

RETROACTIVE

REINSTATEMENT

Form **990-EZ**

Short Form

2949222604513.1

Return of Organization Exempt From Income Tax

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

2019

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization

AMERICAN FEDERAL STATE COUNTY MUNIC
LOCAL 1964

Number and street (or P O box, if mail is not delivered to street address)

615 S 5TH STREET

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

SPRINGFIELD

IL 62703

D Employer identification number

37-1373724

E Telephone number

217-638-1162

F Group Exemption

Number 1381

G Accounting Method. ☒ Cash ☐ Accrual Other (specify) _____

I Website: AFSCMELOCAL1964.ORG

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

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

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.

\$ 94,000

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 ☒

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	79,987
4	Investment income	4	13
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	14,000
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	94,000
10	Grants and similar amounts paid (list in Schedule O)	10	1,000
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	36,729
13	Professional fees and other payments to independent contractors	13	1,875
14	Occupancy, rent, utilities, and maintenance	14	39,712
15	Printing, publications, postage, and shipping	15	120
16	Other expenses (describe in Schedule O)	16	56,765
17	Total expenses. Add lines 10 through 16	17	136,201
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-42,201
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	196,546
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	154,345

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2019)

G1,7

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

X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	114,822	22	66,239
23 Land and buildings	20,600	23	20,600
24 Other assets (describe in Schedule O)	183,089	24	176,508
25 Total assets	318,511	25	263,347
26 Total liabilities (describe in Schedule O)	121,965	26	109,002
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	196,546	27	154,345

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?

MEMBER SERVICES

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 NEGOTIATED CONTRACTS

(Grants \$) If this amount includes foreign grants, check here

1

28a

29 HANDLED GRIEVANCES

(Grants \$) If this amount includes foreign grants, check here

7

29a

30 ORGANIZED NEW MEMBERS

(Grants \$) If this amount includes foreign grants, check here

7

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

7

[illegible]

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		X
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		X
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)?		X
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		
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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
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 _____ ; section 4912 _____ , section 4955 _____		
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		
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		X
41 List the states with which a copy of this return is filed None		
42a The organization's books are in care of KELLY PHELPS Telephone no. 217-638-1162 615 S 5TH STREET Located at SPRINGFIELD IL ZIP + 4 62703		
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).		X
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 _____		X
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		X

		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		X

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		
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?		
49b	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."

(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		Date <u>11/17/20</u>
	KELLY PHELPS	TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date <u>10/2/20</u>	Check ☐ if self-employed	PTIN <u>P00171433</u>
	Firm's name ▶	Diane Wyatt, CPA, PC		Firm's EIN ▶	37-1366304
	Firm's address ▶	PO Box 2652 Springfield, IL 62708-2652		Phone no	217-306-4786

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

2019Open to Public
InspectionName of the organization **AMERICAN FEDERAL STATE COUNTY MUNIC**
LOCAL 1964Employer identification number
37-1373724**Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
RENT	\$ 14,000
Total	\$ 14,000

Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Name and Address	Purpose	Amount
AFSCME		\$ 1,000
1625 L STREET		
WASHINGTON DC 20036		

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
CLOTHING	\$ 349
OFFICE SUPPLIES	\$ 183
SUPPLIES	\$ 60
NEGOTIATIONS	\$ 18,904
MEETING EXP	\$ 12,210
TRAINING	\$ 53
INSURANCE	\$ 342
BANK CHARGE	\$ 251
MEMBER ACTIVITIES	\$ 14,712
DONATION	\$ 1,320
SOLIDARITY FUND	\$ 1,800

Name of the organization

Employer identification number

AMERICAN FEDERAL STATE COUNTY MUNIC

37-1373724

Non-investment Depreciation \$ 6,581

Total \$ 56,765

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
	\$ 201,290	\$ 201,290
Less Accumulated Depreciation	\$ 18,201	\$ 24,782
Total	\$ 183,089	\$ 176,508

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Unsecured Notes and Loans Payable	\$ 119,111	\$ 107,103
ACCRUED REAL ESTATE TAX	\$ 1,312	\$ 1,312
PAYROLL TAX LIABILITY	\$ 1,542	\$ 587