

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
AFGE - NCFLL LOCAL 648

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 826

City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 606900826

D Employer identification number
36-6212463

E Telephone number
(312) 596-7121

F Group Exemption Number ▶ 1094

G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(5) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 152,805

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	152,696
	4 Investment income	4	109
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	152,805	

Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	95,458
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	5,150
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,295
	16 Other expenses (describe in Schedule O)	16	26,913
17 Total expenses. Add lines 10 through 16	17	128,816	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	23,989	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	248,034
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	272,023

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	247,983	22 272,023
23 Land and buildings		23
24 Other assets (describe in Schedule O)	51	24 0
25 Total assets	248,034	25 272,023
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	248,034	27 272,023

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 UNION OPERATIONS - THE UNION'S PURPOSE IS TO SECURE A FAIR COMPENSATION FOR ALL MEMBERS THE UNION HAD A MEMBERSHIP OF 463 AT YEAR END

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
30	30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BRENT BARRON	3 00	0	0	0
PRESIDENT				
STEVEN SOUTHWOOD	3 00	0	0	0
EXECUTIVE VICE PRESIDENT				
MARY OPPLIGER	3 00	0	0	0
SECRETARY				
LORRAINE JAMISON	3 00	0	0	0
TREASURER				
PATRICIA NELSON	3 00	0	0	0
CHIEF STEWARD				
MARK RZASA	3 00	0	0	0
VICE PRESIDENT				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response. Rows include questions 33 through 41 regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed
42a The organization's books are in care of LORRAINE JAMISON Telephone no (312) 596-5457
Located at 230 S DEARBORN STREET SIXTH FLOOR CHICAGO , IL ZIP + 4 60604

Table with columns for question number, question text, and Yes/No response. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No response. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A

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 Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer LORRAINE JAMISON TREASURER Date 2020-05-29

Paid Preparer Use Only Print/Type preparer's name HOWARD SIMON Preparer's signature Date Check if self-employed PTIN P00158008 Firm's name Calibre CPA Group PLLC Firm's EIN 47-0900880 Firm's address 230 West Monroe St Ste 310 Chicago, IL 60606 Phone no (312) 655-0037

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

Additional Data

Software ID:
Software Version:
EIN: 36-6212463
Name: AFGE - NCFLL LOCAL 648

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 THE UNION'S PURPOSE IS TO SECURE A FAIR COMPENSATION FOR ALL MEMBERS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	0

TY 2019 Transfers Personal Benefits Contracts Declaration

Name: AFGE - NCFLL LOCAL 648

EIN: 36-6212463

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ 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**

Department of the Treasury

Name of the organization

AFGE - NCFLL LOCAL 648

Employer identification number

36-6212463

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Other Investment Income	Description INTEREST INCOME Amount 109

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name PER CAPITA TAX Amount of Payment 93,288

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name MISC DONATIONS Amount of Payment 2,170 Total included on Form 990-EZ, line 10 95,458

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description BANK SERVICE CHARGE Amount 36 Description DEPRECIATION Amount 51 Description MEETINGS AND CONFERENCES Amount 5,620 Description STEWARDS AND OTHER TRAINING Amount 19,059 Description OFFICE SUPPLIES AND EXPENSE Amount 535 Description ORGANIZING Amount 220 Description TELEPHONE Amount 1,392 Total to Form 990-EZ, line 16 26,913

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24 - Other Assets	Description Other Depreciable Assets Beg of Year Amount 51 End of Year Amount 0