

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

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. Go to www.irs.gov/Form990 for instructions and the latest information.

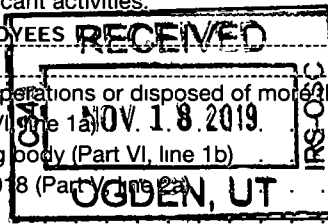
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form 990 header section A-K containing organization name, address, EIN, and other identifying information.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include mission statement, revenue (8-12), expenses (13-19), and net assets (20-22).



Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for John F. Penn, Chairman, dated 11-7-19.

Paid Preparer Use Only section with fields for name, signature, date, firm name, EIN, and address.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED JAN 09 2020

Handwritten mark resembling the number 22.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
AID LABOR UNIONS IN ORGANIZING EMPLOYERS AND EMPLOYEES

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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.

**4a** (Code: ) (Expenses \$ 7,677,049 including grants of \$ ) (Revenue \$ )  
ORGANIZE EMPLOYERS & EMPLOYEES BY AIDING AFFILIATE LOCAL UNIONS AND DISTRICT COUNCILS.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **7,677,049.**

CDI 3RO

**Part IV Checklist of Required Schedules**

|   | 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 . . . . .   |     | ✓  |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .   |     | ✓  |
| 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 . . . . .  |     | ✓  |
| 4 <b>Section 501(c)(3) organizations.</b> 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 . . . . .   |     |    |
| 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 . . . . .   | ✓   |    |
| 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 . . . . .  |     | ✓  |
| 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 . . . . .  |     | ✓  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   |     | ✓  |
| 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 . . . . .            |     | ✓  |
| 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 . . . . .   |     | ✓  |
| 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.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .   | ✓   |    |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .   |     | ✓  |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .   |     | ✓  |
| 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 Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .  |     | ✓  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 . . . . .  |     | ✓  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .  | ✓   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .   |     | ✓  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  |     | ✓  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   |     | ✓  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 . . . . . |     | ✓  |
| 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 . . . . .   |     | ✓  |
| 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 . . . . .   |     | ✓  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .  |     | ✓  |
| 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 . . . . .   |     | ✓  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .   |     | ✓  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .   |     | ✓  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |
| 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 . . . . .  | ✓   |    |

**Part IV Checklist of Required Schedules (continued)**

|     |  | Yes | No |
|-----|--|-----|----|
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i>   |     | ✓  |
| 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? <i>If "Yes," complete Schedule J</i>  | ✓   |    |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>                            |     | ✓  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>   |     | ✓  |
| 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? <i>If "Yes," complete Schedule L, Part I</i>                                       |     | ✓  |
| 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? <i>If "Yes," complete Schedule L, Part II</i>                                 |     | ✓  |
| 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? <i>If "Yes," complete Schedule L, Part III</i> |     | ✓  |
| 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)   |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>   |     | ✓  |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>  |     | ✓  |
| 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? <i>If "Yes," complete Schedule L, Part IV</i>  |     | ✓  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>  |     | ✓  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>  |     | ✓  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>  |     | ✓  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>  |     | ✓  |
| 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? <i>If "Yes," complete Schedule R, Part I</i>  |     | ✓  |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>  | ✓   |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | ✓  |
| b   | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>   |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>   |     |    |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>   |     | ✓  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.   | ✓   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|    |  | Yes | No |
|----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     |    |
| b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | ✓   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

**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

**Section A. Governing Body and Management**

|           |  | Yes                                 | No                                  |
|-----------|--|-------------------------------------|-------------------------------------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .<br>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>1b</b> | Enter the number of voting members included in line 1a, above, who are independent . . . . .   |                                     |                                     |
| <b>2</b>  | 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? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>3</b>  | 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? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>7a</b> | 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? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |                                     |                                     |
| <b>8a</b> | The governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>9</b>  | 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 . . . . .   |                                     | <input checked="" type="checkbox"/> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes                                 | No                                  |
|------------|--|-------------------------------------|-------------------------------------|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>10b</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? . . . . .   |                                     |                                     |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .  |                                     |                                     |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>15</b>  | 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?   |                                     |                                     |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>15b</b> | Other officers or key employees of the organization . . . . .<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   | <input checked="" type="checkbox"/> |                                     |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>16b</b> | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |                                     |                                     |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  
 Own website     Another's website     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 financial 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 ►  
**Melanie Mathewson 1 N. Old State Capitol Plaza, Suite 525 Springfield, IL 62701 (217) 522-3381**

**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 organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (1) John Penn<br>Chairman                      | 4.00   | ✓   |                       | ✓       |              |                              |          | 0  | 0   | 0   |
| (2) Anthony Penn<br>Secretary/Treasurer        | 1.00   | ✓   |                       | ✓       |              |                              |          | 0  | 0   | 0   |
| (3) Glyn Ramage<br>Trustee                     | 1.00   | ✓   |                       |         |              |                              | 12,880   | 0  | 3,349.  |   |
| (4) Clint Taylor<br>Trustee                    | 1.00   | ✓   |                       |         |              |                              | 0        | 0  | 0   | 0   |
| (5) David Frye<br>Trustee                      | 1.00   | ✓   |                       |         |              |                              | 0        | 0  | 0   | 0   |
| (6) Brandon Flinn<br>Trustee                   | 1.00   | ✓   |                       |         |              |                              | 0        | 0  | 0   | 0   |
| (7) Reno Hammond<br>Trustee                    | 1.00   | ✓   |                       |         |              |                              | 0        | 0  | 0   | 0   |
| (8) Tim Bell<br>Trustee                        | 1.00   | ✓   |                       |         |              |                              | 0        | 0  | 0   | 0   |
| (9) Gary Elliot<br>Trustee                     | 1.00   |   |                       |         |              | ✓                            | 0        | 0  | 0   | 0   |
| (10) Sean Stott<br>Legislative Director        | 40.00  |   |                       |         |              | ✓                            | 166,969. | 0  | 109,386.  |   |
| (11) Ellen Schanzle-Haskins<br>General Counsel | 36.00  |   |                       |         |              | ✓                            | 149,626. | 0  | 98,496.   |   |
| (12) David Williams<br>Lead Organizer          | 40.00  |   |                       |         |              | ✓                            | 107,589. | 0  | 57,544.   |   |
| (13) Jeffrey Penn<br>Director                  | 40.00  |   |                       |         |              | ✓                            | 101,471. | 0  | 77,663.   |   |
| (14) Melissa Hendricker<br>Administrator       | 4.00   |   |                       | ✓       |              |                              | 15,398.  | 0  | 11,060.   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                       |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15)                  |  |  |                       |         |              |                              |        |  |   |   |
| (16)                  |  |  |                       |         |              |                              |        |  |   |   |
| (17)                  |  |  |                       |         |              |                              |        |  |   |   |
| (18)                  |  |  |                       |         |              |                              |        |  |   |   |
| (19)                  |  |  |                       |         |              |                              |        |  |   |   |
| (20)                  |  |  |                       |         |              |                              |        |  |   |   |
| (21)                  |  |  |                       |         |              |                              |        |  |   |   |
| (22)                  |  |  |                       |         |              |                              |        |  |   |   |
| (23)                  |  |  |                       |         |              |                              |        |  |   |   |
| (24)                  |  |  |                       |         |              |                              |        |  |   |   |
| (25)                  |  |  |                       |         |              |                              |        |  |   |   |

|  |          |    |          |
|--|----------|----|----------|
| <b>1b Sub-total</b> . . . . .  | 553,933. | 0. | 357,498. |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . | 0        | 0  | 0        |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           | 553,933. | 0. | 357,498. |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       | ✓   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | ✓   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | ✓  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization



**Part VIII Statement of Revenue**

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

|   |   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |         |
|---|---|---|----------------------|--|---|--|---------|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b>   | Federated campaigns   |                      |  |   |  |         |
|   | <b>1b</b>   | Membership dues   |                      |  |   |  |         |
|   | <b>1c</b>   | Fundraising events  |                      |  |   |  |         |
|   | <b>1d</b>   | Related organizations   |                      |  |   |  |         |
|   | <b>1e</b>   | Government grants (contributions)   |                      |  |   |  |         |
|   | <b>1f</b>   | All other contributions, gifts, grants, and similar amounts not included above                                    |                      |  |   |  |         |
|   | <b>g</b>  | Noncash contributions included in lines 1a-1f \$  |                      |  |   |  |         |
|   | <b>h</b>  | <b>Total.</b> Add lines 1a-1f   |                      |  |   |  |         |
| <b>Program Service Revenue</b>                                | <b>2a</b>   | <b>Employer Contributions</b>   | <b>Business Code</b> |  |   |  |         |
|   | <b>b</b>  |   | 900099               | 8,530,799.   | 8,530,799.                              |  |         |
|   | <b>c</b>  |   |                      |  |   |  |         |
|   | <b>d</b>  |   |                      |  |   |  |         |
|   | <b>e</b>  |   |                      |  |   |  |         |
|   | <b>f</b>  | All other program service revenue   |                      |  |   |  |         |
|   | <b>g</b>  | <b>Total.</b> Add lines 2a-2f   |                      | 8,530,799.   |   |  |         |
| <b>Other Revenue</b>  | <b>3</b>  | Investment income (including dividends, interest, and other similar amounts)                                      |                      | 101,852.   |   | 101,852.   |         |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds  |                      |  |   |  |         |
|   | <b>5</b>  | Royalties   |                      |  |   |  |         |
|   | <b>6a</b>   | Gross rents   | (i) Real             |  |   |  |         |
|   |   | Less: rental expenses   | (ii) Personal        |  |   |  |         |
|   |   | Rental income or (loss)   |                      |  |   |  |         |
|   |   | Net rental income or (loss)   |                      |  |   |  |         |
|   | <b>7a</b>   | Gross amount from sales of assets other than inventory  | (i) Securities       | 312,943.   | 16,500                                  |  |         |
|   |   | Less: cost or other basis and sales expenses  | (ii) Other           | 296,617.   | 0                                       |  |         |
|   |   | Gain or (loss)  |                      | 16,326   | 16,500                                  |  |         |
|   |   | Net gain or (loss)  |                      | 32,826   |   | 16,500.  | 16,326. |
|   | <b>8a</b>   | Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 |                      |  |   |  |         |
|   |   | Less: direct expenses   |                      |  |   |  |         |
|   |   | Net income or (loss) from fundraising events  |                      |  |   |  |         |
|   | <b>9a</b>   | Gross income from gaming activities. See Part IV, line 19   |                      |  |   |  |         |
| Less: direct expenses   |   |   |                      |  |   |  |         |
| Net income or (loss) from gaming activities                   |   |   |                      |  |   |  |         |
| <b>10a</b>  | Gross sales of inventory, less returns and allowances |   |                      |  |   |  |         |
|   | Less: cost of goods sold                              |   |                      |  |   |  |         |
|   | Net income or (loss) from sales of inventory          |   |                      |  |   |  |         |
| <b>Miscellaneous Revenue</b>                                  |   | <b>Business Code</b>  |                      |  |   |  |         |
| <b>11a</b>  | Retiree Council Receipts                              | 900099  | 107,868              | 107,868.   |   |  |         |
| <b>b</b>  | Convention Fund Receipts                              | 900099  | 53,820.              | 53,820.  |   |  |         |
| <b>c</b>  | Veterans Committee Receipts                           | 900099  | 11,630.              | 11,630.  |   |  |         |
| <b>d</b>  | All other revenue                                     | 900099  | 17,555.              | 17,555.  |   |  |         |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d                       |   | 100,073.             |  |   |  |         |
| <b>12</b>   | <b>Total revenue.</b> See instructions                |   | 8,856,350            | 8,721,672.   | 16,500                                  | 118,178.   |         |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 2,346,599.            | 2,346,599.                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 42,687.               | 42,687.                         |  |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 2,621,680.            | 2,320,362.                      | 301,318.                               |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 1,322,582.            | 1,170,526.                      | 152,056.                               |                             |
| <b>9</b> Other employee benefits   | 448,083.              | 397,164.                        | 50,919.                                |                             |
| <b>10</b> Payroll taxes  | 217,135.              | 192,445.                        | 24,690.                                |                             |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | 25,329.               | 25,329.                         |  |                             |
| <b>c</b> Accounting  | 18,850.               |                                 | 18,850.                                |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees  | 8,085.                |                                 | 8,085.                                 |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 24,688.               |                                 | 24,688.                                |                             |
| <b>12</b> Advertising and promotion  | 1,128.                |                                 | 1,128.                                 |                             |
| <b>13</b> Office expenses  | 87,255.               |                                 | 87,255.                                |                             |
| <b>14</b> Information technology   |                       |                                 |  |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 49,424.               | 43,804.                         | 5,620.                                 |                             |
| <b>17</b> Travel   | 224,944.              | 199,367.                        | 25,577.                                |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 61,773.               | 54,749.                         | 7,024.                                 |                             |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 20,324.               | 18,013.                         | 2,311.                                 |                             |
| <b>23</b> Insurance  | 88,687.               | 78,603.                         | 10,084.                                |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                       |                                 |  |                             |
| <b>a</b> Vehicle Leases  | 275,765.              | 244,409.                        | 31,356.                                |                             |
| <b>b</b> Reim Sal/Taxes/Benefits   | 347,446.              | 307,939.                        | 39,507.                                |                             |
| <b>c</b> Target Program  | 156,322.              | 156,322.                        |  |                             |
| <b>d</b> Charitable Donations  | 175,535.              |                                 | 175,535.                               |                             |
| <b>e</b> All other expenses  | 143,024.              | 78,731.                         | 64,293.                                |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 8,707,345.            | 7,677,049.                      | 1,030,296.                             |                             |
| <b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |            |
|---|--|--------------------------|------------|--------------------|------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 3,265,305.               | <b>1</b>   | 3,318,232.         |            |
|   | <b>2</b> Savings and temporary cash investments . . . . .  |                          | <b>2</b>   |                    |            |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b>   |                    |            |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>   |                    |            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                          | <b>5</b>   |                    |            |
|   | <b>6</b> 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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |                          | <b>6</b>   |                    |            |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>   |                    |            |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>   |                    |            |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                          | <b>9</b>   |                    |            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 246,539       |            |                    |            |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 208,664       | 48,759.    | <b>10c</b>         | 37,875.    |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 2,625,575.               | <b>11</b>  |                    | 2,634,351. |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b>  |                    |            |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b>  |                    |            |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>  |                    |            |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   |                          | 6,006.     | <b>15</b>          | 9,405.     |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . |  | 5,945,645.               | <b>16</b>  | 5,999,863.         |            |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  |                          | <b>17</b>  |                    |            |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>  |                    |            |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>  |                    |            |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>  |                    |            |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | <b>21</b>  |                    |            |
|   | <b>22</b> 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 . . . . .   |                          | <b>22</b>  |                    |            |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>  |                    |            |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>  |                    |            |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .  |                          | 44,413.    | <b>25</b>          | 57,627.    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   |                          | 44,413.    | <b>26</b>          | 57,627.    |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |            |                    |            |
|   | <b>27</b> Unrestricted net assets . . . . .  |                          | 5,901,232. | <b>27</b>          | 5,942,236. |
|   | <b>28</b> Temporarily restricted net assets . . . . .  |                          |            | <b>28</b>          |            |
|   | <b>29</b> Permanently restricted net assets . . . . .  |                          |            | <b>29</b>          |            |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |            |                    |            |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          |            | <b>30</b>          |            |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          |            | <b>31</b>          |            |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          |            | <b>32</b>          |            |
| <b>33</b> Total net assets or fund balances . . . . .                         |  | 5,901,232.               | <b>33</b>  | 5,942,236.         |            |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            |  | 5,945,645.               | <b>34</b>  | 5,999,863.         |            |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |                   |
|-----------|--|-----------|-------------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | <b>8,856,350.</b> |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | <b>8,707,345.</b> |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | <b>149,005.</b>   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | <b>5,901,232.</b> |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | <b>(108,001)</b>  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |                   |
| <b>7</b>  | Investment expenses  | <b>7</b>  |                   |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |                   |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  |                   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | <b>5,942,236</b>  |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes                                 | No                                  |
|-----------|---|-------------------------------------|-------------------------------------|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <b>Modified Cash Basis</b><br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |                                     |                                     |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |                                     | <input checked="" type="checkbox"/> |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | <input checked="" type="checkbox"/> |                                     |
| <b>2c</b> | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |                                     | <input checked="" type="checkbox"/> |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |                                     | <input checked="" type="checkbox"/> |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   |                                     |                                     |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

|  |   |
|--|---|
| Name of organization<br><b>MIDWEST REGION ORGANIZING COMMITTEE</b> | Employer identification number<br><b>37-1371059</b> |
|--|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ 0.
- 3 Volunteer hours for political campaign activities (see instructions) . . . . . 0.

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ 0.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ 20,000.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ 20,000.
- 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 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

| (a) Name                           | (b) Address   | (c) EIN    | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|------------------------------------|---|------------|---|--|
| (1) Illinois Legislative Committee | 1 N. Old State Capitol Plaza, St 525<br>Springfield, IL 62701 | 36-4001239 | 20,000.   | 0  |
| (2)                                |   |            |   |  |
| (3)                                |   |            |   |  |
| (4)                                |   |            |   |  |
| (5)                                |   |            |   |  |
| (6)                                |   |            |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|---|---|---|--|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| <b>1a</b>   | Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .  |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b). . . . .  |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>d</b>  | Other exempt purpose expenditures . . . . .   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d) . . . . .   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>f</b>  | Lobbying nontaxable amount. Enter the amount from the following table in both columns   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:  |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Not over \$500,000  | 20% of the amount on line 1e  |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000  |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$17,000,000   | \$1,000,000   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f) . . . . .   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>h</b>  | Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>i</b>  | Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>j</b>  | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . . |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                              |   |   |   |   |  |  |                   |             |  |  |

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

**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 of the lobbying activity.

|   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers?  |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     |    |        |
| <b>c</b> Media advertisements?  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     |    |        |
| <b>i</b> Other activities?  |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i   |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> 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), section 501(c)(5), or section 501(c)(6).**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?  | 1   | ✓  |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | 2   | ✓  |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3   | ✓  |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year   | <b>2a</b> |  |
| <b>b</b> Carryover from last year   | <b>2b</b> |  |
| <b>c</b> Total  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

FORM 990, SCHEDULE C, PART I-A, LINE 1: THE ORGANIZATION COLLECTS DESIGNATED AMOUNTS FROM AFFILIATE DISTRICT

COUNCILS EARMARKED FOR ILLINOIS LEGISLATIVE COMMITTEE AND PROMPTLY TRANSFERS THEM TO THAT FUND.

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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

MIDWEST REGION ORGANIZING COMMITTEE

37-1371059

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor advisement and grant fund usage.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, description, and Held at the End of the Tax Year. Rows include purpose of easements, total number and acreage, monitoring policy, and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, description, and amount. Rows include reporting requirements for art and historical treasures and amounts for revenue and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- |   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            |                  |                |                    |                      |                     |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ ..... %
  - b** Permanent endowment ▶ ..... %
  - c** Temporarily restricted endowment ▶ ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land  |                                      |                                 |                              |                |
| <b>b</b> Buildings  |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements   |                                      | 21,947.                         | 8,826.                       | 13,121.        |
| <b>d</b> Equipment  |                                      | 181,593                         | 164,256.                     | 17,337.        |
| <b>e</b> Other  |                                      | 42,999.                         | 35,582.                      | 7,417.         |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 37,875.        |

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)    | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely-held equity interests  |                |   |
| (3) Other  |                |   |
| (A)  |                |   |
| (B)  |                |   |
| (C)  |                |   |
| (D)  |                |   |
| (E)  |                |   |
| (F)  |                |   |
| (G)  |                |   |
| (H)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶ |                |   |

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total.</b> (Column (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, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) Employee Advance  | 6,405.         |
| (2) Due From Related Parties  | 3,000.         |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 9,405.         |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) Accrued Payroll Liabilities  | 42,683.        |
| (3) Due to Related Parties   | 14,944.        |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | 57,627.        |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |           |            |
|----------|--|-----------|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  | 8,740,264. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | (108,001) |            |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |           |            |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | (108,001) |            |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  | 8,848,265. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 8,085.    |            |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 8,085.    |            |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  | 8,856,350. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |          |            |
|----------|---|-----------|----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b> | 8,699,260. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |          |            |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |          |            |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |          |            |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |          |            |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> |          |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 0        |            |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b> | 8,699,260. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |          |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 8,085.   |            |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |          |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 8,085.   |            |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b> | 8,707,345. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Part XIII** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number  
**37-1371059**

**MIDWEST REGION ORGANIZING COMMITTEE**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                             | (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 |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) Eastern Missouri Laborers Distr<br>3450 Hollenburt Dr Bridgeton, MO 63       | 43-0630984 | 501 (c) (5)                     | 240,000.                 | 0                                 |   |  | Organizing Grants                  |
| (2) Great Plains Laborers District C<br>4208 W. Partridge Way, Unit2, Peoria, IL | 06-1694040 | 501 (c) (5)                     | 400,000.                 | 0                                 |   |  | Organizing Grants                  |
| (3) Midwest Region LECET<br>1 N. Old State Cap Plaza Ste. 525 Spri               | 01-0606353 | 501 (c) (5)                     | 406,583.                 | 0                                 |   |  | Research Grants                    |
| (4) Southwestern IL Laborers Distri<br>20 Bronze Pointe N. Swansea, IL 6222      | 37-0347593 | 501 (c) (5)                     | 90,000.                  | 0                                 |   |  | Organizing Grants                  |
| (5) Laborers Local 579<br>1203 N 6th St. St. Joseph, MO 64501                    | 44-0296418 | 501 (c) (5)                     | 20,000.                  | 0                                 |   |  | Organizing Grants                  |
| (6) Laborers Local 177<br>3400 E. Euclid, Ste A Des Moines, IA                   | 81-1230004 | 501 (c) (5)                     | 14,000.                  | 0                                 |   |  | Organizing Grants                  |
| (7) Laborers Local 42<br>3710 Enright Ave St. Louis, MO 63108                    | 43-0337603 | 501 (c) (5)                     | 50,000.                  | 0                                 |   |  | Organizing Grants                  |
| (8) Iowa LECET<br>5806 E. Euclid Ave. Ste. B, Des Moin                           | 42-1396859 | 501 (c) (5)                     | 15,393.                  | 0                                 |   |  | Research Grants                    |
| (9) IL LECET<br>1 N. Old State Capitol Plaza, Ste 525                            | 37-6304539 | 501 (c) (5)                     | 19,029.                  | 0                                 |   |  | Research Grants                    |
| (10) Southwest Laborers District Co.<br>11720 E 21st St Ste D Tulsa, OK 7412     | 03-0545870 | 501 (c) (5)                     | 22,444.                  | 0                                 |   |  | Organizing Grants                  |
| (11) Western MO & KS Laborers Dist<br>1101 E 87th St. Kansas City, MO 6413       | 44-0644881 | 501 (c) (5)                     | 262,000.                 | 0                                 |   |  | Organizing Grants                  |
| (12)   |            |                                 |                          |                                   |   |  |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 0
- 3 Enter total number of other organizations listed in the line 1 table . . . . . 11

**Part III 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.

|   | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 |                                 |                          |                          |                                  |   |                                       |
| 2 |                                 |                          |                          |                                  |   |                                       |
| 3 |                                 |                          |                          |                                  |   |                                       |
| 4 |                                 |                          |                          |                                  |   |                                       |
| 5 |                                 |                          |                          |                                  |   |                                       |
| 6 |                                 |                          |                          |                                  |   |                                       |
| 7 |                                 |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2: GRANT RECIPIENTS FOR AN EMPLOYEE'S WAGES & BENEFITS ARE REQUIRED TO TURN IN MONTHLY ACTIVITY, PAYROLL, BENEFIT AND EXPENSE REPORTS FOR THE EMPLOYEE COVERED BY THE GRANT. IF THE GRANT IS DESIGNATED FOR OTHER PURPOSES, THE ORGANIZATION RECEIVED THE GRANT SUBMITS QUARTERLY REPORTS FOR REVIEW BY THE VICE PRESIDENT, ASSISTANT BUSINESS MANAGER AND PROGRAM DIRECTOR. NO FURTHER PAYMENTS ARE SENT UNTIL THE REPORTS ARE RECEIVED AND REVIEWED.

MIDWEST REGION ORGANIZING COMMITTEE

Schedule I (Form 990) (2018)

**Part III** 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.

|   | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 |                                 |                          |                          |                                  |   |                                       |
| 2 |                                 |                          |                          |                                  |   |                                       |
| 3 |                                 |                          |                          |                                  |   |                                       |
| 4 |                                 |                          |                          |                                  |   |                                       |
| 5 |                                 |                          |                          |                                  |   |                                       |
| 6 |                                 |                          |                          |                                  |   |                                       |
| 7 |                                 |                          |                          |                                  |   |                                       |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATION AND DOMESTIC GOVERNMENTS:

NAME AND ADDRESS OF ORGANIZATION:

EASTERN MISSOURI LABORERS DISTRICT COUNCIL 3450 HOLLENBURG DR. BRIDGETON, MO 63044

GREAT PLAINS LABORERS DISTRICT COUNCIL 4208 W. PATRIDGE WAY, UNIT 2, PEORIA, IL 61615

MIDWEST REGION LECET 1 N. OLD STATE CAPITOL PLAZA SUITE 525, SPRINGFIELD, IL 62701

SOUTHWESTERN IL LABORERS DISTRICT COUNCIL 20 BRONZE POINTE NORTH, SWANSEA, IL 62226

LABORERS LOCAL 177 3400 EAST EUCLID AVE. SUITE A, DES MOINES, IA 50317

IOWA LECET 3400 EAST EUCLID AVE. SUITE B, DES MOINES, IA 50317

IL LECET 1 N. OLD STATE CAPITOL PLAZA, SUITE 525, SPRINGFIELD, IL 62701

SOUTHWESTERN LABORERS DISTRICT COUNCIL 11720 E 21ST ST. STE. D, TULSA, OK 74129

WESTERN MO & KS LABORERS DISTRICT COUNCIL 1101 E. 87TH ST. KANSAS CITY, MO 64132



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Employer identification number

37-1371059

**MIDWEST REGION ORGANIZING COMMITTEE**

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as 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 . . . . .

**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 on line 1a? . . . . .

**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 establish compensation of the CEO/Executive Director, but explain in Part III

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**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:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
  - b** Any related organization? . . . . .
- If "Yes" on 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:

- a** The organization? . . . . .
  - b** Any related organization? . . . . .
- 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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .

**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 . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

|    | Yes | No |
|----|-----|----|
| 1a |     |    |
| 1b |     |    |
| 2  |     |    |
| 3  |     |    |
| 4a |     | ✓  |
| 4b |     | ✓  |
| 4c |     | ✓  |
| 5a |     |    |
| 5b |     |    |
| 6a |     |    |
| 6b |     |    |
| 7  |     |    |
| 8  |     |    |
| 9  |     |    |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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 aren't listed on Form 990, Part VII.

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

| (A) Name and Title                         | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| Gary Elliot<br>1Former Trustee             | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| Sean Stott<br>2Legislative Director        | 166,969.   | 0.                                  | 0.                                  | 96,282.  | 13,104.                 | 276,355.                        | 0.  |
| Ellen Schanzle-Haskins<br>3General Counsel | 149,626.   | 0.                                  | 0.                                  | 85,392.  | 13,104.                 | 248,122.                        | 0.  |
| David Williams<br>4Lead Organizer          | 107,589.   | 0.                                  | 0.                                  | 44,718.  | 12,826.                 | 165,133.                        | 0.  |
| Jeffrey Penn<br>5Director                  | 101,471.   | 0.                                  | 0.                                  | 64,559.  | 13,104.                 | 179,134.                        | 0.  |
| 6  |  |                                     |                                     |  |                         |                                 |   |
| 7  |  |                                     |                                     |  |                         |                                 |   |
| 8  |  |                                     |                                     |  |                         |                                 |   |
| 9  |  |                                     |                                     |  |                         |                                 |   |
| 10   |  |                                     |                                     |  |                         |                                 |   |
| 11   |  |                                     |                                     |  |                         |                                 |   |
| 12   |  |                                     |                                     |  |                         |                                 |   |
| 13   |  |                                     |                                     |  |                         |                                 |   |
| 14   |  |                                     |                                     |  |                         |                                 |   |
| 15   |  |                                     |                                     |  |                         |                                 |   |
| 16   |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990 PART VII, SECTION A, QUESTION 3:

GARY ELLIOT FORMER TRUSTEE RETIRED IN 2018 AND WAS REPLACED BY BRANDON FLINN UPON BOARD APPROVAL

Area with horizontal dashed lines for providing additional information.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

37-1371059

**MIDWEST REGION ORGANIZING COMMITTEE**

**FORM 990, PART VI, SECTION A, LINE 2: JOHN PENN, CHAIRMAN AND JEFF PENN DIRECTOR ARE UNLCE AND NEPHEW**

**FORM 990, PART VI, SECTION A, LINE 2: JOHN PENN, CHAIRMAN AND ANTHONY PENN SECRETARY/TREASURER ARE UNCLE  
AND NEPHEW**

**FORM 990, PART VI, SECTION A, LINE 2: ANTHONY PENN SECRETARY/TREASURER AND JEFF PENN DIRECTOR ARE COUSINS**

**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 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**

**PART IX, LINE 11G: CONSULTING FEE TOTAL EXPENSES- \$24,688. PROGRAM SERVICE EXPENSES- \$0.00- MGMT AND GENERAL  
EXPENSES- \$24,688. FUNDRAISING EXPENSES- \$0.00**

**PART IX, LINE 24E: MEALS TOTAL EXPENSE- \$22,414. PROGRAM SERVICE EXPENSES- \$19,865.- MGMT AND GENERAL EXPENSES- \$2,549.  
FUNDRAISING EXPENSES- \$0.00**

**PART IX, LINE 24E: ORGANIZING EXPENSES TOTAL -\$5,384. PROGRAM SERVICE EXPENSES- \$5,384.  
MGMT AND GENERAL EXPENSES- \$0.00 FUNDRAISING EXPENSES- \$0.00**

**PART IX, LINE 24E: VETERANS COMMITTEE EXPENSE TOTAL- \$18,242. PROGRAM SERVICE EXPENSES- \$0.00- MGMT AND GENERAL  
EXPENSES- \$18,242. FUNDRAISING EXPENSES- \$0.00**

Name of the organization

Employer identification number

MIDWEST REGION ORGANIZING COMMITTEE

37-1371059

PART IX, LINE 24E: DUES AND SUBSCRIPTIONS TOTAL EXPENSES- \$36,641. PROGRAM SERVICE EXPENSES- \$0.00- MGMT AND GENERAL EXPENSES- \$36,641. FUNDRAISING EXPENSES- \$0.00

PART IX, LINE 24E: TAXES, LICENSES AND FEES TOTAL EXPENSES- \$60,343. PROGRAM SERVICE EXPENSES- \$53,482. MGMT AND GENERAL EXPENSES- \$6,861. FUNDRAISING EXPENSES- \$0.00

FORM 990, PART VI, SECTION B, LINE 12C: POLICY IS DISTRIBUTED AT THE ANNUAL MEETING IN DECEMBER AND A SIGN-OFF SHEET IS COMPLETED

Multiple horizontal dashed lines for additional information or notes.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

MIDWEST REGION ORGANIZING COMMITTEE

Employer identification number

37-1371059

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) .....   |                         |  |                     |                           |                                  |
| (2) .....   |                         |  |                     |                           |                                  |
| (3) .....   |                         |  |                     |                           |                                  |
| (4) .....   |                         |  |                     |                           |                                  |
| (5) .....   |                         |  |                     |                           |                                  |
| (6) .....   |                         |  |                     |                           |                                  |

**Part II 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.

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entry? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
|  |                         |  |                            |   |                                  | Yes   | No |
| (1) MIDWEST REGION LABORERS' POLITICAL LEAGUE - 37-1382229<br>1 N Old State Capitol Plaza Ste. 525 Springfield, IL         | POLITICAL COMMITTEE     | ILLINOIS   | 527                        |   |                                  |   | ✓  |
| (2) ILLINOIS LABORERS LEGISLATIVE COMMITTEE 36-4001239<br>1 N Old State Capitol Plaza Ste. 525 Springfield, IL             | POLITICAL COMMITTEE     | ILLINOIS   | 527                        |   |                                  |   | ✓  |
| (3) MIDWEST REGION LABORERS' POLITICAL LEAGUE EDUCATION<br>1 N Old State Capitol Plaza Ste. 525 Springfield, IL 37-1400940 | POLITICAL COMMITTEE     | ILLINOIS   | 527                        |   |                                  |   | ✓  |
| (4) .....  |                         |  |                            |   |                                  |   |    |
| (5) .....  |                         |  |                            |   |                                  |   |    |
| (6) .....  |                         |  |                            |   |                                  |   |    |
| (7) .....  |                         |  |                            |   |                                  |   |    |

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

Cat No 50135Y

Schedule R (Form 990) 2018

**Part III 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.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) .....   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) .....   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) .....   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) .....   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) .....   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) .....   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) .....   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) .....   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2) .....   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3) .....   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4) .....   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5) .....   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6) .....   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7) .....   |                         |  |                                  |  |                              |                                    |                             |  |    |

**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.

| 1 |   | 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? |  | Yes | No |
|---|---|---|--|-----|----|
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |   |  |     | ✓  |
| b | Gift, grant, or capital contribution to related organization(s)                                 |   |  | ✓   |    |
| c | Gift, grant, or capital contribution from related organization(s)                               |   |  |     | ✓  |
| d | Loans or loan guarantees to or for related organization(s)                                      |   |  |     | ✓  |
| e | Loans or loan guarantees by related organization(s)   |   |  |     | ✓  |
| f | Dividends from related organization(s)  |   |  |     | ✓  |
| g | Sale of assets to related organization(s)   |   |  |     | ✓  |
| h | Purchase of assets from related organization(s)   |   |  |     | ✓  |
| i | Exchange of assets with related organization(s)   |   |  |     | ✓  |
| j | Lease of facilities, equipment, or other assets to related organization(s)                      |   |  |     | ✓  |
| k | Lease of facilities, equipment, or other assets from related organization(s)                    |   |  |     | ✓  |
| l | 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)   |   |  |     | ✓  |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |   |  |     | ✓  |
| o | Sharing of paid employees with related organization(s)  |   |  |     | ✓  |
| p | Reimbursement paid to related organization(s) for expenses                                      |   |  |     | ✓  |
| q | 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   | (a)<br>Name of related organization       | (b)<br>Transaction type (a-s) | (c)<br>Amount involved       | (d)<br>Method of determining amount involved |
|-----|---|-------------------------------|------------------------------|--|
| (1) | MIDWEST REGION LABORERS' POLITICAL LEAGUE | n                             | 0. N/A                       |  |
| (2) | MIDWEST REGION LABORERS' POLITICAL LEAGUE | o                             | 0. N/A                       |  |
| (3) | MIDWEST REGION LABORERS' POLITICAL LEAGUE | r                             | 25,617. CASH PAYMENTS        |  |
| (4) | ILLINOIS LABORERS' LEGISLATIVE COMMITTEE  | b                             | 800,000. CASH GRANT PAYMENTS |  |
| (5) | ILLINOIS LABORERS' LEGISLATIVE COMMITTEE  | n                             | 0. N/A                       |  |
| (6) | ILLINOIS LABORERS' LEGISLATIVE COMMITTEE  | o                             | 0. N/A                       |  |



**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.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1).....                                |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2).....                                |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3).....                                |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4).....                                |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5).....                                |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6).....                                |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7).....                                |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8).....                                |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9).....                                |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10).....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11).....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12).....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (13).....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (14).....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (15).....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (16).....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part VII**

**Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME, ADDRESS, AND EIN OF**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

**MIDWEST REGION LABORERS' POLITICAL LEAGUE EDUCATION FUND**

**EIN: 37-1400940**

**1 N OLD STATE CAPITOL PLAZA SUITE 525**

**SPRINGFIELD, IL 62701**

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

|      | (a)<br>Name of other organization                        | (b)<br>Transaction type (a-r) | (c)<br>Amount involved |
|------|--|-------------------------------|------------------------|
| (7)  | MIDWEST REGION LABORERS POLITICAL LEAGUE EDUCATION FUND  | N                             | 0.                     |
| (8)  | MIDWEST REGION LABORERS' POLITICAL LEAGUE EDUCATION FUND | O                             | 0.                     |
| (9)  |  |                               |                        |
| (10) |  |                               |                        |
| (11) |  |                               |                        |
| (12) |  |                               |                        |
| (13) |  |                               |                        |
| (14) |  |                               |                        |
| (15) |  |                               |                        |
| (16) |  |                               |                        |
| (17) |  |                               |                        |
| (18) |  |                               |                        |
| (19) |  |                               |                        |
| (20) |  |                               |                        |
| (21) |  |                               |                        |
| (22) |  |                               |                        |
| (23) |  |                               |                        |
| (24) |  |                               |                        |