29492078023242

Form 990-EZ

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 2012

OMB No 1545 0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning January 1 , 2020, 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 AFL-CIO

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

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 ▶ 338

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) ( ) ◀ (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 ▶ $ 50164

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	12,012
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	33,957
	4	Investment income		4	166
	5a	Gross amount from sale of assets other than inventory	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 $ 4029 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 868		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	3161
	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	49296
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	8075
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	8081
	13	Professional fees and other payments to independent contractors		13	3044
	14	Occupancy, rent, utilities, and maintenance		14	6578
	15	Printing, publications, postage, and shipping		15	2729
	16	Other expenses (describe in Schedule O)		16	3990
	17	**Total expenses.** Add lines 10 through 16 ▶		17	32497
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	16,799
	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	50766
	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	67565

RECEIVED
MAY 21 2021
OGDEN, UT
IRS-OSC
D075

SCANNED MAY 06 2022

5/00

For Paperwork Reduction Act Notice, see the separate instructions Cat No 10642I Form **990-EZ** (2020)

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	50766	22	67565
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	50766	25	67565
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)	50766	27	67565

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 2700			
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 0			
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

			Yes	No
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 5-13-2021

Evonne Fleming-Financial Secretary-Treasurer — 5-13-2021

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

2020

Open to Public Inspection

Name of the organization

American federation of Labor, West Central Illinois Labor Council AFL CIO

Employer identification number

37-0803283

PART IV

OFFICERS TRUSTEES-EXECUTIVE BOARD-SGT AT ARMS

THOMAS MCLAUGHLIN PRESIDENT	10	1320	0	0
THOMAS C CHLADNY EXEC VICE PRESIDENT	10	240	0	0
TODD HOLZINGER VICE PRESIDENT	10	240	0	0
EVONNE FLEMING FINANCIAL SECRETARY-TREASURER	20	2400	0	0
STEVEN WAGSTAFF RECORDING SECRETARY	10	1200	0	0
GARY HALL TRUSTEE	3	240	0	0
JAMES KENDALL TRUSTEE	3	240	0	0
VELMA WALTON TRUSTEE	3	240	0	0
WILLIAM PURCELL SGT AT ARMS	02	120	0	0
RANDALL DEIHL EXECUTIVE BOARD	02	0	0	0
TERI BERG EXECUTIVE BOARD	02	120	0	0
ARNULFO CARRANZA EXECUTIVE BOARD	02	120	0	0
AMY FLYNN EXECUTIVE BOARD	02	120	0	0
DAWN TRUDDEN EXECUTIVE BOARD	02	120	0	0
MICHAEL HARWOOD EXECUTIVE BOARD	02	120	0	0
BILL KNIGHT EXECUTIVE BOARD	02	120	0	0
VICTOR MURRIE EXECUTIVE BOARD	02	120	0	0
BONNIE HESTER EXECUTIVE BOARD	02	60	0	0
JENNIFER FRANKS EXECUTIVE BOARD	02	20	0	0

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

2020 Part III

ORGAINZATION'S PRIMARY EXEMPT PURPOSE

Communications, Education and Community service for affilated unions and thier members, educate on labor issues, provide programs and do what we can to be a good neighbor in our communities.

Donations speifically 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 Peoria School District 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

Adopt a School Program through Peoria School District at a pre K through 6th grade public school- provide assitance, 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 union products in the Greater Peoria Area

Communicate with union members and unions on Issures concerning labor various times throughout 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.

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

SCHEDULE O (Form 990 or 990-EZ)	**Supplemental Information to Form 990 or 990-EZ**	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	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.	2020 Open to Public Inspection

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

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

HEART OF ILLINOIS UNITED WAY, PEORIA IL	4,000
SUPPORT OF LOCAL UNION ACTIVITIES	
WEST CENTRAL IL BUILDING TRADES COUNCIL-CHARITY GOLF OUTING	550
AFL-CIO -Charity golf outing	100
UAW LOCAL 974- charity bowling outing	100
COMMUNITY SUPPORT	
East Bluff Community Center Christmas Dinner	250
Peoria School Support Staff Round Table	250
Peoria High School State Champion Conference	75
AFFILIATION FEE	
Illinois AFL-CIO	50
Local & State Political Candidates/Office Holders support	2,700
Total of Line 10	8,075

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

Memberships

Costco-annual membership	120	
Cincinnati Insurance Company-Business package annual insurance premium	1315	1315
Conference and Workshops representing the Labor Council	211	211
Meals and Travel representing the Labor Council	2344	2344
Total Expenses For Line 16		3990