## **Return of Organization Exempt From Income Tax**

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

2018

OMB No 1545-0047

Department of the Treasury

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

**Open to Public** 

Inte	mal Reven	ue Service	► Go to www.irs	s.gov/Form990 for instructions an	o the lates	t intorn	iation.		1112	pection	
Ā	For the	2018 caler	ndar year, or tax year beginni	ng , 201	8, and end	ing			, 20		
B	Check if	applicable	C Name of organization MIDWES	T REGION ORGANIZING COMMIT	TEE			D Employe	er identificat	on number	
	Address		Doing business as						37-13710	59	
一百	Name ch			mail is not delivered to street address)	Room/s	suite		E Telephone number			
ᆸ	Initial ret	•	1 N. Old State Capitol Plaza	·		525		(217)522-3381			
ᆷ		1		ountry, and ZIP or foreign postal code		323			(217)322-3	301	
		n/terminated		ountry, and 211 or loreign postar code			i	• • • • • • • • • • • • • • • • • • • •	A- O	0.450.007	
님	Amende		Springfield, IL 62701			1		<b>G</b> Gross re		9,152,967.	
Ш	Applicati		F Name and address of principal of	= =					_	Yes 🗸 No	
		!·		Suite 525 Springfield, IL 62701	<u>^</u> C_	<b>—</b>  н(	•			JYes ∐ No	
<u>ı</u>	Tax-exer	npt status	☐ 501(c)(3) ☐ 501(d	c) ( 5 ) ◀ (insert no ) 🔲 4947(a)(1) (	or 📙 127/		It "N	lo," attach a	list (see inst	ructions)	
J	Website	: ► www	v.MROCNOW.ORG			H(	c) Group	exemption	number 🕨		
K	Form of o	organization [	Corporation Trust Asso	ciation ☐ Other ► L	Year of form	ation	1998	M State	of legal dom	icile <b>IL</b>	
P	art I	Summa	ary	•							
	1	Briefly de	scribe the organization's mi	ssion or most significant activiti	es:						
ě				MPLOYERS & EMPLOYEES		En	1				
au				1 -12	- 1-10-1-10-1-10-1-10-1-10-1-10-1-10-10-10					·	
Governance	2	Check thi	is box ▶□ if the organization	on discontinued its organisms or	r disposed	l of mo	iéáhar	25% of	ts net ass	ets	
Š	3	Number	of voting members of the ac	on discontinued its operations or verning body (Part Vi $\overline{m{y}}$ e 1 $\overline{m{a}}$ )	V 1 8 2	กับ	P	3     3	10 1101 400	o.c.	
<u>ت</u> مح	4	Number	of independent voting memi	pers of the governing body (Part	VI line 1h	٠٠. ما	12	4			
Activities &	1 -	Total aum	shor of industrials amplesso	tus salandar voor 2019 (Barth)	Law 1924	<u> </u>	3 =   .	5		8	
į	5	Total num	ther of individuals employed	d in calendar year 2018 (Part V	BUEN,	U1_				49	
cţi	6		nber of volunteers (estimate	* *				6		0	
⋖	I .			m Part VIII, column (C), line 12				7a		16,500.	
	b	Net unrela	ated business taxable incon	ne from Form 990-T, line 38 .		<del></del> .	<del></del>	7b		680.	
	1			Prior Ye	ear	Curr	ent Year				
ē	8	Contribut	tions and grants (Part VIII, Iir	ne 1h)							
na	9	Program :	service revenue (Part VIII, Iir	ne 2g)		L	8	3,813,489.		<b>8,530,799</b> .	
Revenue	10	Investmen	nt income (Part VIII, column	(A), lines 3, 4, and 7d)				120,794.		134,678	
•	11	Other rev	renue (Part VIII, column (A), I	330,008.		190,873.					
	12	Total reve	enue-add lines 8 through 11	9	,264,291.		8,856,350.				
	13			rt IX, column (A), lines 1-3)			2	2,813,347.		2,346,599	
	14	Benefits paid to or for members (Part IX, column (A), line 4)									
ú	1 4-	•	•	e benefits (Part IX, column (A), lin	· · · · · · · · · · · · · · · · · · ·						
Se	16a			, column (A), line 11e)		<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,002,1071	
Expenses	Ь		draising expenses (Part IX, o			<u> </u>					
Ä	17		penses (Part IX, column (A),					050 217		1 709 570	
	18			st equal Part IX, column (A), line				2,059,317		1,708,579.	
				e 18 from line 12		<u> </u>		),615,080.		8,707,345.	
	19	nevenue	less expenses Subtract line	e 16    O	• • •	Region		(350,789) urrent Year	End	149,005. of Year	
30			. (5 . ) (1 . 40)			Beginn					
Sset	20		ets (Part X, line 16)				5	,945,645.		5,999,863.	
Net Assett	21		ulities (Part X, line 26)			<u> </u>		44,413.		57,627.	
			ts or fund balances Subtrac	et line 21 from line 20			5	,901,232.	<u> </u>	5,942,236.	
3 P	art II	Signat	ture Block								
	nder pena	Ities of perjur	ry, I declare that I have examined th	nis return, including accompanying sched	lules and sta	tements,	and to t	he best of n	ny knowledg	a and belief, it is	
tn —	ue, correc	t, and comple	ete Declaration of preparer (other the	nan officer) is based on all information of	which prepai	rer has a	ny know	ledge			
			for Hen								
Si	gn	Signa	ature of officer				Da	ite	.0		
Sign He	ere	l Jo	hn F. Penn, Chairman					1/-7	) - / S	ļ	
วั			or print name and title								
)		Print/Typ	pe preparer's name	Preparer's signature		Date		Observit F	PTIN		
i La	aid							Check L self-emp			
	epare		ama h		1		F	<u> </u>			
į U	se Onl							n's EIN ▶		<del></del>	
	w the IF		ddress >	or shown shows? (see instruction	00)		Pho	one no		TVoc 🗆 No	
$n^{\frac{ V }{2}}$	ay me ir	10 UISCUSS	s this return with the prepare	er shown above? (see instruction	115)		· · ·	<u> </u>	· · L	Yes No	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Cat No 11282Y

Form 99	0 (2018) `	Page 2								
Part <sup>*</sup>	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?	∕ 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?									
	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 accomplishments for each of its three largest program services.	red by								
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	others,								
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 \$									
40										
	<u></u>									
	,									
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.									

Part	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	1		/
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	✓	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>✓</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>✓</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		1
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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<b>✓</b>	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Schedule D, Parts XI and XII	12a	✓	
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	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
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	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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)	17		1
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	18		1
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	19		/
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ė
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 12 if "Yes." complete Schedule I. Parts I and II.	21	1	

Form **990** (2018)

Part <sup>i</sup>	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? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
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)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
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.	38	✓	
Part				_
<del></del>	Check if Schedule O contains a response or note to any line in this Part V		 Van	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   11		Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	

eart	Statements Regarding Other INS Fillings and Tax Compliance (continued)			
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	* /	Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return  2a 49	, t		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	A 1832.
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Z SANY		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	- CONTRACT
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	. 64-4X	<b>√</b>
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		<b>✓</b>
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7 -	Organizations that may receive deductible contributions under section 170(c).	11.3 31.4		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c	*,	*. J.5964 <b>1</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	' /\ '	::	<b>溢</b> 证
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> P</u>	4	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b	* *,.	128-54
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ا الوروم الروم الروم	
11	Section 501(c)(12) organizations. Enter:		36.5	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	, , , <del>, , ,</del> ,	ر المعسر ، معتبر ،	
	against amounts due or received from them.)	33	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	7.24K	36338
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	70.74 (40.24	2-050098-4
_	Note. See the instructions for additional information the organization must report on Schedule O.	7	5, 173	
b	Enter the amount of reserves the organization is required to maintain by the states in which	, so , (		
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>✓</b> _
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.	5000	43	in H
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	# shall be a	✓
	If "Yes," complete Form 4720, Schedule O.	1. A. S.	11 ( 148) 11 ( 148)	
		Forr	n <b>990</b>	(2018)

	90 (2018)			Page <b>o</b>
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			_
Cooti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	-	. ☑
Secti	ion A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year   1a		12.57	2551
14	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
•	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	3		
. <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?	2	<b>\</b>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓_
6	Did the organization have members or stockholders?	6		<b>✓</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<b>✓</b>
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C		$\overline{}$
		40	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<del>                                     </del>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<b>✓</b>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>✓</b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	<b>_</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	<b>✓</b>	<b>├</b>
14	Did the organization have a written document retention and destruction policy?	14	<b>/</b>	JA 18
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	######################################	, ,	anda nii mi
a	The organization's CEO, Executive Director, or top management official	15a	<b>√</b>	<del>                                     </del>
b	Other officers or key employees of the organization	15b	· •25 1"	- 1241 - 1
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		]  -37,	18.5
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	کینگئی۔ اندانیا ک	<b>✓</b>
Ь	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Secti	organization's exempt status with respect to such arrangements?	16b	l	
17	Let the states with which a copy of this Form 000 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-			
10	(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)	. (000		001(0)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords		
	Melanie Mathewson 1 N. Old State Capitol Plaza, Suite 525 Springfield, IL 62701 (217) 522-3381			

Form **990** (2018)

	•			
Part VII	Compensation of Officers, Directors	Trustees, Key Employees	, Highest Compensated Employee:	s, and
	Independent Contractors			

## 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 organiz	ation nor any relate	d org	anız	atic	on c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
-		(C)								_
(A)	(B)	١,,			ition			(D)	(E)	(F) <sup>^</sup>
Name and Title	Average	I (do not check more than one						Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of other
	week (list any hours for	악	lns	₽	e e	em Hig	For	from the	related organizations	compensation
	related	Individual trustee or director	<u> </u>	Officer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	합니	Į į		봉	8 6	Ι.	(W-2/1099-MISC)		organization and related
	line)	rust	<del>_</del>		yee	mpe				organizations
		e	Institutional trustee			Highest compensated employee				
						<u> </u>	$\vdash$			
(1) John Penn	4.00			١,						
Chairman		<b>-</b>	⊢	✓	}		<u> </u>	0	0	0
(2) Anthony Penn	1.00	,		١,						
Secretary/Treasurer		<b>/</b>	<u> </u>	✓	<u> </u>			0	0	0
(3) Glyn Ramage	1 00	١.								
Trustee		<u> </u>	$\vdash$				_	12,880	0	3,349
(4) Clint Taylor	1.00									
Trustee		<b>✓</b>	<u> </u>	<u> </u>	_		_	Q	0	O
(5) David Frye	1.00			1						
Trustee		<b>✓</b>	ļ	_	L.			0	0	0
(6) Brandon Flinn	1.00									
Trustee		1	<u> </u>		╙			0	0	
(7) Reno Hammond	1.00									
Trustee		/	<u> </u>	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	$ldsymbol{ldsymbol{ldsymbol{eta}}}$			0	0	
(8) Tim Bell	1.00									
Trustee		<b>✓</b>	<u> </u>	╙	L	ļ	<u>L</u> .	0	0	
(9) Gary Elliot	1.00									
Trustee			<u> </u>	<u> </u>	L_	<u> </u>	✓	0	0	
(10) Sean Stott	40.00									
Legislative Director			<u> </u>	L.		<b>/</b>		166,969.	0	109,386
(11) Ellen Schanzle-Haskins	36.00									
General Counsel				L		<b>✓</b>		149,626.	0	98,496
(12) David Williams	40.00				l					
Lead Organizer				<u>L</u> _	<u> </u>	✓	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	107,589.	0	_57,544
(13) Jeffrey Penn	40.00									
Director						✓	L	101,471.	0	77,663
(14) Melissa Hendricker	4.00									
Administrator				✓				15,398	. 0	11,060

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any	(B)  verage urs per urs per k (list any)					an tee)	(D) Reportable compensation from	(E)  Reportable compensation from related		Esti amo	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compe froi organ and	ensation in the nization related izations	1
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)										-				
(25)									-					
1b c	Sub-total	VII, Sectio					•	<b>&gt; &gt; &gt;</b>	553,933. 0 553,933.		0.			,498. 0 ,498.
2	Total number of individuals (including but reportable compensation from the organic	not limited								ore than \$10		O of	<u> 357</u>	<u>,496.</u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	ficer, direc							oloyee, or high			d	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	000	? /:	f "Ye.	s," · ·	complete Sch	edule J for	r suci 	4	<b>√</b>	
5	Did any person listed on line 1a receive of for services rendered to the organization											5	-	✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization Repyear.								ear ending wit			ganızatı		x
	(A) Name and business address								(B) Description of s	ervices		(C) Compens	ation	
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	t VIII	Statement of Revenue										
		Check if Schedule O	contains a res	ponse or note t	o any line in this	Part VIII		· · · · □				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512–514				
nts nts	1a	Federated campaigns	s <b>1a</b>			100		3. 据报题:				
Grants	ь	Membership dues .	1b	,	140							
ě, Ĝ	С	Fundraising events .	1c	,								
Gifts, ilar Ar	d	Related organizations	,			2.75						
s, G	e	Government grants (con		,								
ion	` f	All other contributions, g										
but the		and similar amounts not inc				2.53						
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ	ded in lines 1a-1f \$			7-35		35 A 14 S				
a a a	`h	Total. Add lines 1a-1	f	•		86.54						
				Business Code								
Ven	2a	<b>Employer Contribution</b>	ıs	900099	8,530,799.	8,530,799.	_					
Re	√b					-						
/ice	С				,							
Sen	d							,				
Ë	е	,	,			•						
Frogram Service Revenue	f	All other program sen	vice revenue .									
	g	Tulal. Add lines 2a-2			8,530,799.	5.3						
	3	Investment income	•	ends, interest,	,							
	1	and other similar amo	•		101,852.			101,852.				
	4	Income from investmen	t of tax-exempt be	ond proceeds ►		<u>'</u>						
	5	Royalties ;			Decemberana i III in 1975, in 1		LEARNING TO ATTACHE A STATE AND A	COOK OF THE WILLIAM AND				
	, ,		(I) Heal	(ii) Personat		himilitianisihinin yeerittiin	Militariya ilibayiya katala aya da	ลกกับกลายสลายสลายสายการเกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิด				
	ьа	Gross rents .						4.1				
	b	Less: rental expenses										
	C .	Rental income or (loss)			754							
	d _	Net rental income or (	(IOSS)	(ii) Other	.snamanmanees .h-1744a.	endrie decementate de la compa		Caranterio dell'estatori della				
	7a	Gross amount from sales of										
		assets other than inventory	312,943.	16,500								
	b.	Less cost or other basis and sales expenses	, 200 047									
•	С	Gain or (loss)	296,617. 16,326	16,500	4 66 6 62 2			and an artist of the second				
	d	Net gain or (loss) .	10,320	10,300	32,826	Shalif tokal Theofler Shire shift diseas del	16,500.	16,326.				
	, u	ret gain or (1033) .			32,820		10,300.	00,320.				
uge	8a	Gross income from fu	ındraısıng		100			100				
Ķ		events (not including \$		4	របៀបប្រជាពលប្រជាពលប្រជាពលប្រជាពលប្រជាពលប្រជាពលប្រជាពលប្រជាពលប្រជាពលប្រជាពលប្រជាពលប្រជាពលប្រជាពលប្រជាពលប្រជាពលប ក្រុមក្រុមក្រុមក្រុមក្រុមក្រុមក្រុមក្រុម	វាមានការព្រះប្រជាព្រះប្រជាព្រះ						
Other Revel	'	of contributions reporte	ed on line 1c)									
Jer			́ а									
Ö,	b	Less: direct expenses			amonto promove designative de			Augraphic addition (1911)				
	С	Net income or (loss) f		events .	anamanananan managara i oro e.		XXXXXX	TENTAL TALL SITE OF THE MANAGE AND CONTROLAR MANAGEMENT				
	9a	Gross income from ga	<b>-</b>									
	_	•	a									
	b	Less: direct expenses			and the same of							
	C	Net income or (loss) f		vities . ▶	The state of the s			t albaness and a				
	10a	Gross sales of in returns and allowance		4								
			_									
	b	Less: cost of goods s Net income or (loss) f		enton,								
	С	Miscellaneous R		Business Code	100		A SECTION AND A SECTION ASSECTION ASSECT					
	11a			900099	107,868	107,868.						
	b	Retiree Council Receip Convention Fund Receip		900099	53,820.							
	C	Veterans Committee R		900099	11,630.			-				
	d	All other revenue		900099	17,555.	i						
	e	Total. Add lines 11a	11d		190,073.	CHARAS COS ALBASA ROPES SERVICES COS OBSOS AND						
	12	Total revenue See in	`		0.056.350		16 500	110 170				

## Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX .	<u> </u>	
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations		•		
	and domestic governments. See Part IV, line 21	2,346,599.	2,346,599.	455	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
•					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			100	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	-			
	trustees, and key employees	42,687.	42,687.		
6	Compensation not included above, to disqualified			, ,	
	persons (as defined under section 4958(f)(1)) and			, '	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,621,680.	2,320,362.	301,318.	-
8	section 401(k) and 403(b) employer contributions)	4 000 500	4 470 500	452.056	
9	Other employee benefits	1,322,582. 448,083.	1,170,526. 397,164.	152,056. 50,919	<del>-, -, -, -, -, -, -, -, -, -, -, -, -, -</del>
10	Payroll taxes	217,135.	192,445	24,690.	
11	Fees for services (non-employees):	217,133.	192,773	24,030.	
a	Management				
b	Legal	25,329.	25,329.		
С	Accounting	18,850		18,850.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		48.5 0.00		
f	Investment management fees	8,085		8,085	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
40	- · ·	24,688.		24,688.	
12 13	Advertising and promotion	1,128. 87,255.		1,128. 87,255.	
14	Information technology	67,233.		67,233.	,
15	Royalties		1		,
16	Occupancy	49,424.	43,804.	5,620.	
17	Travel	224,944.	199,367.	25,577.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	61,773	54,749.	7,024.	
20	Interest				
21	Payments to affiliates	20.224	18,013	2,311.	-
22 23	Depreciation, depletion, and amortization . Insurance	20,324. 88,687.	78,603	10,084	-
23 24	Other expenses, Itemize expenses not covered	00,087.	70,003	70,004	
47	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.)				
а	Vehicle Leases	275,765.	244,409		
b	Reim Sal/Taxes/Benefits	347,446.			
C	Target Program	156,322.	156,322		, , , , , , , , , , , , , , , , , , ,
d	Charitable Donations	175,535.		175,535	
e	All other expenses  Total functional expenses. Add lines 1 through 24e	143,024.			
25 26	Joint costs. Complete this line only if the	8,707,345	7,677,049	1,030,296	<del></del>
20	organization reported in column (B) joint costs	,		,	,
	from a combined educational campaign and fundraising solicitation. Check here			,	,
	following SOP 98-2 (ASC 958-720)	1		1	I

P	art X	Balance Sheet					<del></del>		
		Check if Schedule O contains a response or	note to any line in th	is Pa	art X		<u> </u>		
					(A) Beginning of year		<b>(B)</b> End of year		
	1	Cash-non-interest-bearing			3,265,305.	1	3,318,232.		
	2	Savings and temporary cash investments			,	2			
	3	Pledges and grants receivable, net			-	3			
	4					4			
	5	Loans and other receivables from current and t	A Contraction of the Contraction	i i i					
	•	trustees, key employees, and highest co	empensated employe						
		Complete Part II of Schedule L		•		5	The sad solode name as well as no name as which it is		
	6	Loans and other receivables from other disqualified pers			Frei fine diadaminina diadaminina anni minima anni				
			958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers an						
		sponsoring organizations of section 501(c)(9) volun		ciary		a property of	Mitalita Communication (Carlotte Communication)		
sts		organizations (see instructions). Complete Part II of Sche		•		6			
Assets	7	Notes and loans receivable, net		•		7			
٩	8	Inventories for sale or use		•		8			
	9	Prepaid expenses and deferred charges	•	5.36 C	9	1 notes a final agree agreement			
	10a	Land, buildings, and equipment: cost or				7 k fran			
	_	other basis. Complete Part VI of Schedule D		6,539		40			
		Less accumulated depreciation		8,664	i -	_	37,875.		
	11	Investments—publicly traded securities .			2,625,575.	11	2,634,351.		
	12	Investments—other securities. See Part IV, line 1				13			
	13 14	Investments—program-related. See Part IV, line Intangible assets				14			
	15	Other assets. See Part IV, line 11		•	6,006.	15	9,405.		
	16	Total assets. Add lines 1 through 15 (must equa		•	5,945,645.	16	5,999,863.		
_	17	Accounts payable and accrued expenses		3,543,043.	17	3,333,003.			
	18	Grants payable		•		18			
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities		20	· - · - · · - · · · · · · · · · · · · ·				
	21	Escrow or custodial account liability Complete I				21			
S	22	Loans and other payables to current and for	Strate Commence	3	5-2-80086068.htm				
Liabilities		trustees, key employees, highest compen			i de profes				
iq		disqualified persons. Complete Part II of Schedu				22			
Li	23	Secured mortgages and notes payable to unrela	ited third parties .		,	23	<u> </u>		
	24	Unsecured notes and loans payable to unrelated	third parties .			24			
	25	Other liabilities (including federal income tax,	payables to related t	hird					
		parties, and other liabilities not included on lines	s 17–24). Complete Pa	ırt X					
		of Schedule D			44,413.	25	57,627.		
	26		<u> <u>.</u></u>	:	44,413.	26	57,627.		
es		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and		and					
anc S	27	Unrestricted net assets			5,901,232.	27	5,942,236		
3al	28	Temporarily restricted net assets			5,001,202.	28			
P	29	Permanently restricted net assets				29	,		
٦		Organizations that do not follow SFAS 117 (ASC 95				151			
ار ا		complete lines 30 through 34.	_						
ts	30	Capital stock or trust principal, or current funds				30			
sse	31	Paid-in or capital surplus, or land, building, or ed				31			
Ā	32	Retained earnings, endowment, accumulated in				32			
Net Assets or Fund Balances	33	Total net assets or fund balances			5,901,232.	33	5,942,236.		
_	34	Total liabilities and net assets/fund balances .			5,945,645.	34	5.999.863.		
							Form <b>990</b> (2018)		

Page	1	2

. 0,111 33	0 (2010)			raș	ye ız
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,856	6 <u>,350.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,707	7,345.
3	Revenue less expenses. Subtract line 2 from line 1	3		149	9,005.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,901	1,232.
5	Net unrealized gains (losses) on investments	5		(108	8,001)
6	Donated services and use of facilities	6			
7	Investment expenses	71			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		5,94	2,236
Part	· · · · · · · · · · · · · · · · · · ·				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u> </u>	<u> </u>
1	Accounting method used to prepare the Form 990:  Cash Accrual Other Modified Cash If the organization changed its method of accounting from a prior year or checked "Other," expected to the control of t		_ [	Yes	No
2a .	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent accould the organization changed either its oversight process or selection process during the tax year, ex	 d on rersigh	2b a 2c		
	Schedule O.		أ ششت		أننث
	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	_	e <b>3b</b>		
			Form	990	(2018)

## SCHEDULE'C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- · Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Tax) (s	ee separate instructions), the		iax) (see separate	e instructions) or Form 990	-EZ, Part V, line 35c (Proxy
	ection 501(c)(4), (5), or (6) orga	Inizations Complete Part III		l Familiana idaa	Aldination mumber
	of organization			1	ntification number
MIDWI Part	ST REGION ORGANIZING	COMMITTEE e organization is exempt unde	ar acation E01/e		37-1371059
1 2	Provide a description of definition of "political campaign activit	the organization's direct and incompaign activities") y expenditures (see instructions).	direct political ca	mpaign activities in Part	IV. (see instructions for 0.
3		cal campaign activities (see instruc			0.
Part 1 2 3 4a b Part 1 2 3 4 5	Enter the amount of any of Enter the amount of any of the organization incurred Was a correction made? If "Yes," describe in Part Complete if the Enter the amount direct activities	e organization is exempt under excise tax incurred by the organization are a section 4955 tax, did it file Form.  IV.  e organization is exempt under the organization is exempt under the organization is exempt under the organization is funds contributions.  filing organization's funds contributions.  expenditures. Add lines 1 and 2.  on file Form 1120-POL for this year?  ses and employer identification numbers. For each organization listed, contributions received that were profund or a political action committee.	er section 501(cation for section under section 501(cation for section under section s	section 4955	(c)(3).  Yes No  Yes No  20,000.  20,000.  Yes No  zations to which the filing ization's funds. Also enter collitical organization, such
	(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) <sup>III</sup>	nois Legislative Committee	1 N. Old State Capitol Plaza, St 525 Springfield, IL 62701	36-4001239	20,000.	
(2)					
(3)					
(4)					
(5)					
(6)			-		

_	
Page	2

	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).							
A	Che	heck ▶ . ☐ 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).						
В	Che	ck 🕨	☐ if the filing organization che	ecked box A and "	'limited control" pr	ovisions apply.		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)						(a) Filing organization's totals	(b) Affiliated group totals
1	a 1	Total Ic	bbying expenditures to influen		<del></del>			<del></del>
•			bbying expenditures to influen	•		-		
			bbying expenditures (add lines					
			exempt purpose expenditures	•				
			kempt purpose expenditures (a		 ძ)			<del></del>
			ng nontaxable amount. Ente					
		column	•	i the amount h	OIII the lollowing	table iii botii	<b>y</b>	
				is: The lebbying	nontaxable amoun	t ier	P PAGE	SZESTE TOTAL
			nount on line 1e, column (a) or (b) \$500,000	<del></del>	nount on line 1e	113.		
			00,000 but not over \$1,000,000		15% of the excess	over \$500,000		
	_			<del>-                                    </del>	10% of the excess			
	_		000,000 but not over \$1,500,000 500,000 but not over \$17,000,000		5% of the excess of		447.77	. 1
	<b>—</b>			- 1	576 Of the excess o	Ver \$1,500,000		
			7,000,000 pots nontaxable amount (enter	\$1,000,000	······		App. 17 m March 1997	
			ct line 1g from line 1a. If zero o					
			ct line 1f from line 1c. If zero or					
					1h or line 1, did	the organization	file Form 4720	<del></del>
	j 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?					Yes No		
		(Som	e organizations that made a s See t	section 501(h) ele he separate insti	ructions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.
			Lobbyi	ng Expenditures	During 4-Year A	veraging Period		
		Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015 .	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e) Total
2	2a l	Lobbyi	ng nontaxable amount					
			ng ceiling amount of line 2a, column (e))					
	c <sup>-</sup>	Total lo	bbying expenditures					
	d (	Grassr	oots nontaxable amount			_		
			oots ceiling amount of line 2d, column (e))			The state of the s		
	f	Grassr	oots lobbying expenditures		-			

Schedule C (Form 990 or 990-EZ) 2018

	(election under section 501(h)).	(4	a)	(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed iption of the lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.	St. St. St. St.			
а	Volunteers?		L		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Γ.			
ĥ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912	*- * \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	1. C		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	25	616 145		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	;)(5),	or se	ction	
· · · · · ·	501(c)(6).	• • • •			
				Yes No	
1	Were substantially all (90% or more) dues received nondeductible by members?			1 🗸	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 🗸	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3 🗸	
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of	, ;: :		
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb				
	and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)	<u> </u>	5	<u> </u>	
Par					
	le the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groinstructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup lis	t); Pa	rt II-A, lines 1 and	
FORM	990, SCHEDULE C, PART I-A, LINE 1: THE ORGANIZATION COLLECTS DESIGNATED AMOUNTS FROM	AFFILI	ATE [	DISTRICT	
COUN	CILS EARMARKED FOR ILLINOIS LEGISLATIVE COMMITTEE AND PROMPTLY TRANSFERS THEM TO TI	IAT F	JND.		
				· ·	
	•				
				·	

chedule C (Form 990 or 990-EZ) 2018 Page <b>4</b>					
Part IV.	Supplemental Information (continued)				
		······			
		I.			
		•			
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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 o	of the organiza	tion		Employe	r identification number
MIDW	EST REGION	ORGANIZING COMMITTEE			37-1371059
Pai	tl Org	janizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or A	Accounts.
	Cor	mplete if the organization answered '	'Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds		(b) Funds and other accounts
1	Total numb	per at end of year			
2	Aggregate	value of contributions to (during year)			
3	Aggregate	value of grants from (during year) .			
4		value at end of year			-
5		ganization inform all donors and donor	advisors in writing that the assets h	eld in de	onor advised
	funds are t	the organization's property, subject to th	e organization's exclusive legal contro	ol? .	· · · · 🗌 Yes 🗌 No
6	Did the org	ganization inform all grantees, donors, a	ind donor advisors in writing that gra	nt funds	can be used
	only for ch	naritable purposes and not for the benef	fit of the donor or donor advisor, or f	or any o	ther purpose
	conferring	impermissible private benefit?			· · · · 🗌 Yes 🗌 No
Par	t II Cor	nservation Easements.			
	Cor	nplete if the organization answered '	'Yes" on Form 990, Part IV, line 7.		
1	Purpose(s)	of conservation easements held by the	organization (check all that apply).		
		vation of land for public use (e.g., recrea		f a histoi	rically important land area
	Protect	tion of natural habitat	☐ Preservation o	f a certife	ed historic structure
	☐ Presen	vation of open space			
2		lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the	form of a conservation
	easement	on the last day of the tax year.			Held at the End of the Tax Year
а	Total numb	per of conservation easements		[	2a
b		age restricted by conservation easement	· · · · · · · · · · · · · · · · · · ·	<u> </u>	2b
c		conservation easements on a certified h			2c
ď		f conservation easements included in			
_					2d
3		conservation easements modified, trans			
•	tax year ▶		<b></b> ,		_,
4	-	states where property subject to conse	rvation easement is located ▶		
5		organization have a written policy re-		pection.	handling of
		and enforcement of the conservation ea			
6	Staff and vo	olunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	a conser	
	<b>•</b>	siding the control of the similar way, mape	g,g	9	,
7	Amount of	expenses incurred in monitoring, inspecting	ig. handling of violations, and enforcing	conserva	ation easements during the year
•	<b>▶</b> \$	expenses meaned in memoring, mepeerin	ig, name in g or molations, and other only	001100110	ation outsiments during the year
8		conservation easement reported on line	2(d) above satisfy the requirements of	f section	170(h)(4)(B)(i)
_					· · · · · Yes · No
9		, describe how the organization reports	conservation easements in its revenue	and evi	
•		neet, and include, if applicable, the text of			
		on's accounting for conservation easeme	<del>-</del>		
Par		ganizations Maintaining Collection		Other	Similar Assets.
·		mplete if the organization answered			
12		nization elected, as permitted under SF			e statement and halance sheet
		art, historical treasures, or other similar			
		vice, provide, in Part XIII, the text of the f			
b	•	anization elected, as permitted under S			
		art, historical treasures, or other similar			
		vice, provide the following amounts relat			,
	•	ue included on Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets	included in Form 990, Part X		•	\$
2		anization received or held works of art			
~		amounts required to be reported under S			.c. manda gan, provide the
_	•	ncluded on Form 990, Part VIII, line 1 .	· · · · · · · · · · · · · · · · · · ·		▶ ¢
a		luded in Form 990, Part VIII, line 1			
b	~>>C	iuucu iii i Oiiii 330, fatta			· • • • <u> </u>

Part								
3	Using the organization's acquisition, accollection items (check all that apply)	ession, and oth	er recor	ds, chec	k any of the	follow	ring that are a s	ignificant use of its
а	☐ Public exhibition		d [	Loan	or exchange	e progr	ams	
b	☐ Scholarly research		e [	Other				
С	Preservation for future generations							
4	Provide a description of the organization XIII.	's collections ai	nd expla	ın how ti	ney further t	the org	anızatıon's exer	npt purpose in Part
5	During the year, did the organization sol	licit or receive o	lonation	s of art,	historical tre	easures	, or other simila	ar
	assets to be sold to raise funds rather that							
Part	IV Escrow and Custodial Arrang							
	Complete if the organization an 990, Part X, line 21.	nswered "Yes"	on For	n 990, F	Part IV, line	9, or 1	reported an an	nount on Form
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?							ot Yes No
b	If "Yes," explain the arrangement in Part	XIII and complet	te the fo	llowing ta	able:		A	mount
С	Beginning balance					1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount of					stodial	account liability	/?    Yes    No
b	If "Yes," explain the arrangement in Part							
Par				•				
	Complete if the organization ar	nswered "Yes"	on For	n 990, F	Part IV, line	10.		
		(a) Current year	(b) Prid	r year	(c) Two years	back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance							
b	Contributions						_	
С	Net investment earnings, gains, and losses		-					
d	Grants or scholarships							
е	Other expenditures for facilities and		_					
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	current year end	balanc	e (line 1g	, column (a)	) held a	ıs:	
а	Board designated or quasi-endowment	<b>&gt;</b>	%					
b	Permanent endowment ▶	%	-					
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c	should equal 10	0%.					
3a	Are there endowment funds not in the pe	ossession of the	e organiz	ation tha	at are held a	and adı	ministered for th	ne
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related orga							3b
4	Describe in Part XIII the intended uses of		n's endo	wment fu	unds.		<del></del>	-
Par								
	Complete if the organization ar	nswered "Yes"	on For	m 990, F	Part IV, line	11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or oth (investme			r other basis ther)		Accumulated preciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements				21,947.		8,826.	13,121.
d	Equipment				181,593		164,256.	17,337.
е	Other				42,999.		35,582.	7,417.
Total	Add lines 1a through 1e. (Column (d) mus	t equal Form 99	0 Part )	Column		c.)		37.875.

Part VII	Investments—Other Securities Complete if the organization ansi		n 990	0, Part IV, lin	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)			) Book value	(c) Meth	nod of valuation of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests	[				·
(3) Other						
(~)						
(B)						<del></del>
(C)						<del></del>
(D)						
(E) (F)					-	
(G)					· · · ·	<u> </u>
(H)						
	b) must equal Form 990, Part X, col (B) line 12.)					
Part VIII	Investments—Program Related	j.			Transcrete transcrete and the second second	AND SECTION OF A LITTLE AND A SECTION OF THE PARTY OF THE
	Complete if the organization ansi		n 990	0, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment			) Book value	(c) Meti	hod of valuation of-year market value
(1)				_		
(2)						
(3)	-					
(4)						
_(5)						
(6)						·
_(7)	, , , , , , , , , , , , , , , , , , , ,					
(8)		,				<del> </del>
(9)	b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
Partix	Complete if the organization ansi	wered "Yes" on Forn	n 991	n Part IV lin	e 11d. See Form	990 Part X line 15
-		) Description		5, r are jv, iii		(b) Book value
(1) Employe	e Advance				·	6,405
`	n Related Parties					3,000
(3)						
(4)						
(5)						
(6)						
(7)		<del></del>				
(8)		• •				
(9)	mn (b) must equal Form 990, Part X, co	ol /P\ lino 15 \				
Part X	Other Liabilities.	ы. ( <i>b)</i> ште тэ.)	<u> </u>	· · · · ·		9,405
raitA	Complete if the organization ans	wered "Yes" on Form	n 996	n Part IV lin	e 11e or 11f See	Form 990 Part X
	line 25.	Wered 100 on 1011	00.	o, r are re, iii	10 110 01 1111 000	, , ,
1.	(a) Description of liability	(b) Book value				
(1) Federal ır				E. Compa		
(2). Accrued	Payroll Liabilities	42	,683.			
	elated Parties		,944.			
(4)						
(5) ·						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col (B) line 25.) ▶		,627.			nto that you are the
<ul> <li>Liability for</li> </ul>	uncertain tax positions. In Part XIII, provi	de the text of the foothor	ie to 1	me organizatio	n s ilnanciai stateme	ms mai 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	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Retu	ırn.
1	Total revenue, gains, and other support per audited financial statements	1	8,740,264.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		5,7,10,20 1.
- а	Net unrealized gains (losses) on investments	1)	
b	Donated services and use of facilities	7	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	(108,001)
3	Subtract line 2e from line 1	3	8,848,265.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 8,08	5.	
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	8,085.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,856,350.
Part		er Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	8,699,260.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	4	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	8,699,260.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 8,08	<u>5.</u>	
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>	4c 5	8,085.
5	XIII Supplemental Information.	3	8,707,345.
2, Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	intorm.	ation.
<b></b>			

chedule D (For	m 990) 2018	Page <b>5</b>
Part XIII	m 990) 2018  Supplemental Information (continued)	
		•
		······
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SCHEDULE (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.

▶ Attach to Form 990.

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OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service		▼ Go to w	▶ Go to www.irs.gov/Form990 for the latest information.	rorm 990. Of for the latest info	ormation.		open to rubile.
Name of the organization						Employe	Employer identification number
MIDWEST REGION ORGANIZING COMMITTEE	ING COMMITTEE				!		37-1371059
Part   General Info	General Information on Grants and Assistance	1 Assistance					
	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?	ostantiate the amou	int of the grants or	assistance, the g	rantees' eligibility for	the grants or assistance	e, and Ves No
2 Describe in Part IV t	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	res for monitoring	the use of grant fur	nds in the United	States.		
Part II Grants and C	<b>Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> Complete If the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	omestic Organizate of the control of	ations and Dom	lestic Governm	ents. Complete if the steed if additional specified if additional specified in the steed is additional specified in the steed in the st	he organization answ ace is needed.	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	anization (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 noncash assistance	(h) Purpose of grant or assistance
(1) Eastern Missouri Laborers Distr 3450 Hollenburg Dr Bridgeton, MO 63	rers Distr n, MO 63 43-0630984	501 (c) (5)	240,000.	0			Organizing Grants
(2) Great Plains Laborers District C 4208 W. Partridge Way, Unit2, Peoria,		501 (c) (5)	400,000.	0			Organizing Grants
(3) Midwest Region LECET  1 N. Old State Cap Plaza Ste. 525 Spri	525 Spri 01-0606353	501 (c) (5)	406,583.	0			Research Grants
(4) Southwestern IL Laborers Distri 20 Bronze Pointe N. Swansea, IL 6222	ers Distri a, IL 6222 37-0347593	501 (c) (5)	.000'06	0			Organizing Grants
(5) Laborers Local 579 1203 N 6th St. St. Joseph, MO 64501	D 64501 44-0296418	501 (c) (5)	20,000.	0			Organizing Grants
(6) Laborers Local 177 3400 E. Euclid, Ste A Des Monnes, IA	nines, IA 81-1230004	501 (c) (5)	14,000.	0			Organizing Grants
(7) Laborers Local 42 3710 Enright Ave St. Louis, MO 63108	MO 63108 43-0337603	501 (c) (5)	50,000.	0			Organizing Grants
(8) Iowa LECET 5806 E, Euclid Ave. Ste. B, Des Moin	Des Moin 42-1396859	501 (c) (5)	15,393.	0			Research Grants
(9) IL LECET 1 N. Old State Capitol Plaza, Ste 525	Ste 525 37-6304539	501 (c) (5)	19,029.	0			Research Grants
(10) Southwest Laborers District Co	strict Co OK 7412 03-0545870	501 (c) (5)	22,444.	0			Organizing Grants
(11) Western MO & KS Laborers Dist	orers Dist MO 6413 44-0644881	501 (c) (5)	262,000.	0		:	Organizing Grants
(12)							
2 Enter total number of	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	overnment organization of the line 1 table	tions listed in the li	ine 1 table			0 [
	JUNEAU OLIGATINE ALLOHO II SICO						

Schedule I (Form 990) (2018)

Cat No 50055P

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

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 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. (e) Method of valuation (book, FMV, appraisal, other) MONTHLY ACTIVITY, PAYROLL, BENEFIT AND EXPENSE REPORTS FOR THE EMPLOYEE VICE PRESIDENT, ASSISTANT BUSINESS MANAGER AND PROGRAM DIRECTOR. NO FURTHER (d) Amount of noncash assistance ORGANIZATION RECEIVED THE GRANT SUBMITS QUARTERLY REPORTS FOR REVIEW BY THE Part I, Line 2: GRANT RECIPIENTS FOR AN EMPLOYEE'S WAGES & BENEFITS ARE REQUIRED TO TURN IN COVERED BY THE GRANT. IF THE GRANT IS DESIGNATED FOR OTHER PURPOSES, THE PAYMENTS ARE SENT UNTIL THE REPORTS ARE RECEIVED AND REVIEWED. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III က S 9 N

Schedule I (Form 990) (2018)

## SCHEDULE I PART II OVERFLOW PAGE 1

## MIDWEST REGION ORGANIZINING COMMITTEE

Schedule I (Form 990) (2018)

Page 2 (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. PART II, GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATION AND DOMESTIC GOVERNMENTS: (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance SOUTHWESTERN IL LABORERS DISTRICT COUNCIL 20 BRONZE POINTE NORTH, SWANSEA, IL 62226 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 (c) Amount of cash grant IOWA LECET 3400 EAST EUCLID AVE. SUITE B, DES MOINES, IA 50317 LABORERS LOCAL 177 3400 EAST EUCLID AVE. SUITE A, DES MOINES, IA 50317 IL LECET 1 N. OLD STATE CAPITOL PLAZA, SUITE 525, SPRINGFIELD, IL 62701 Part III can be duplicated if additional space is needed. (b) Number of recipients NAME AND ADRESS OF ORGANIZATION: (a) Type of grant or assistance က Ŋ 9

Schedule I (Form 990) (2018)

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

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

## **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 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

MIDWEST REGIÓN ORGANIZING COMMITTEE 37-1371059 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. ☐ Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account 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 1b 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 2 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 ☐ Written employment contract ☐ Compensation committee Compensation survey or study ☐ Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 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? . . . . . . . . . . . . . . . . 5a 5b If "Yes" on line 5a or 5b, describe in Part III. 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: The organization? . . . 6a 6b **b** Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 

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.

Note: The suffice Columns (b)(t) (m) for each face in finite day.  (B) Breakdown of W-2	- eac	(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	and/or 1099-MISC compensation	a, applicable coluin	יום (ב) מווס (ב) מווסמוויג	(E) Componention
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nonaxable benefits	(E) rotal of columns (B)(i)+(D)	n column (B) reported as deferred on prior Form 990
e ilia	8	.0	0	0	o	o	0.	0.
Gary Einot 1Former Trustee	€	0.	0.			0	0.	0.
Sean Stoff	9	166,969.	0	0	. 96,282.	13,104.	276,355.	Ö
2Legislative Director	€	0.				0.	0.	0
Fllen Schanzle-Haskins	8	149,626.	0		. 85,392.	13,104.	248,122.	Ö
3General Counsel	€	0		0.		0.	0.	0.
David Williams	Ξ	107,589.	0.		. 44,718.	12,826.	165,133.	0
4Lead Organizer	€	0.	0	.0		0.	0.	0
leffrey Penn	Θ	101,471.	0		64,559.	13,104.	179,134.	0
5Director	<b>E</b>	O.		.0		0.	0.	0
	(6)							
9	€							
	(6)							
7	€							
	()							
80	€							
	€							
6	€							
	9							
10	€							
	(9)							
11	(ii)							
	(0)				1			
12	(ii)							
	(I)						8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
13	(ii)							
	(0)							
14	<u> </u>							
	(1)							
15	<u>(i)</u>							
	€							
16	€							
							Sch	Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page 3

## 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 for the latest information.

OMB No 1545-0047
2019

Open to Public Inspection

**Employer identification number** 

**MIDWEST REGION ORGANIZING COMMITTEE** 37-1371059 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 EXPENSES- \$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

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
MIDWEST REGION ORGAINIZING COMMITTEE	37-1371059
PART IX, LINE 24E: DUES AND SUBSCRIPTIONS TOTAL EXPENSES- \$36,641. PROGRAM SERVICE EXPEN	ISES- \$0.00- MGMT AND GENERAL
EXPENSES- \$36,641. FUNDRAISING EXPENSES- \$0.00	
	••••••
DADT IV LINE ME TAYES LIGENSES AND EFFC TOTAL EXPENSES 450 342 DDOCDAM SEDVICE EXPE	TNOTO 652 402 MCMAT AND
PART IX, LINE 24E: TAXES, LICENSES AND FEES TOTAL EXPENSES- \$60,343. PROGRAM SERVICE EXPE	-NSES- \$53,482 NIGIVIT 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 DECE	MBER AND A SIGN-OFF
SHEET IS COMPLETED	
/	
	•••••••••••••
,	

## SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

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

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OMB No 1545-0047

Open to Publice Inspection Employer identification number

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax vear. 37-1371059 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity MIDWEST REGION ORGANIZING COMMITTEE Part II Part I

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one or more related tax-exempt organizations during the tax year	ırıng tne tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13)   ed  ?
						Yes	٥ N
(1)MIDWEST REGION LABORERS' POLITICAL LEAGUE - 37-1382229 1 N Old State Capitol Plaza Ste. 525 Springfield, IL	POLITICAL COMMITTEE ILLINOIS	ILLINOIS	527				<b>,</b>
(2)ILLINOIS LABORERS LEGISLATIVE COMMITTEE 36-4001239 1 N Old State Capitol Plaza Ste. 525 Springfield, IL	POLITICAL COMMITTEE ILLINOIS	ILLINOIS	527				>
(3)MIDWEST REGION LABORERS' POLITICAL LEAGUE EDUCATION 1 N Old State Capitol Plaza Ste. 525 Springfield, IL 37-1400940	POLITICAL COMMITTEEILLINOIS	ILLINOIS	527				>
(4)					·		
(5)							
(9)	-					/	
(7)							
For Paperwork Reduction Act Notice, see the Instructions for Form 99	0.	Cat N	Cat No 50135Y		Schedule R (Form 990) 2018	Form 990	) 2018

Page 2	.   	(k) Percentage ownership									, ≥	(f) Section 512(b)(13) controlled entity?	No								Schedule R (Form 990) 2018
	ne 34	_	No								Part	Section con er	Yes								orm 9
	ΙV, ΙΪ	(j) General or managing partner?	Yes						<u> </u>		990,	(h) Percentage ownership					,				ile R (F
	), Part		<u> </u>		_						Form	(h) Percent owners									Schedu
	<b>Identification of Related Organizations Taxable as a Partnership.</b> 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.	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									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.	(g) Share of end-of-year assets									
	"Yes" o	(h) Disproportionate allocations?	Yes No								answere	f total ne enc									
	ered	s s	<u> </u>					ļ	_	-	tion a	(f) Share of total income									
	tion answ	(g) Share of end-of- year assets									organiza	(e) Type of entity (C corp, S corp, or trust)									
	aniza year.	total Je		·							if the	fype o Type o									
	ne org e tax	(f) Share of total income									r trus	) 6	_				-	-			
	e if th ng th	, <del>(</del>						<u> </u>	-		F S P	(d) Direct controlling entity									
	mplet o duri	(e) Predominant ncome (related, unrelated, excluded from tax under strions 512—51									<b>Trust</b> rpora	Direct o									
	<b>Identification of Related Organizations Taxable as a Partnership.</b> Complete if the organizabecause it had one or more related organizations treated as a partnership during the tax year.	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)									n or	ntry)									
	<b>rshig</b> partn							<u> </u>		-	ratio ed as	(c) Legal domicile e or foreign cou									
	artne as a	(d) t controllir entity									orpo	(c) Legal domicile (state or foreign country)									
	IS a F	(d) Direct controlling entity									ss a C	<u> </u>									
	able a	e sign of the control									able a	ctivity			ļ						
	Taxa	(c) Legal domicile (state or foreign									Taxa	(b) Primary activity									
	tions orgar										tions relate	P									
	a <b>niza</b> ated	ctivity									aniza more										
	Organie	(b) Primary activity									<b>Org</b>	ition			-						
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	one (							<del>                                     </del>			of Re	elated c									
	t had	o Z									tion (	(a) EIN of n									
2018	<b>tifica</b> tuse i	, and El									tifica 34, be	is, and									
rm 990)	Iden beca	(a) Name, address, and EIN of related organization									Ine (	(a) Name, address, and EIN of related organization									
e R (Fo		Vame, s relat									2	Name,									
Schedule R (Form 990) 2018	Part III	_		(1)	(2)	ල	4	(2)	9	(2)	Part IV			<u>E</u>	(2)	(3)	(4)	(2)	(9)	6	

# Schedule R (Form 990) 2018 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Contract of the second of the				Yes No
Note: Complete line I if any entity is listed in raits if, 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?	or more related organ	izations listed in Parts	II-IV?	
				>
<b>b</b> Gift, grant, or capital contribution to related organization(s)			<b>₽</b>	>
c Gift, grant, or capital contribution from related organization(s)			<u>우</u> · · · ·	>
<b>d</b> Loans or loan guarantees to or for related organization(s)			<u>무</u> · · · · · ·	>
e Loans or loan guarantees by related organization(s)				>
f Dividends from related organization(s)			11	<b>&gt;</b>
g Sale of assets to related organization(s)				/
				<b>/</b>
i Exchange of assets with related organization(s)				>
j Lease of facilities, equipment, or other assets to related organization(s)			<u>;</u>	<b>\</b>
k lease of facilities equinoment or other assets from related organization(s)			<u> </u>	
Performance of services or membership or fundraising soli			-	· >
				<u>۱</u>
Sharing of facilities, equipment, mailing lists, or other asse				>
o Sharing of paid employees with related organization(s)				>
connection and following and body for the following formation of the following the fol				
				• >
4 heilibuiseileit paid by teiated digailteandi(s) for expenses			· · ·	•
r Other transfer of cash or property to related organization(s)			<del>-</del>	\   <b>&gt;</b>
(s)				<b>&gt;</b>
2 If the answer to any of the above is "Yes," see the instructions for information on who must c	complete this line, inclu	iding covered relation	complete this line, including covered relationships and transaction thresholds	hresholds
(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved	ount involved
(1) MIDWEST REGION LABORERS' POLITICAL LEAGUE	E	0.	0. N/A	
(2) MIDWEST REGION LABORERS' POLITICAL LEAGUE	0	.0	0. N/A	
	5			
(3) MIDWEST REGION LABORERS' POLITICAL LEAGUE	-	25,617.	25,617. CASH PAYMENTS	
(4) ILLINOIS LABORERS' LEGISLATIVE COMMITTEE	q	800,000	800,000. CASH GRANT PAYMENTS	S
(5) ILLINOIS LABORERS' LEGISLATIVE COMMITTEE	С	0	0. N/A	
(6) II I INDIS I ABODEDS. I EGISI ATIVE COMMITTEE	c	Ċ	N/A	
			Schedule R (Form 990) 2018	orm 990) 201

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

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.

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)																
-	S															
<b>=</b>					ı											
(f) Share of total income																
(e) Are all partners section 501(c)(3) organizations?	ON Sal															
(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)																
(c) Legal domicile (state or foreign country)												,				
(b) Primary activity													,			
(a)   (b)   (c)   (d)   (e)   (f)   (f)   (f)   (g)	(1)	(2)	(6)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

Page	5
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Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.
PAR	T II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME, ADDRESS, AND EIN OF
NAM	, ADDRESS, AND EIN OF RELATED ORGANIZATION:
MIDW	/EST REGION LABORERS' POLITICAL LEAGUE EDUCATION FUND
EIN:	37-1400940
1 N C	OLD STATE CAPITOL PLAZA SUITE 525
SPR	NGFIELD, IL 62701
	,
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Page 5

Schedule R-1 (Form 990) 2009

Schedule R-1 (Form 990) 2009 ö ö (c) Amount involved (b) Transaction type (a~r) 0 z Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2) (a)
Name of other organization MIDWEST REGION LABORERS POLITICAL LEAGUE EDUCATION FUND (8) MIDWEST REGION LABORERS' POLITCAL LEAGUE EDUCATION FUND Part V (17) Ξ (12) (13) (14) (15) (16) (18) (19) (20) (21) (22) (23) (24) 3 9 (6)