEGISLATIVE DIRECTOR	-	1				X		150,762.	0.	97,103.	
		1									
		1	1								
		<u> </u>						·-·			
		1	l								
		$\vdash$		<u> </u>	-						
		İ									
		<del>                                     </del>	<del>                                     </del>								
		1									
		<del>                                     </del>	$\vdash$	$\vdash$				<del></del> -			
		1		l							
		$\vdash$	$\vdash$	$\vdash$	_						
		ł		l					,		
<del></del>		Ц.				Ц_	Ц				

532007 12-16-15

	T VII Section A. Officers, Directors, Trus (A)	(B)	Pioy	ees		a HI C)	igne	5 ( C	_	es (continued) (E)	T	<del></del>	(E)	
	Name and title	Average			Pos	itior	1		(D) Reportable	(⊏) Reportable		Fe	( <b>F</b> ) stimate	ad
	Name and the	hours per		not c	heck	more	than		compensation	compensation	Ī	amount of		
		week	officer and a director/trustee)						from	from related			other	٠.
		(list any	ctor			ŀ	1		the	organizations		com	pensa	tion
		hours for	ğ				喜		organization	(W-2/1099-MISC	)	fr	om th	е
		related	stee	ruste			pensa		(W-2/1099-MISC)		- 1	-	anızat	
		organizations below	를 로	опа		ploye	E 20						d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	оттег				orga	anızatı	0115
				_	_									
						$\vdash$				<u> </u>				
			_	_		_	_				$\dashv$			
											$\dashv$			
				_	<u> </u>	<u> </u>	_	<u> </u>			_			
		<u> </u>		<u> </u>		╁	$\vdash$	$\vdash$						
			_	ļ		L	ļ	_			_			
			$\cdot$											
1b	Sub-total Sub-total	<del></del>		<u> </u>				<b></b>	294,962.		0.	18	3,4	
C	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)			-					294,962.	·	0.	<u> 18</u>	3,4	<u>73.</u>
2	Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	no r	eceived more than \$100	0,000 of reportable				2
	compensation from the organization									<del></del>			Yes	No
3	Did the organization list any former officer	, director, or tr	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on	Γ			
	line 1a? If "Yes," complete Schedule J for s				•		•			, .	ĺ	3		X
4	For any individual listed on line 1a, is the si	um of reportab	le c	omp	ens	atıoı	n an	d ot	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete :	Sch	edul	e <i>J 1</i>	for such individual		Ĺ	4	X	
5	Did any person listed on line 1a receive or							elat	ted organization or indiv	idual for services	ı			
Soc	rendered to the organization? If "Yes," con	nplete Schedui	e J 1	for s	uch	per	son					5		X
1	tion B. Independent Contractors  Complete this table for your five highest co	ompensated in	don	on de	ant c	cont	ract	are t	that received more than	\$100,000 of comp	ensa	ation 1	from	
•	the organization. Report compensation for									<u>-</u>	C1136	2110111	iiOiii	
	(A)		<del>ou</del> .	0110	9		<u> </u>	<u> </u>	(B)	,,,,,		(C	<b>)</b>	
	Name and business	address	N	ON	E			_	Description of s	services	C		nsatio	n
										Ì				
-														
				_				$\dashv$	<del></del>					
	Total number of independent contractors (	including but r	not h	mite	ed to	the	ا مور	ster	d above) who received a	nore than				
	\$100,000 of compensation from the organ		.0.11				0			TOTO WIGHT				
532008 12-16-	15										1	Form <sup>9</sup>	990 (	2015)

		Check if Schedule O con		or note to any li	no in this Part VIII			
	,	officer if schedule o con	tairis a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	· · ·				
G. G.	b	Membership dues	1b					
Łs,	C	Fundraising events	1c					
ਫ਼ੵਫ਼	d	Related organizations	1d			İ		
Sin's,	1	Government grants (contribute						
utio er (	f	All other contributions, gifts, grar						
ēë.		similar amounts not included abo			Į			
gg	l	Noncash contributions included in lines	s 1a-1f \$		 			
0 8	<u>n</u>	Total. Add lines 1a-1f		<u> </u>	<u> </u>			
a)	2 a	EMPLOYER CONTRI	TRITUTONG	Business Code 90009	9,215, <b>4</b> 30.	0 215 420		
ķ			LBOITONS	900099	9,213,430.	9,413,430.		
Ser	b	<del></del>	· · · · · ·	-				
Z Z	ď			<b>-</b>	<del> </del>			
Program Service Revenue	e	<del></del>						
ď		All other program service reve	enue					
		Total. Add lines 2a-2f		<b></b>	9,215,430.			
	3	Investment income (including	dıvıdends, ınter	est, and				
		other similar amounts)		<b>&gt;</b>	57,283.			57,283.
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties	p	<u> </u>				· ·
			(ı) Real	(ıı) Personal				
		Gross rents		ļ	1		:	
		Less. rental expenses		<del> </del>	-			
		Rental income or (loss)	L	<u> </u>	-			
		Net rental income or (loss) Gross amount from sales of	(1) Converting	(v) Other				<del></del>
	/ a	assets other than inventory	(i) Securities 353, 299.	(II) Other	1			
	h	Less: cost or other basis	333,233	104,5/4.				
	_	and sales expenses	352.526.	113,256.				
	С	Gain or (loss)	773.					
1		Net gain or (loss)		<b>•</b>	72,491.		71,718.	773.
ø	8 a	Gross income from fundraisin	g events (not					
Other Revenu		including \$	of					
ě		contributions reported on line	1c). See					
P		Part IV, line 18	а					
튐		Less, direct expenses	b					
		Net income or (loss) from fund	-		ļ			
	9 a	Gross income from gaming as	ctivities. See					
	<b>.</b>	Part IV, line 19	a					
İ		Less: direct expenses	b		-			
		Net income or (loss) from gan Gross sales of inventory, less	-					-
ĺ	10 4	and allowances					:	
ŀ	b	Less. cost of goods sold	a b					
		Net income or (loss) from sale	-	<b>—</b>	1			•
1		Miscellaneous Revenu		Business Code				
ľ	11 a	RETIREE COUNCIL	RECEIP	900099	92,742.	92,742.		
		CONVENTION FUND		900099	30,000.			
	С	LIUNA CONTRIBUT		900099	19,609.	19,609.	<del></del>	
l	d	All other revenue		900099	20,959.	20,959.		
l	е	Total. Add lines 11a-11d		<b></b>	163,310.			
	12	Total revenue. See instructions.		<b>_</b>	<u>9,508,514.</u>	9,378,740.	71,718.	58,056.

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
_	Check if Schedule O contains a respon		this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,279,149.			
2	Grants and other assistance to domestic				,
	ındıvıduals. See Part IV, line 22		· · · · · · · · · · · · · · · · · · ·		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				<del> </del>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	450 405			
	trustees, and key employees	478,435.	·		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		· · · · · · · · · · · · · · · · · · ·		
7	Other salaries and wages	2,384,119.			
8	Pension plan accruals and contributions (include	1 000 116			
	section 401(k) and 403(b) employer contributions)	1,097,116.			
9	Other employee benefits	381,636.	<u> </u>		
10	Payroll taxes	222,975.			
11	Fees for services (non-employees).				
а	Management	00 115		<u> </u>	
Ь	Legal	80,115. 7,000.			
	Accounting	7,000.			
	Lobbying		<u> </u>	<del>   </del>	
_	Professional fundraising services. See Part IV, line 17	8,269.	<del></del>	<b>_</b>	
f	Investment management fees	0,209.	<del></del>		
g	Other. (If line 11g amount exceeds 10% of line 25,	223,655.			
40	column (A) amount, list line 11g expenses on Sch 0.)	88,561.			
12	Advertising and promotion	87,797.			
13 14	Office expenses Information technology	01,1311			
15	Royalties				<del> </del>
16	Occupancy	99,998.	<del> </del>		
17	Travel	269,054.			
18	Payments of travel or entertainment expenses	203,0310			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	59,351.			
20	Interest	,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	104,978.			<del></del>
23	Insurance	162,623.			
24	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 0.)				
а	VEHICLE LEASES	322,418.			
ь	REIMB SAL/TAXES/BENEFIT	287,147.			
С	TARGET PROGRAM	276,969.			
d	CHARITABLE DONATIONS	189,116.			
e	All other expenses	208,159.			
25_	Total functional expenses. Add lines 1 through 24e	9,318,640.			
26	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)				
532010	12-16-15				Form <b>990</b> (2015)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 3,087,770. 3,342,026. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 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 employers and sponsoring organizations of section 501(c)(9) voluntary Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 355,164. basis. Complete Part VI of Schedule D 10a 310,494. 2,260,441. 242,851. 112,313. 2,313,880. b Less accumulated depreciation 11 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 5,864. 11,230. 15 Other assets. See Part IV, line 11 15 5,669,935. 5,774,083 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 11,773. 11,773. 65,606. Schedule D 65,606. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 5,604,329. 5,762,310. 27 27 Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 5,604,329. 5,762,310. 5,774,083. 33 Total net assets or fund balances 5,669,935. Total liabilities and net assets/fund balances

Form 990 (2015)

	1990 (2015) MIDWEST REGION ORGANIZING COMMITTEE	37-1	371059	Pag	<sub>je</sub> 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	9,508	, 5	<u> 14.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,318	, 6	40.	
3	Revenue less expenses Subtract line 2 from line 1	3			74.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,604			
5	Net unrealized gains (losses) on investments	5	<31	. , 8:	93.	
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)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B)) 5 ,					
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				$\mathbf{X}$	
			1	Yes	No	
1	Accounting method used to prepare the Form 990.   Cash Accrual X Other MODIFIE	D CAS	н 🗍			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	l	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.			İ		
	Separate basis Consolidated basis Both consolidated and separate basis		1			
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,		İ		
	consolidated basis, or both:			1		
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1 1	1		
	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.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?	•	3a	Ì	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь			

12-16-15

### 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.

2015

Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on 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

<ul> <li>Section 501(c)(4), (5), or (6) or</li> </ul>				
Name of organization	gariizations. Complete Fait III.		Emi	oloyer identification number
MIDW	EST REGION ORGANIZ	TNG COMMITTEE	1 '	37-1371059
	e organization is exempt un			
<ol> <li>Provide a description of the of</li> <li>Political expenditures</li> <li>Volunteer hours</li> </ol>	organization's direct and indirect polit	tical campaign activities i	in Part IV. ▶	\$
Part I-B Complete if th	e organization is exempt un	der section 501(c)	(3).	
	se tax incurred by the organization u		<u> </u>	\$
	se tax incurred by organization mana		<b>&gt;</b>	\$
•	section 4955 tax, did it file Form 472	•		Yes No
4a Was a correction made?		•		Yes No
<b>b</b> If "Yes," describe in Part IV.				
Part I-C Complete if th	e organization is exempt un	der section 501(c),	, except section 501	I(c)(3).
1 Enter the amount directly exp	pended by the filing organization for s	section 527 exempt func	tion activities	\$
2 Enter the amount of the filing	organization's funds contributed to	other organizations for se	ection 527	
exempt function activities			<b>&gt;</b>	\$
3 Total exempt function expend	ditures Add lines 1 and 2. Enter here	and on Form 1120-POL	,	
line 17b			•	\$
4 Did the filing organization file	Form 1120-POL for this year?			Yes No
5 Enter the names, addresses	and employer identification number (	EIN) of all section 527 pc	olitical organizations to wh	ich the filing organization
made payments For each or	ganization listed, enter the amount p	aid from the filing organiz	zation's funds. Also enter	the amount of political
	ere promptly and directly delivered to	, , ,	•	rate segregated fund or a
political action committee (PA	AC). If additional space is needed, pr	ovide information in Part	IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and
		1	1	

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

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041 10-05-15

Schedule C (Form 990 or 990-EZ) 2015 Part II-A Complete if the org	MIDWE anizatio	ST REG	ION ORGANIZ	ZING COMMITTE on 501(c)(3) and file	EE 37- ed Form 5768(	1371059 Page 2
section 501(h)).  A Check If the filing organizate expenses, and share				ın Part IV each affiliated	group member's na	me, address, EIN,
. $\square$			nd "limited control" pr	rovisions anniv		
Limit	s on Lobi	bying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ionoo nub	lio opinion (	grass roots labburna			<del>-</del>
b Total lobbying expenditures to influ	-				<del></del>	<del>                                     </del>
c Total lobbying expenditures (add lir		_	ay (direct lobbying)	•	<del></del>	<del>                                      </del>
d Other exempt purpose expenditure		u 10)				<del> </del>
e Total exempt purpose expenditures		o 1o ond 1o	1			
				Ale a a li imana		<del>-</del>
f Lobbying nontaxable amount. Ente						
Not over \$500,000	1 (0) 15.		bying nontaxable an			
Over \$500,000 but not over \$1,000	000		the amount on line 16			
Over \$1,000,000 but not over \$1,50			O plus 15% of the ex			
Over \$1,500,000 but not over \$1,50				cess over \$1,000,000		
Over \$17,000,000	300,000	· · · · · · · · · · · · · · · · · · ·		ess over \$1,500,000.		
Over \$17,000,000		\$1,000,				
g Grassroots nontaxable amount (en	ter 25% o	fline 1fl	·			
h Subtract line 1g from line 1a If zero		•		•		1-
i Subtract line 1f from line 1c. If zero	•			ŀ		<del> -</del>
j If there is an amount other than zer			line 1: did the organi	L zation file Form 4720		
reporting section 4911 tax for this y		a line in or	ine ii, did the organi	241011 1116 1 01111 47 20		Yes No
(Some organizations th	at made	a section 5	eraging Period Unde 01(h) election do no ate instructions for I	t have to complete all o	of the five columns	
	Lobi	ying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) :	2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) Total
2a Lobbying nontaxable amount					-	
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount	•					
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots Johnwan oxponditures						

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990 EZ) 2015 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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b	))
of the lobbying activity	Yes	No	Amo	ount
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)?			<del> </del>	<del></del>
c Media advertisements?	-			
d Mailings to members, legislators, or the public?			-	
e Publications, or published or broadcast statements?	-			
<ul><li>f Grants to other organizations for lobbying purposes?</li><li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li></ul>	-			
<ul><li>b) Billies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li></ul>				
i Other activities?				
j Total. Add lines 1c through 1i		-		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			<u> </u>	
b If "Yes," enter the amount of any tax incurred under section 4912			<del></del>	<del></del>
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				<del></del>
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	ction 501(c)	(5), or se	ction	
501(c)(6).	· · · · · · · · · · · · · · · · · · ·		_	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Х	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), see		3		X
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."				ne 3, is
1 Dues, assessments and similar amounts from members		1_1_		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po	litical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying ar expenditure next year?	na politicai			
Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information	<del></del>	5		
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gr	our list): Part II	-A lines 1 s	and 2 (see	
instructions), and Part II-B, line 1. Also, complete this part for any additional information.	oup list, i ait ii	7, illies i e	1110 Z (366	
and the second of the second of the part of any additional information.				
	·			

### **SCHEDULE D** (Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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 **Open to Public** Inspection

Name of the organization

MIDWEST REGION ORGANIZING COMMITTEE

**Employer identification number** 37-1371059

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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	writing that the assets held in donor advised	I funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pai	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education)	cally important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form 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 str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	•
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements i		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing consei	rvation easements during the year
7	^		
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	dling of violations, and enforcing conservation	on easements during the year
8			(A)(D)(i)
0	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(n)	((4)(D)(I) Yes No
9	In Part XIII, describe how the organization reports conservation	ion accoments in its revenue and expense s	
Ŭ	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	tion's infancial statements that describes th	e organization a accounting to
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	•	
1a	If the organization elected, as permitted under SFAS 116 (AS	<del></del>	nt and balance sheet works of art
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial c	
	the following amounts required to be reported under SFAS 1	•	, , , , , , , , , , , , , , , , , , , ,
а	Revenue included on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	<b>▶</b> \$
	Assets included in Form 990, Part X		<b>S</b>
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2015

532051 11-02-15

		REGION OR								Page 2
Pa	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	r Simil	ar Asse	<b>ts</b> (contini	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	t are a siç	gnificant	use of its	collection	ıtems
	(check all that apply).									
а	Public exhibition	C	, <u>                                    </u>	oan or exc	hange progra	ıms				
b	Scholarly research	•	, 🗀	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ey further tl	he organizatio	on's exem	npt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be m								Yes	No_
Pa	t IV Escrow and Custodial Arran		ete ıf the	organizatio	n answered "	'Yes" on I	Form 990	D, Part IV,	lıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							_	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for d	contribution	ns or other as	sets not i	ncluded	_	_	
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing to	able:						
									Amount	
	Beginning balance						1c			<del></del>
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		1	
	Did the organization include an amount on F						ty?		<b>」Yes</b>	⊢ No
Pai	If "Yes," explain the arrangement in Part XIII									
Fai	t V Endowment Funds. Complete				ĭ			bl.	4 > 5	
4	Decrease of seathers	(a) Current year	(b) Pi	rior year	(c) Two year	s back	d) Inree y	ears back	(e) Four	years back
	Beginning of year balance									
b	Contributions		<del> </del>		<del> </del>					
C	Net investment earnings, gains, and losses	· ·	1		-					
d	Grants or scholarships					-				
е	Other expenditures for facilities									
	and programs		<del> </del>							
	Administrative expenses		ļ		1	<del>- +</del>				<del></del>
g	End of year balance		//		-\\ h =   -					
2	Provide the estimated percentage of the cur	rent year end balan		g, column (a	a)) neid as.					
a b	Board designated or quasi-endowment ►  Permanent endowment ►	%	_%							
	Temporarily restricted endowment	<sup>76</sup>								
·	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	*	zation tha	t are held a	and administe	red for th	e organi	zation		
	by	osion of the organiz	-acion ana	it die noid d	ara aariii iisto		ic organii	Lation	F-	Yes No
	(i) unrelated organizations								3a(i)	100 110
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on S	chedule R?	•				3b	
4	Describe in Part XIII the intended uses of the	•							<u> </u>	
Par	t VI Land, Buildings, and Equipn							•		
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990	), Part X,	lıne 10.			
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value
		basis (invest		basis	(other)	dep	reciation	1	` '	
1a	Land			*						
	Buildings							1		
	Leasehold improvements			2	1,947.		6,2	87.	15	,660.
	Equipment				5,491.		31,2	86.		1,205.
<u>e</u>	Other			14	7,726.	1	05,2	78.		2,448.
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colun	nn (B), line 1	10c.)			<b>•</b>	112	2,313.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 MIDWEST REG	ION ORGANIZI	NG COMMITTEE	37-1371059 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11b. See Form 990, Part X, I	ine 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)	<del>,</del>		
(G)			
(H)	<u> </u>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	te 11c. See Form 990, Part X, li	ine 13.
(a) Description of investment	(b) Book value	(c) Method of Valuation:	: Cost or end-of-year market value
(1)	<del></del>	<del></del>	
(2)		<del></del>	
(3)		<del> </del>	
(4)			
(5)			<del></del>
(6)			
(7)			
(8)		<del>-</del>	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		· · · · · · · · · · · · · · · · · · ·	·
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV Ju	ne 11d See Form 990 Part Y I	line 15
<del></del>	Description	ie 11d. Gee Form 930, Fart X, I	(b) Book value
_ (1) _			(-,
(2)			
(3)			
(4)		· · · · · · · · · · · · · · · · · · ·	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, IIr	ne 11e or 11f. See Form 990, P	Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) ACCRUED PAYROLL LIABILITI	ES	11,773.	
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

11,773.

MIDWEST REGION ORGANIZING COMMITTEE

37-1371059 Page 4

Schedule D (Form 990) 2015

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

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

20.15 Open to Public
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Employer identification number 37-1371059 Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. MIDWEST REGION ORGANIZING COMMITTEE Name of the organization

Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the Linted States.	Istance?	toring the use of grant	finds in the United	00 to to			X Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part IV line 21 for any	Domestic Organ	izations and Domesti	Governments C	omplete if the ords	V" berewered "V	As On Form 990 Dar	IV line 21 for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	ר be duplicated וf addit	ional space is need	ded			, in C £ 1, 101 at 19
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN MISSOURI LABORERS DISTRICT COUNCIL - 3450 HOLLENBURG DRIVE - BRIDGETON, MO 63044	43-0630984	501(C)(5)	428,256.	0			ORGANIZING GRANTS
GREAT PLAINS LABORERS DISTRICT COUNCIL - 4208 W PARTRIDGE WAY, UNIT 2 - PEORIA, IL 61615	06-1694040	501(C)(5)	399,703.	0			ORGANIZING GRANTS
I IS CI	201000000	0 / C / L / C / C	254 512	c			
SOUTHWESTERN ILLINOIS LABORERS DISTRICT COUNCIL - 3 MEADOW							NESERVIN GRANI
HEIGHTS PROFESSIONAL PLAZA - COLLINSVILLE, IL 62234	37-0347593	501(C)(5)	181,000.	0.			ORGANIZING GRANTS
INDIANA LABORERS DISTRICT COUNCIL 425 SOUTH 4TH ST TERRE HAUTE, IN 47807	35-0308492	501(C)(5)	458,526.	0.			MARKET RECOVERY GRANTS
LABORERS LOCAL #42							

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

ST LOUIS, MO 63108

3710 ENRIGHT AVE

Schedule I (Form 990) (2015)

ORGANIZING GRANTS

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62,500.

501(C)(5)

532101 10-28-15

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Page 1

	the United States (Schedule I (Form 990), Part II)
COMMITTEE	d Organizations in the United State
ORGANIZING COMMITTEE	Governments and
REGION C	er Assistance to
MIDWEST REGION ORGANIZING COMMITTEE	of Grants and Other
le I (Form 990)	Continuation o
Schedu	Part II

(a) Name and address of (b) EIN (c) IRC section organization or government if applicable cash grant assistance appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LABORERS LOCAL #579 1203 N. 6TH ST ST JOSEPH, MO 64501	44-0296418	501(C)(5)	.000,09	0.			ORGANIZING GRANTS
LABORERS LOCAL #773 5102 LABORERS WAY MARION, IL 62959	37-0510567	501(C)(5)	27,709.	0			ORGANIZING GRANTS
SOUTHWEST LABORERS DISTRICT COUNCIL - 11720 EAST 21ST ST - TULSA, OK 74129	03-0545870	501(C)(5)	0.	0.0			ORGANIZING GRANTS
LABORERS LOCAL #753 555 NORTH LAMAR BLVD AUSTIN, TX 78751	46-3731186	501(C)(S)	14,392.	0.			ORGANIZING GRANT
WESTERN MISSOURI & KANSAS LABORERS DISTRICT COUNCIL - 1101 E. 87TH ST - KANSAS CITY, MO 64131	44-0644881	501(C)(5)	175,000.	0			ORGANIZING & MARKET RECOVERY GRANTS
EASTERN MISSOURI LECET 3450 HOLLENBURG DRIVE BRIDGETON, MO 63044	43-1684050	501(C)(6)	.000,8	.0			ADVERTISING GRANT
LABORERS LOCAL #107 11720 EAST 21ST ST TULSA, OK 74129	71-0133215	501(C)(S)	21,200.	0			ORGANIZING GRANT
LABORERS LOCAL #120 1520 RIVERSIDE DR. INDIANAPOLIS, IN 46202	35-0404160	501(C)(S)	79,048.	0			ORGANIZING GRANT
LABORERS LOCAL #1290PE 2600 MERRIAM LN KANSAS CITY, KS 66101	26-1700541	501(C)(5)	9,302.	.0			ORGANIZING GRANT
							Schedule I (Form 990)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) IN ORGANIZATION RECEIVED THE GRANT SUBMITS QUARTERLY REPORTS FOR REVIEW BY THE VICE PRESIDENT, ASSISTANT BUSINESS MANAGER AND PROGRAM DIRECTOR. NO FURTHER GRANT RECIPIENTS FOR AN EMPLOYEE'S WAGES & BENEFITS ARE REQUIRED TO TURN Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. COVERED BY THE GRANT. IF THE GRANT IS DESIGNATED FOR OTHER PURPOSES, THE Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. MONTHLY ACTIVITY, PAYROLL, BENEFIT AND EXPENSE REPORTS FOR THE EMPLOYEE (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 (a) Type of grant or assistance ~ LINE PART I, Part IV

Schedule I (Form 990) (2015)

### **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.

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

OMB No 1545-0047

**Open to Public** Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

MIDWEST REGION ORGANIZING COMMITTEE

Employer identification number 37-1371059

Pa	art 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 on 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	16		
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		ľ
	,			
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			ļ
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			ŀ
	Independent compensation consultant Compensation survey or study			İ
	Form 990 of other organizations  X Approval by the board or compensation committee			
	The second of th			
4	During the year, did any person listed on 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		Х.
_	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	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.			<del></del>
	and any service is a specific and provide the applicable amounts for each item.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on 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)?	9		
LHA		edule J (Forn	n <b>990</b>	2015

MIDWEST REGION ORGANIZING COMMITTEE

37-1371059

Schedule J (Form 990) 2015

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

Page 2

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	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Senems	(n)-(n)(n)	in column (b) reported as deferred on prior Form 990
(1) ELLEN SCHANZLE-HASKINS	€	144,200.	0	0	73,266.	13,104.	230,570.	0
ADMINISTRATOR	(ii)		0	0		0	1 1	0
(2) SEAN STOTT	€	150,762.	0	0	85,091.	12,012.	247,865.	
LEGISLATIVE DIRECTOR	⊞	0	0	0	0	0	0	.0
	(i)							
	▣							
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### **SCHEDULE O**

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on

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.

2015

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

MIDWEST REGION ORGANIZING COMMITTEE

Employer identification number 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) Department of the Treasury Internal Revenue Service

Name of the organization

Part

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.

2015

OMB No 1545-0047

Open to Public Inspection

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

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

MIDWEST REGION ORGANIZING COMMITTEE

Employer identification number 37-1371059

Direct controlling

End-of-year assets <u>e</u> Total income € Legal domicile (state or foreign country) Primary activity <u>a</u> Name, address, and EIN (if applicable) of disregarded 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. Part II

(a)	(q)	(၁)	(p)	(ə)	(J)	6) ~ ~	1)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	I Z(D)( I S)
of related organization		foreign country)	section	status (if section	entity	entity?	hy?
				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) 2015

37-1371059

Page 2

Schedule R (Form 990) 2015 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

(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina (related, i excluded fro sections	(e) Predominant income Sha (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income e	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(i) (k) General or Percentage managing ownership partner? Yes No
						:					
The state of Date IV. Inc. 24 because it assessed to the organization answered "Ves" on Form 600 Date IV Inc. 24 because it had one or more related.	F		F a series		100000	20 A	1000 ms	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	horaire it had	20 00	parelate
Part IV Identification of Related Organizations of actions the tax year organizations treated as a corporation or trust during the tax year	poration or trust during	as a corporation of	year.		organization and	awered tes of	om 330, 1 a		200000000000000000000000000000000000000		
(a) Name, address, and EIN of related organization	Z	Prig	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	y Share of total p., income		(g) Share of Prend-of-year o	(h) Percentage ownership	Section 512(b/13) controlled entity?
		:						!			
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532162 09-08-15				28					Schedu	le R (Form	Schedule R (Form 990) 2015

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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.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity
- Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
- Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	2000		
(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	N	0	
(2) MIDWEST REGION LABORERS' POLITICAL LEAGUE	0	0	
(3) MIDWEST REGION LABORERS' POLITICAL LEAGUE	æ	0	
MIDWEST REGION LABORERS' POLITICAL LEAGUE	Z	0	
MIDWEST REGION LABORERS' POLITICAL LEAGUE (5) EDUCATION FUND	0	0	
(6) ILLINOIS LABORERS' LEGISLATIVE COMMITTEE	Z	0	
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# MIDWEST REGION ORGANIZING COMMITTEE

Schedule R (Form 990) MIDWEST REGION ORGANIZING COMMITTEE

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.

() ntage rship						2015
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No						Schedule R (Form 990) 2015
(j) General or managing partner? Yes NO						Form
5) - 20 - 20 - 20 - 20			 			Tole B
(i) le V-UE nt in bo m 106						Schec
Cod amoun of Sch						
Disproportionate allocations?		_				
<u>a a a a</u>						
(g) Share of end-of-year assets						
(f) Share of total income						
İ	!					
Are all partners sec 501(c)(3) orgs?						
B Partin For Soil			 			
micile Predominant income professional (a) (related, unrelated, excluded from tax under sections 512-514)						
(d) minant ed, unr d from ons 513						
Predo (relat exclude secti				!		
elg u						
(c) gal domic ate or fore country)	:					
(c) Legal domicile (state or foreign country)	:					
(b) Primary activity						
<b>(b)</b> nary a				<u> </u>		
Priji						
7						
(a) Name, address, and EIN of entrty						
(a) dress, a entity						
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Nam						
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Schedule R (Form 990) 2015 MIDWEST REGION ORGANIZING COMMITTEE	<u>37-1371059</u>	Page 5
Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions).		
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:		
	<del></del>	<del></del>
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
MIDWEST DECION INDODEDS! DOLIMICAL LEAGUE EDUCATION FUND		-
MIDWEST REGION LABORERS' POLITICAL LEAGUE EDUCATION FUND		
EIN: 37-1400940		
1 N OLD STATE CAPITOL PLAZA SUITE 525		
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SPRINGFIELD, IL 62701		
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