

**Short Form
Return of Organization Exempt From Income Tax**

2009

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C NORTH CENTRAL ILLINOIS LABOR COUNCIL 28600 BELLA VISTA PARK WAY #1000 WARRENVILLE, IL 60555	D Employer identification number 36-6569283
			E Telephone number 630-393-1701
			F Group Exemption Number
			G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ▶ N/A

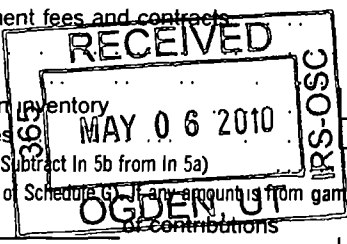
J Tax-exempt status (check only one) — 501(c) (5) ◀ (insert no.) | 4947(a)(1) or | 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 60,362.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for 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	59,560.
4	Investment income	4	802.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G. If any amounts from gaming, check here.)		
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	60,362.
10	Grants and similar amounts paid (attach schedule) See Statement 1.	10	28,181.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	1,250.
13	Professional fees and other payments to independent contractors	13	2,100.
14	Occupancy, rent, utilities, and maintenance	14	5,690.
15	Printing, publications, postage, and shipping	15	1,756.
16	Other expenses (describe ▶ See Statement 2)	16	35,043.
17	Total expenses. Add lines 10 through 16	17	74,020.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-13,658.
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	159,407.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	145,749.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	160,139.	144,224.
23 Land and buildings		
24 Other assets (describe ▶ See Statement 3)	1,525.	1,525.
25 Total assets	161,664.	145,749.
26 Total liabilities (describe ▶ See Statement 4)	2,257.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	159,407.	145,749.

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>See Statement 5</u>		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule) .. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>GEORGE IACCINO</u> -----	Secretary-Treas 3.00	450.	0.	0.
<u>MATTHEW DUPREE</u> -----	Trustee 3.00	0.	0.	0.
<u>LOUELLA BYRNES</u> -----	RECORDING SEC 3.00	450.	0.	0.
<u>DOUG MAY</u> -----	Trustee 3.00	0.	0.	0.
<u>KEVIN BURKE</u> -----	Trustee 3.00	0.	0.	0.
<u>DAVE WEHRLI</u> -----	Trustee 3.00	0.	0.	0.
<u>JERRY PORTER</u> -----	President 3.00	0.	0.	0.
<u>KEN URZODOWSKI</u> -----	Vice President 3.00	350.	0.	0.
<u>JEFF CARR</u> -----	Sgt at Arms 3.00	0.	0.	0.
<u>ALL OFFICERS CAN BE REACHED AT</u> <u>28600 BELLA VISTA PARKWAY</u> <u>WARRENVILLE, IL 60555</u>	0	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35 a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35 b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.
37 b	Did the organization file Form 1120-POL for this year?		X
38 a	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 period covered by this return?		X
38 b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	N/A
39	Section 501(c)(7) organizations. Enter:		
39 a	Initiation fees and capital contributions included on line 9.	39 a	N/A
39 b	Gross receipts, included on line 9, for public use of club facilities	39 b	N/A
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
40 b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
40 c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
40 d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
40 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 ▶ <u>None</u>		

42 a The organization's books are in care of ▶ GEORGE IACCINO Telephone no. ▶ 630-393-1701
 Located at ▶ 28600 BELLA VISTA PKWAY WARRENVILLE, IL ZIP + 4 ▶ 60555

		Yes	No
42 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: _____		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

42 c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: _____		X
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43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here. N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

Sign Here 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

▶ Bennett A. Uygad Signature of officer Date 4/14/10

▶ V.P. Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ <u>[Signature]</u>	Date <u>4/14/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>P00499751</u>
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶ <u>36-3701668</u>		
<u>Levinson Simon & Sprung, P.C.</u>	Phone no ▶ <u>312-655-0037</u>		
<u>566 West Lake Street, Suite 3W</u>			
<u>Chicago, IL 60661-1414</u>			

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

Client NCILC

NORTH CENTRAL ILLINOIS LABOR COUNCIL

36-6569283

4/14/10

01:52PM

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	LABOR		
Donee's Name:	FOX VALLEY MARINES LEAGUE		
Cash Amount Given:		\$	605.
Class of Activity:	CIVIC		
Donee's Name:	DUPAGE PADS INC.		
Cash Amount Given:		\$	650.
Class of Activity:	CIVIC		
Donee's Name:	M.D.A.		
Cash Amount Given:		\$	200.
Class of Activity:	LABOR		
Donee's Name:	ITALIAN AMERICAN LABOR COUNCIL		
Cash Amount Given:		\$	700.
Class of Activity:	CIVIC		
Donee's Name:	IN SEARCH OF A CURE		
Cash Amount Given:		\$	1,000.
Class of Activity:	CIVIC		
Donee's Name:	PEOPLES RESOURCE CENTER		
Cash Amount Given:		\$	5,000.
Class of Activity:	CIVIC		
Donee's Name:	CITIZENS ADVOCACY CENTER		
Cash Amount Given:		\$	250.
Class of Activity:	CIVIC		
Donee's Name:	SPECIAL OLYMPICS ILLINOIS		
Cash Amount Given:		\$	250.
Class of Activity:	CIVIC		
Donee's Name:	UNITED WAY		
Cash Amount Given:		\$	2,500.
Class of Activity:	CIVIC		
Donee's Name:	MIDWEST SHELTER FOR HOMELESS		
Cash Amount Given:		\$	500.
Class of Activity:	CIVIC		
Donee's Name:	WOUNDED SOLDIERS FUNDRAISER		
Cash Amount Given:		\$	480.
Class of Activity:	CIVIC		
Donee's Name:	DAY ONE NETWORK		
Cash Amount Given:		\$	2,000.
Class of Activity:	CIVIC		
Donee's Name:	DUPAGE EDUCATION FOUNDATION		
Cash Amount Given:		\$	5,000.

Client NCILC

NORTH CENTRAL ILLINOIS LABOR COUNCIL

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4/14/10

01:52PM

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	LABOR		
Donee's Name:	CISCO		
Cash Amount Given:		\$	250.
Class of Activity:	CIVIC		
Donee's Name:	HONOR FLIGHT CHICAGO		
Cash Amount Given:		\$	1,600.
Class of Activity:	CIVIC		
Donee's Name:	AURORA AREA INTERFAITH FOOD BANK		
Cash Amount Given:		\$	1,000.
Class of Activity:	CIVIC		
Donee's Name:	AURORA JUNIOR WOMEN		
Cash Amount Given:		\$	500.
Class of Activity:	CIVIC		
Donee's Name:	LEUKEMIA & LYMPHOMA SOCIETY		
Cash Amount Given:		\$	450.
Class of Activity:	CIVIC		
Donee's Name:	SHOOT FOR A CURE		
Cash Amount Given:		\$	1,050.
Class of Activity:	CIVIC		
Donee's Name:	SERENITY HOUSE COUNSELING		
Cash Amount Given:		\$	500.
Class of Activity:	CIVIC		
Donee's Name:	WARRENVILLE YOUTH & FAMILY SERVICES		
Cash Amount Given:		\$	200.
Class of Activity:	CIVIC		
Donee's Name:	RASHMI GRIECO		
Cash Amount Given:		\$	396.
Class of Activity:	CIVIC		
Donee's Name:	ROBERT AND BROOKE BLOCKIN		
Cash Amount Given:		\$	500.
Class of Activity:	LABOR		
Donee's Name:	KENDALL COUNTY DEMOCRATIC WOMEN		
Cash Amount Given:		\$	200.
Class of Activity:	CIVIC		
Donee's Name:	AURORA POLICE FOUNDATION		
Cash Amount Given:		\$	100.
Class of Activity:	CIVIC		
Donee's Name:	HINSDALE HUMANE SOCIETY		
Cash Amount Given:		\$	150.

Client NCILC

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36-6569283

4/14/10

01:52PM

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	CIVIC		
Donee's Name:	CULVER PARENTS ASSOCIATION		
Cash Amount Given:		\$	150.
Class of Activity:	CIVIC		
Donee's Name:	ACDS		
Cash Amount Given:		\$	500.
Class of Activity:	LABOR		
Donee's Name:	IBEW LOCAL 701		
Cash Amount Given:		\$	500.
Class of Activity:	LABOR		
Donee's Name:	PLUMBERS LOCAL 501		
Cash Amount Given:		\$	500.
Class of Activity:	LABOR		
Donee's Name:	SHEET METAL WORKERS		
Cash Amount Given:		\$	500.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion..	\$	7,892.
Conferences, Conventions, and Meetings		4,330.
Office Expenses.		1,513.
PAC FUND TRANSFERS.		21,000.
SUBSCRIPTIONS		308.
Total	\$	<u>35,043.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Total	\$ 0.	\$ 0.
	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Deferred Revenue	\$ 2,257.	\$ 0.
Total	\$ 2,257.	\$ 0.
	<u>\$ 2,257.</u>	<u>\$ 0.</u>

Client NCILC

NORTH CENTRAL ILLINOIS LABOR COUNCIL

36-6569283

4/14/10

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**Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose**

TO PROMOTE THE PRINCIPLES OF THE AFL-CIO THROUGH APPROPRIATE ACTIVITIES IN THE GEOGRAPHICAL AREA COVERED BY THE CHARTER OF THE CENTRAL BODY AND TO PROMOTE FAVORABLE LEGISLATION FOR THE INTEREST OF WORKERS AND ORGANIZED LABOR.

**Statement 6
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .. . No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .. . No