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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

1912

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. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning January 1 , 2019, and ending December 31 , 20

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

C Name of organization
American Federation of Labor, West Central Illinois Labor Council AFI-CIO

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
400 NE Jefferson Ave | 408

City or town, state or province, country, and ZIP or foreign postal code
Peoria Illinois 61603-3747

05

D Employer identification number
37-0803283

E Telephone number
309-472-9456

F Group Exemption Number ▶ 1338

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: ▶

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)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 59660

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 amo		1	17,700
	2	Program service revenue including governm acts		2	-0-
	3	Membership dues and assessments		3	35015
	4	Investment income		4	176
	5a	Gross amount from sale of assets other thai.	5a -0-		
	b	Less: cost or other basis and sales expenses	5b -0-		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	-0-
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a -0-		
	b	Gross income from fundraising events (not including $ 6769 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 -0-		
	c	Less: direct expenses from gaming and fundraising events	6c 975		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	5794
	7a	Gross sales of inventory, less returns and allowances	7a -0-		
	b	Less: cost of goods sold	7b -0-		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	-0-
	8	Other revenue (describe in Schedule O)		8	-0-
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	58685
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	13610
	11	Benefits paid to or for members		11	-0-
	12	Salaries, other compensation, and employee benefits		12	7422
	13	Professional fees and other payments to independent contractors		13	16283
	14	Occupancy, rent, utilities, and maintenance		14	8753
	15	Printing, publications, postage, and shipping		15	3969
	16	Other expenses (describe in Schedule O)		16	6152
	17	**Total expenses.** Add lines 10 through 16 ▶		17	56189
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	2496
	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	48270
	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	50766

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For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2019)

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	48270	22	50766
23	Land and buildings	-0-	23	-0-
24	Other assets (describe in Schedule O)	-0-	24	-0-
25	**Total assets**	48270	25	50766
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)	48270	27	50766

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 . . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

What is the organization's primary exempt purpose?

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.

28

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O) . . . . . .

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 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

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 . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✔
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		✔
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✔
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✔
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✔
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✔
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 4720			
b	Did the organization file **Form 1120-POL** for this year?	37b		✔
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✔
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b -0-			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a -0-			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ -0-			
42a	The organization's books are in care of ▶ Evonne Fleming Telephone no. ▶ 309-472-9456 Located at ▶ 400 NE Jefferson Ave Suite 408 Peoria IL ZIP + 4 ▶ 61603-3747			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		✔
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ -0-	42c		✔
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			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✔
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✔
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✔
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✔
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		✔

		Yes	No
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	46	✓	

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 . . . . . ☐

			Yes	No
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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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."

(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."

(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 . . . . . ▶ ☐ Yes ☐ No

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 — Date: 10-18-2020

Evonne Fleming - Financial Secretary-Treasurer — 10-18-2020

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization	Employer identification number
American Federation of Labor, West Central Illinois Labor Council AFL-CIO	37-0803283

2019 Part III

ORGAINZATION'S PRIMARY EXEMPT PURPOSE

communications, education and community service for allilated unions and their members, Educate on labor issues, provide programs and do what we can to be a good neighbor in our communities

Donations spcifically to Sponsor events at the Heart of Illinois Fair, sponsor and host the Labor Day Parade, provide emergency assistance to members, provide home repair assistance for Military families when a family member is on active duty. participate in the Peoria School District-Adopt a School Program providing a Christmas Party for all the students at our adopted school and also provide any needed supplies for students and teachers, provide support for workers in our community

Adop a School Program through Peoria School District and the Chambers of Commerce at a pre K through 6th grade public school-provide asistance, mentoring, supplies, books and a Christmas Party with gifts for the children. The school has 500 students

Labor Day Parade on Labor Day to educate the community about unions, union employers and uion products in the Greater Peoia Area

Communicate with union members and unions on issues concerning labor various times throghout the year. This is accomplished with workshops, mailings, emails and Facebook.

Sponsor two events (Kiddy Pedal Pull and Kids Ride Day) at our local Heart of Illinois Fair.

Continue our program to assist Military Families, who have a spouse serving active duty, with home repairs such as water heaters/furnance/ air conditioner, pipes or other plumbing, roofs carpentery, electrical issues or other issues that may arise and need to be repaired

Educate high school students on the process of of negotiations This is accomplished with a workshop for high school students from area high schools who participate in a mock negotiations situation

Name of the organization: American Federation of Labor, West Central Illinois Labor Council AFL-CIO

Employer identification number: 37-0803283

OFFICERS-TRUSTEES-EXECUTIVE BOARD- SGT AT ARMS PART IV

RONALD COX	PRESIDENT	10	$ 1210	0	0
THOMAS MCLAUGHLIN	EXEC VICE PRES/PRESIDENT	10	330	0	0
TODD HOLZINGER	VICE PRESIDENT	4	240	0	0
NANCY GARDNER	FINANCIAL SECRETARY-TREASURER	20	2200	0	0
PHILIP SALZER	RECORDING SECRETARY	10	1100	0	0
STEVEN WAGSTAFF	RECORDING SECRETARY	10	100	0	0
EVONNE FLEMING	TRUSTEE/FINANCIAL SEC TREASURER	3	420	0	0
MARTIN HELFERS	TRUSTEE	3	220	0	0
GARY HALL	TRUSTEE	3	240	0	0
WILLAM PURCELL	SGT AT ARMS	02	120	0	0
TERI BERG	EXECUTIVE BOARD	02	110	0	0
ARNULFO CARRANZA	EXECUTIVE BOARD	02	110	0	0
RANDALL DEIHL	EXECUTIVE BOARD	02	10	0	0
AMY FLYNN	EXECUTIVE BOARD	.02	120	0	0
WILLIAM HALSTEAD	EXECUTIVE BOARD	02	110	0	0
BONNIE HESTER	EXECUTIVE BOARD	02	120	0	0
DAWN TRUDDEN	EXECUTIVE BOARD	.02	110	0	0
ALISON WATSON	EXECUTIVE BOARD	.02	120	0	0
JAMES KENDALL	TRUSTEE	3	20	0	0
VELMA WALTON	TRUSTEE	3	20	0	0
THOMAS C CHALDNY	EXEC VICE PRESIDENT	4	20	0	0

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

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

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2019

Open to Public Inspection

Name of the organization

American Federation of Labor, West Central Illinois Labor Council AFL-CIO

Employer identification number

37-0803283

DONATIONS TO 501 (C) (3) ORGANIZATIONS PART 1 LINE 10

Thomas Jefferson Educational Foundation, Peoria IL	400	
Heart of Illinois United Way, Peoria, IL	3,902	
DePaul University, Regina Polk Program, Chicago IL	300	
Wildlife Prairie Park, Peoria, IL	250	4852
SUPPORT OF LOCAL UNION ACTIVITIES		
WEST CENTRAL IL BUILDING TRADES COUNCIL- CHARITY GOLF OUTING	$525	
International Brotherhood of Electrical Workers #34 -Charity golf outing	125	
Labors #996- Charity golf outing	100	
Peoria Labor Temple Association	500	
Peoria High School State Champion Conference	100	$1350
COMMUNITY SUPPORT		
East Bluff Community Christmas Dinner	$100	
Workers Memorial	88	
Heart of Illinois Fair- Peoria-Sponsorships	1850	
Local & State Political Candidates/Office Holders support	4720	
Military Assistance	600	$7358
AFFILIATION FEE		
Illinois AFL-CIO	$50	$50
Total of Line 10		$13610

Name of the organization: American Federation of Labor, West Central Illinois Labor Council AFL-CIO

Employer identification number: 37-0803283

Memberships		
Costco- annual membership	$120	
IL Labor History Society- annual membership	250	$370
INSURANCE		
Cincinnati Insurance Company-Business package annual insurance premium	1 249	$1249
CONFERENCE and Workshops representing the Labor Council	60	$60
Meals and Travel representing the Labor Council	4,473	$4,473
TOTAL EXPENSES FOR LINE 16		$6152