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## 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)

2015

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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A For the 2015 calend		2015 calend	ar year, or tax year beginning SEPTEMBER 1 , 2015, and ending	AUGUST	31 <b>, 20</b> 16				
B Check if applicable		plicable	C Name of organization	D Employer identification number					
Address change			PEORIA FEDERATION OF SUPPORT STAFF LOCAL 6099	30-0497662					
	Name cha	inge	Number and street (or PO box, if mail is not delivered to street address) Room/suite E	E Telephone number					
=	Initial retur		733 SW WASHINGTON ST	3	09-672-1967				
Final return/terminated  Amended return			City or town, state or province, country, and ZIP or foreign postal code	Group Exe	emption				
=	Amenoeo Applicatio		PEORIA, IL 61602	Number	•				
		ing Method:	☐ Cash ☐ Accrual Other (specify) ► H. Che	eck ▶ □	if the organization is not				
	Vebsite				tach Schedule B				
					0-EZ, or 990-PF)				
			☐ Corporation ☐ Trust ☐ Association ☐ Other		· · · · · · · · · · · · · · · · · · ·				
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets					
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. > 9					
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	truction	s for Part I)				
			the organization used Schedule O to respond to any question in this Part I.						
	1		ons, gifts, grants, and similar amounts received	. 11					
	2		ervice revenue including government fees and contracts	. 2	201				
	3	-	ip dues and assessments	. 3	146,761				
Q	4	Investment	•	. 4	349				
(	5a		unt from sale of assets other than inventory 5a						
Properties (Bully 38)	b		or other basis and sales expenses						
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c					
ĺW	6	•	and fundraising events						
5	а	-	ome from gaming (attach Schedule G if greater than						
흴		\$15,000) .		68 7					
Ş	ь	Gross inco	me from fundraising events (not including \$ of contributions						
3			aising events reported on line 1) (attach Schedule G if the	F.A.					
⊜≀			h gross income and contributions exceeds \$15,000)   6b						
2017	С	Less: direc	t expenses from gaming and fundraising events 6c						
░	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ict Signa					
		line 6c) .		. 6d					
	7a	Gross sale	s of inventory, less returns and allowances	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	b		of goods sold						
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7	<b>7c</b> 7c					
	8		nue (describe in Schedule O)	8					
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	147,311				
	10		similar amounts paid (list in Schedule O)	. 10	127,930				
	11		aid to or for members	11					
es	12	Salaries, of	aid to or for members	. 12					
ns(	13	Profession	al fees and other payments to independent contractors	. 13					
Expens	14	Occupancy	y, rent, utilities, and maintenance	. 14	1,375				
Щ	15	Printing, pu	ublications, postage, and shipping	. 15	47				
	16		enses (describe in Schedule O)	. 16	. 10,070				
	17	Total expe	enses. Add lines 10 through 16	▶ 17	139,422				
S	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		7,889				
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree wi	ith					
		end-of-yea	r figure reported on prior year's return)		67,670				
	20	Other char	ges in net assets or fund balances (explain in Schedule O)	. 20					
Z	21		or fund balances at end of year. Combine lines 18 through 20		75,559				
_					000 57				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2015)



Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Рап	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	res	INO
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
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	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		4	
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b	6.2	<b>₩</b>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		<u> </u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			1.5
b	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 ▶			¥.
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	i i	
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		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶	100	,	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			<b>▶</b> □
	Did the secondard and additional to the secondard and the secondar		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		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<del> </del>
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 9	90-EZ (2	0.15)						F	Page 4	
- Com 5	20-62 (2	013)		· · · · · · · · · · · · · · · · · · ·				Yes	<del>,</del>	
- 46		he organization engage, directly or in ndidates for public office? If "Yes," o					n 👫	3.4		
Part	_	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci	s must answer que	estions 47-49b ar	nd 52, and cor			or lin	es	
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax						1	Yes	No	
year? If "Yes," complete Schedule C, Part II				eritable related organization?						
	(a)	Name and title of each employee	employee (b) Average (c) Reportable contributions to em benefit plans, and devoted to position (Forms W-2/1099-MISC) (d) Health benefit contributions to em benefit plans, and decompensation		o employee (					
							<del></del>			
f 51	Com	number of other employees paid over plete this table for the organization, ,000 of compensation from the orga	s five highest compe	ensated independe	ent contractors	who each I	received	more	thar	
		Name and business address of each independ	•	(b) Type of	service	(c) C	ompensati	on		
				-						
				•						
d 52	Did	number of other independent contra the organization complete Schedu pleted Schedule A	ile A? Note: All se		•	_	a ► □ Yes	 : 🔲 I	No	
		of perjury, I declare that I have examined this is decomplete. Declaration of preparer (other than					wledge and	i belief,	ıt ıs	
0:		12-120	white-							
Sign Here		Signature of officer  TACQUEUNE hio  Type or print name and title	NCKTON, TR	EASURER	Date	3/15/	2017			
Paid		Print/Type preparer's name	Preparer's signature		Date	Check in self-employe	f PTIN			

**Preparer** 

Use Only Firm's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶

Phone 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

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PEORIA FEDERATION OF SUPPORT STAFF LOCAL 6099		30-0497662
PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID		
ILLINOIS FEDERATION OF TEACHERS, 500 OAKMONT LANE, WESTMONT, IL 60559	\$ 75,781	
AMERICAN FEDERATION OF TEACHERS, 555 NEW JERSEY AVE , N W , WASHINGTON, DC 2000	01 49,140	
ALL OTHERS	3,009	
TOTAL	\$127, <del>93</del> 0	
PART I, LINE 16 - OTHER EXPENSES		
CONFERENCES, CONVENTIONS AND MEETINGS \$ 3,593		
MEMBERSHIP MEETINGS 1,743		
EXECUTIVE BOARD MEETINGS 1,165		
RALLY EXPENSE 1,740		
MISCELLANEOUS 1,829		
TOTAL \$10,070		
PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE		
PEORIA FEDERATION OF SUPPORT STAFF LOCAL 6099 IS A NONPROFIT ORGANIZATION WHO	SE PURPOSE	
IS TO SECURE THE FULL TRADE UNION RIGHTS, INCLUDING THE RIGHTS TO EXCLUSIVE RECOG	NITION AND	
COLLECTIVE BARGAINING, FOR ALL EMPLOYEES WHO ARE ELIGIBLE FOR MEMBERSHIP		
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