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Form **990-EZ**

Short Form (National Control of Organization Exempt From Income Tax)

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

2015

OMB No 1545-1150

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

	A F	or the	2015 calendar year, or tax year beginning MAY 1 , 2015, and ending	APRIL 30	, 20 16	
	B CH	neck if ap	oplicable C Name of organization C Name of organization	mployer identific	cation number	
	□ A	ddress c	change AMERICAN FEDERATION OF LABOR CONGRESS OF INDUSTRIAL ORGS	03-034	16152	
	□ N	lame cha		elephone numbe	7	
		ntial retur	m 3 GREGORY DRIVE	802-864	4-4042	
	=		City or town, state or province, country, and ZIP or foreign postal code	iroup Exemption		
	=	mended	return	lumber ▶	133%	
				eck ► ☑ if the organization is no		
		ccount 'ebsite		red to attach S	-	
				n 990, 990-EZ,		
40			The state of the s			
05	K F	orm of	organization 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse	ots .		
(T)			umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	▶ •	27.050	
				ructions for	27,650.	
	J-6	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst			
			Check if the organization used Schedule O to respond to any question in this Part I.		🗹	
		1	Contributions, gifts, grants, and similar amounts received			
		2	Program service revenue including government fees and contracts			
	اما	3	Membership dues and assessments	. 3	27,150.	
) 4	Investment income	. 4		
	Š	5a	Gross amount from sale of assets other than inventory 5a			
	2	b	Less: cost or other basis and sales expenses			
	~	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5с		
	6	6	Gaming and fundraising events			
	·	а	Gross income from gaming (attach Schedule G if greater than			
	2		\$15,000)			
	Révenué DENNADO	Ь	Gross income from fundraising events (not including \$ of contributions			
	. B.		from fundraising events reported on line 1) (attach Schedule G if the			
, e	ر عن		sum of such gross income and contributions exceeds \$15,000) 6b	_		
0 3	5	С	Less direct expenses from gaming and fundraising events 6c			
₽? ?	ī	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtractions and subtractions of the subtract			
Ž	ì		line 6c)	· 6d		
<u></u>		7a	Gross sales of inventory, less returns and allowances	_		
=======================================		b	Less: cost of goods sold			
2017 599096	ì	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
		8	Other revenue (describe in Schedule O)	. 8	500.	
-		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	27,650.	
APR	j	10	Grants and similar amounts paid (list in Schedule O)	. 10		
A	i	11	Benefits paid to or for members	. 11		
∞	Ses	12	Salaries, other compensation, and employee benefits	. 12		
4	Sig	13	Professional fees and other payments to independent contractors - MAD 6 N 2017 - 191	. 13	2,200.	
—	Expenses	14	Coordinates, and manner of the first of the	. 14		
56	ш	15	Printing, publications, postage, and snipping	. 15		
2	ļ	16	Other expenses (describe in Schedule O) OGDEN. U.	. 16	23,081.	
M	\rightarrow	17	Total expenses. Add lines 10 through 16	17	25,281.	
C	ا به	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	2,369.	
4	Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			
0	AS		end-of-year figure reported on prior year's return)		14.017.	
	Net	20	Other changes in net assets or fund balances (explain in Schedule O)		0.	
		21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	16,386.	

去

GII

16

Pa	R II Balance Sheets (see the instructions	•				
	Check if the organization used Schedule	e O to respond to a	ny question in this		<u> </u>	🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			12,817.		15,486.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			1,200		900.
25	Total assets			14,017.		16,386.
26	Total liabilities (describe in Schedule O)				26	0.
27	Net assets or fund balances (line 27 of column	n (B) must agree wit	n line 21)	14,017.	27	16,386
Par	Statement of Program Service Accom					Expenses
	Check if the organization used Schedule	SEE SCHEDULE O	ny question in this	Part III 🔽	(Req	uired for section
	at is the organization's primary exempt purpose?				,	c)(3) and 501(c)(4)
as n	cribe the organization's program service accomple neasured by expenses. In a clear and concise representation for each of the contraction for	nanner, describe the ach program title.	e services provided	d, the number of	othe	nizations, optional for
28	THE ORGANIZATION USED NECRASON PLC TO HE	LP LOBBY FOR THE	WORKER MISCLASS	IFICATIONS		
	DURING THE YEAR.					
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	▶ 📙	28a	
29						
	(Grants \$) If this amoun	t includes foreign gra	ants, check here	<u> ▶ ⊔</u>	29a	
30						
	(Grants \$) If this amount	t includes foreign gra	ente chack hara		30a	
21	Other program services (describe in Schedule O)				000	
31		t includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	
	List of Officers, Directors, Trustees, and Ke					tions for Part IV)
	Check if the organization used Schedule					
		(b) Average	(c) Reportable	(d) Health benefits,		<u> </u>
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	/I ' /	C	ther compensation
JEFF	F POTVIN					
	SIDENT	1.0	-0	- - ()-	-0-
MAT	T DUROCHER					
VICE	PRESIDENT	1.0	-0	- ()-	-0-
TON	Y ST.HILAIRE					
TRE	ASURER	1.0	-0)-	-0-
TIM	LABOMBARD					
SEC	RETARY	1.0	-0)-	-0-
			.,,		4	· · · · · ·
			1			
	M			·	+-	
		1	<u> </u>	+	+	
		 			+	
				1		
				<u>†</u>	\top	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		V
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	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			
25-	change on Schedule O (see instructions)	34		/
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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 -0-			
b 38a	Did the organization file Form 1120-POL for this year?	37b		√
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A; section 4912 ► N/A; section 4915 ► N/A			
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		
С	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			
е	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 ▶ NONE			
42a			4-404	2
	Located at ► 3 GREGORY DRIVE, SOUTH BURLINGTON, VT ZIP + 4 ►	054		
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)?	42b	Yes	No.
	If "Yes," enter the name of the foreign country ▶	72.0		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
440	Did the example to monthly any denot educed funds during the year? If "Yes," Form 000 must be		Yes	No
	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	44.		`
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		
	Did the organization rave a controlled entity within the meaning of section \$12(b)(15)?	TJa		V
	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)	45h		

Form 99	90-EZ (20	015)						F	age 4
,								Yes	No
46	Did th	ne organization engage, directly or in	idirectly, in political c	ampaign activities on	behalf of o	r ın opposit	ion		
		ndidates for public office? If "Yes," o							1
Part	VI	Section 501(c)(3) organizations	only			-			
		All section 501(c)(3) organization		stions 47-49b and	52, and co	mplete the	e tables f	or lin	es
		50 and 51.	•		-	•			
		Check if the organization used Scl	hedule O to respond	to any question in t	his Part VI				. П
		Check if the organization accessor	Todalo o to toopone	to any quodition in the				Yes	No
47	Did t	ne organization engage in lobbying	activities or have a	section 501(h) electio	n in effect	during the	tax	1.00	
41		If "Yes," complete Schedule C, Par			m m chool	daming the	. 47		
	-						<u> </u>	ļ	
48		organization a school as described in					. 48	ļ	
49a		ne organization make any transfers t							_
þ	If "Ye	s," was the related organization a se	ection 527 organization	on?			. 49b		<u> </u>
50	Comp	plete this table for the organization's	five highest compen	isated employees (oth	er than offi	cers, direct	ors, truste	es an	id key
	emplo	oyees) who each received more than	1 \$100,000 of compe	nsation from the organ			e, enter "r	lone."	
			(b) Average	(c) Reportable		n benefits, s to employee	(e) Estimate	ad amo	unt of
	(a)	Name and title of each employee	hours per week	compensation		and deferred	other cor		
			devoted to position	(Forms W-2/1099-MISC)		nsation		•	
N/A									
					1				
									
					ļ	-			
						-			
					Ì				
					 				
						ŀ			
			<u></u>	<u> </u>	<u></u>				
f		number of other employees paid ov							
51	Com	olete this table for the organization	's five highest comp	ensated independent	contractor	s who each	received	more	e thar
	\$100	,000 of compensation from the orga	inization. If there is no	one, enter "None."		т			
	(a)	Name and business address of each independ	dent contractor	(b) Type of serv	/ice	(c)	Compensat	ion	
N/A						ļ			
				_					
						İ			
				1					
				-1					
	Total	number of other independent contra	actors each receiving	over \$100.000	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
52		the organization complete Schedu			nizations r	nust attack	າ a		
UL.		bleted Schedule A	ie A: Hote. All se	- · · · ·			.►∏ Yes	· 🗀	No
Linday -	•	of perjury, I declare that I have examined this					=		
true, co	oenaiues irrect, an	d complete Declaration of preparer (other than	n officer) is based on all info	ormation of which preparer l	has any knowle	edge.	iowiedge am	J Deliei,	, 11 13
		William 10th	· · · · · · · · · · · · · · · · · · ·	<u> </u>	 -				
Sign		Signature of officer			L Da	te			
Here					Ja		7		
nere		JEFF POTVIN				3/15/2017	<u>'</u>		
		Type or print name and title	Drongrada grandura	I no	ate	- -	PTIN		
Paid		Print/Type preparer's name	Preparer's signature	Da	al C	Check	1f		
Prep	arer				 	self-emplo	yea		
Use		Firm's name >			Fir	m's EIN ▶			
		Firm's address ▶			Ph	one no.	<u> </u>		
Many +	na IDC	discuse this return with the prepare	r engwn angua'i Saa	INSTRUCTIONS			▶ □ ∨	2	NO

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Name of organization AMERICAN FEDERATION OF LABOR CONGRESS OF INDUSTRIAL ORGS Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organizate 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures	
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organizate 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures	
 Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political expenditures	ion.
2 Political expenditures	
3 Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).	
1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$	
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$	
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	Yes 🔲 No
4a Was a correction made?	Yes No
b If "Yes," describe in Part IV.	
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).	
1 Enter the amount directly expended by the filing organization for section 527 exempt function	
activities	
2 Enter the amount of the filing organization's funds contributed to other organizations for section	
527 exempt function activities	
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,	
line 17b	
. Did no ming organization more than year.	Yes U No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to	which the filing
organization made payments. For each organization listed, enter the amount paid from the filing organization's fu the amount of political contributions received that were promptly and directly delivered to a separate political org	inas. Also entel
the amount of political contributions received that were promptly and directly delivered to a separate political org	iainzanon, suoi
as a separate segregated, fund or a political action committee (PAC). If additional space is needed, provide informa-	ation in Part IV
as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information	ation in Part IV.
(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amo	ation in Part IV.
(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amo filing organization's contribution	ation in Part IV.
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's contribution funds if none, enter -0-delivere	ount of political ons received and the and directly and to a separate
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's contribution funds If none, enter -0-delivere political	ation in Part IV. ount of political ons received and lily and directly
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0- delivere political none	ation in Part IV. bunt of political ons received and tily and directly id to a separate l organization. If
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's contribution funds If none, enter -0-delivere political	ation in Part IV. bunt of political ons received and tily and directly id to a separate l organization. If
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0-delivere political none (1)	ation in Part IV. bunt of political ons received and tily and directly id to a separate l organization. If
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0- delivere political none	ation in Part IV. bunt of political ons received and tily and directly id to a separate l organization. If
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0- contribution prompt delivere political none (1) (2)	ation in Part IV. bunt of political ons received and tily and directly id to a separate l organization. If
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0-delivere political none (1)	ation in Part IV. bunt of political ons received and tily and directly id to a separate l organization. If
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0- (e) Amount paid from filing organization's funds If none, enter -0- (1) (2) (3)	ation in Part IV. bunt of political ons received and tily and directly d to a separate l organization. If
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0- contribution prompt delivere political none (1) (2)	ation in Part IV. bunt of political ons received and tily and directly d to a separate l organization. If
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0- delivere political none (2) (3) (4)	ation in Part IV. bunt of political ons received and tily and directly id to a separate l organization. If
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0- (e) Amount paid from filing organization's funds If none, enter -0- (1) (2) (3)	ation in Part IV. bunt of political ons received and tily and directly id to a separate l organization. If

Pa	rt II-A Complete if the organization section 501(h)).	s exempt	under section 50	01(c)(3) and file	d Form 5768 (ele	ction under		
A	Check ► ☐ If the filing organization below					up member's		
	•	name, address, EIN, expenses, and share of excess lobbying expenditures).						
В	Check ► ☐ if the filing organization chec			rol" provisions a	apply.	· -		
	Limits on Lobbyi				(a) Filing	(b) Affiliated		
	(The term "expenditures" mea				organization's totals	group totals		
1	Total lobbying expenditures to influence p	-		_				
	b Total lobbying expenditures to influence a							
	c Total lobbying expenditures (add lines 1a a							
	d Other exempt purpose expenditures				ļ			
	e Total exempt purpose expenditures (add li							
	f Lobbying nontaxable amount. Enter the columns.	e amount i	from the following	table in both				
	ff the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:				
	Not over \$500,000	20% of the a	mount on line 1e.					
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000	}			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000.				
	Over \$17,000,000	\$1,000,000.						
	g Grassroots nontaxable amount (enter 25%							
	h Subtract line 1g from line 1a. If zero or less	•						
	i Subtract line 1f from line 1c. If zero or less							
	j If there is an amount other than zero of			-		☐ Yes ☐ No		
	reporting section 4911 tax for this year?		<u> </u>					
	(Some organizations that made a secti See the se	on 501(h) e eparate ins	tructions for lines	e to complete all 2a through 2f.)	of the five column	ns below.		
	Lobbying E	xpenditure	s During 4-Year Av	eraging Period	, 			
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total		
2	2a Lobbying nontaxable amount							
	b Lobbying ceiling amount (150% of line 2a, column (e))							
	c Total lobbying expenditures							
	d Grassroots nontaxable amount							
	e Grassroots ceiling amount (150% of line 2d, column (e))							
	f Grassroots lobbying expenditures							

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	ed l	orm	5768		
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
		/es	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers ⁹					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					 -
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	\dashv				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	\dashv				
į.	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	_				
b C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		}			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part		5), c	r se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		7
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3	ĺ	1
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."		Part		line	3, is
1	Dues, assessments and similar amounts from members	·	_1			
2	political expenses for which the section 527(f) tax was paid).					
a	Current year		2a			
b	Carryover from last year	- 1	2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	ng				
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	_5			
Part	Supplemental Information e the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	- 11-4	\. O	L DI A		
	e the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group instructions), and Part II-B, line 1. Also, complete this part for any additional information.), Par	. II-A, I	nes i	and
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						4
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Schedule C (Forn		Page 4
Part IV	Supplemental Information (continued)	
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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.

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Name of the organization AMERICAN FEDERATION OF LABOR CONGRESS OF INDUSTRIAL ORGS 03-0346152 FORM 990-EZ, PART I, LINE 8 OTHER REVENUE DESCRIPTION OF OTHER REVENUE AMOUNT MISC INCOME 500. FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES DESCRIPTION OF OTHER EXPENSES AMOUNT LOBBYIST EXPENSE 20,350. BUILDING TRADE ANNUAL LEVY 250. TELEPHONE 495. LICENSES & PERMITS 125. BANK CHARGES 10. OFFICE SUPPLIES 51. BAS DEBT 1,800. TOTAL TO FORM 990-EZ, LINE 16 23,081. FORM 990-EZ, PART II, LINE 24 OTHER ASSETS DESCRIPTION BEG. OF YEAR END OF YEAR ACCOUNTS RECEIVABLE FORM 990-EZ, PART III PRIMARY EXEMPT PURPOSE: THE VERMONT BUILDING & CONSTRUCTION TRADES COUNCIL CORP (THE COUNCIL) IS A NON-PROFIT ORGANIZATION INCORPORATED IN THE STATE OF VERMONT. THE COUNCIL RECEIVES MEMBERSHIP DUES AND PROVIDES VARIOUS SERVICES AND MEMBERSHIP BENEFITS TO INDIVIDUALS ENGAGED IN THE BUILDING AND CONTRUCTION INDUSTRY IN VERMONT. IT ALSO CONDUCTS VARIOUS EDUCATIONAL SEMINARS FOR PROFESSIONALS.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
AMERICAN FEDERATION OF LABOR CONGRSS OF INDUSTRIAL ORGS	03-0346152
FORM 990-EZ, PART V INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO	D PAY PREMIUMS ON A
DEPOSITE OF THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF	ALC DIDECTLY OF MIDIDECTLY
PERSONAL BENEFIT CONTRACT. THE ORGANIZATION DID NOT, DURING THE YEAR, PAY ANY PREMIU	WS, DIRECTLY OR INDIRECTLY,
ON A PERSONAL BENEFIT CONTRACT.	

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