EXTENDED TO MAY 15, 2020

Form **990** Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For th	e 2018 calendar year, or tax year beginning JUL 1, 2018 and ending	<u>JUN 30, 2019</u>							
В	Check if applicab	C Name of organization CHICAGO FEDERATION OF LABOR	D Employer identife	cation number						
X	Addre	S WORKFORCE & COMMUNITY INITIATIVE								
	Name	Doing business as	36-3	977262						
느	Initial									
	Final return termir		312-	565-9431						
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,694,117.						
닏	_lreturn	CHICAGO, IL 60616	H(a) Is this a group re							
Application F Name and address of principal officer ROBERT G. REITER, JR. for subordinates? Yes X										
_		180 N. STETSON AVE. STE. 2050, CHICAGO, 15	H(b) Are all subordinates i							
		empt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or te: ► WWW.CFLWAC.ORG	H '	list. (see instructions)						
			H(c) Group exemption							
_	art I	Summary	ear or formation. 1994	A State of legal domicile; IL						
	, '		E WORKING MEN	AND WOMEN						
Governance	1	, <u> </u>	VE HEALTH, IN							
ī.	1	Check this box If the organization discontinued its operations or disposed of m								
ĕ	1	Number of voting members of the governing body (Part VI, line 1a)	3	7						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 15) FCF		2						
80	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	12						
Activities &		Total number of volunteers (estimate if necessary)	3 202) 6	0						
Ę		Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.						
⋖	ь	Net unrelated business taxable income from Form 990-T, line 38	7b	0.						
			Prior Year	Current Year						
ō	8	Contributions and grants (Part VIII, line 1h)	1,494,741.	1,668,441.						
eun	9	Program service revenue (Part VIII, line 2g)	0.	8,176.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-32,837.	-47,115.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,461,904.	1,629,502.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	131,767.	140,000.						
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.						
Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	768,606.	772,884.						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	0.	0.						
X		· · · · · · · · · · · · · · · · · · ·	570,140.	668,466.						
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,470,513.	1,581,350.						
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	-8,609.	48,152.						
ES S	- 5	nevertue less expenses. Subtract fine to from line 12	Beginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	547,233.	599,266.						
Ass		Total liabilities (Part X, line 26)	531,476.	535,357.						
Net unc		Net assets or fund balances Subtract line 21 from line 20	15,757.	63,909.						
Pa		Signature Block								
Unde	r pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of m	y knowledge and belief, it is						
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.							
		Who II	12.	1-2020						
Sign Signature of officer Date										
Here	•	ROBERT G. REATER, JR., CHAIRMAN								
		Type or print name and title	I Dela)						
Print/Type preparer's name Preparer's signature Date Check PTIN										
Paid DANIELLE M. TYLER Dani Tyler 01/31/20 sell-employed P01433924										
Prep	- 1	Firm's name BANSLEY AND KIENER, LLP	Firm's EIN	36-2152389						
Use	UNIY	Firm's address 8745 W HIGGINS RD STE 200	21	2 262 2702						
		CHICAGO, IL 60631-2704	Phone no. 3 1	2-263-2700						
May	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No						

	rt III Statement of Program Service Accomplishments	<u>-</u>
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	TO ENGAGE WORKING MEN AND WOMEN, AND THE COMMUNITY AT LARGE, IN ORDER	
	TO IMPROVE HEALTH, INCOME AND EDUCATION. THE COMMITTEE'S SERVICES ARE	
	SUBSTANTIALLY SUPPORTED THROUGH FUNDING FROM GOVERNMENTAL UNITS OR	
	DIRECT CONTRIBUTIONS FROM THE GENERAL PUBLIC.	
2	Did the organization undertake any significant program services during the year which were not listed on the	-
	prior Form 990 or 990-EZ?	ю
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	ю
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 196,776. including grants of \$) (Revenue \$	_)
	CAREER COUNSELING AND OCCUPATIONAL SKILLS TRAINING FUNDED BY THE	
	CHICAGO COOK COUNTY WORKFORCE PARTNERSHIP. SERVICES ARE PROVIDED TO	_
	INDIVIDUALS WHO ARE ELIGIBLE AS A DISLOCATED WORKER OR DISPLACED	_
	HOMEMAKER AS DEFINED UNDER THE WIOA REGULATIONS. THIS INCLUDES A BROAD	
	GROUP OF INDIVIDUALS FROM A VARIETY OF BACKGROUND. ASSISTING	
	INDIVIDUALS WITH OBTAINING SUSTAINABLE EMPLOYMENT.	
		_
		_
		_
	211 026	_
4b	(Code) (Expenses \$ 211,936 · including grants of \$) (Revenue \$	_)
	CAREER COUNSELING AND OCCUPATIONAL SKILLS TRAINING FUNDED BY THE	
	CHICAGO COOK COUNTY WORKFORCE PARTNERSHIP. SERVICES ARE PROVIDED TO	
	INDIVIDUALS WHO ARE ELIGIBLE AS AN ADULT DEFINED UNDER THE WIOA	
	REGULATIONS. THIS INCLUDES A BROAD GROUP OF INDIVIDUALS INCLUDING LOW	
	INCOME, BASIC SKILLS DEFICIENT, UNEMPLOYED OR UNDEREMPLOYED. ASSISTING INDIVIDUALS WITH RETURNING TO EMPLOYMENT	
	INDIVIDUALS WITH RETURNING TO EMPLOTMENT	_
		_
		_
		_
4c	(Code) (Expenses \$ 510,533 · including grants of \$) (Revenue \$	_
40	(Code) (Expenses \$ 510,533. including grants of \$) (Revenue \$ CAREER COUNSELING AND OCCUPATIONAL SKILLS TRAINING FUNDED BY THE	- '
	CHICAGO COOK COUNTY WORKFORCE PARTNERSHIP. SERVICES ARE PROVIDED TO	_
	INDIVIDUALS WHO ARE ELIGIBLE AS A DISLOCATED WORKER OR DISPLACED	
	HOMEMAKER AS DEFINED UNDER THE WIOA REGULATIONS. THIS INCLUDES A BROAD	
	GROUP OF INDIVIDUALS FROM A VARIETY OF BACKGROUNDS. ASSISTING	—
	INDIVIDUALS WITH OBTAINING SUSTAINABLE EMPLOYMENT.	_
	INDIVIDUADD WITH OBTAINING BODTAINABDE EM ESTMENT.	_
		—
		_
	Other program convices (Decembe in Schedule O.)	—
4d	140,000	
40		_
<u>4e</u> _	Total program service expenses ▶ 1,544,777.	

Forin 990 (2018)

CHICAGO FEDERATION OF LABOR WORKFORCE & COMMUNITY INITIATIVE

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Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		х
3	Did the organization required to complete <i>Schedule bi</i> , <i>Schedule bi Community</i> . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3	ł	х
4	Section 501(c)(3) organizations. 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	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		1	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444		х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		Α
120	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	.0		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_	.	
	domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21	X	

	rt IV Chapklist of Paguired Cabadulas (sections)	7 4 6 2	<u> </u>	age 4
Pa	rt IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		i	
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		ł	l
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K If "No," go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	 	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	1	 ^
U	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	25b	ł	х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV]	
	instructions for applicable filing thresholds, conditions, and exceptions)	;		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	L	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,]	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	 	X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	├─	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	 	
J 1	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		- I	ļ
27	If "Yes," complete Schedule R, Part V, line 2	36	X	-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
~	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4 '		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 10	ı X	1

Form **990** (2018)

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CHICAGO FEDERATION OF LABOR

Form 990 (2018) WORKFORCE & COMMUNITY INITIATIVE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				V	NI.
		1 1	ı——	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 12	· '		
	filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax retui		2b	X	
Đ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	7/	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	n	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other.		 -		
70	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		х
ь	If "Yes," enter the name of the foreign country	,			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).				X
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	-	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			x
	to file Form 8282?	7d	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>	7e		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit continuous.		7f	 -	
f	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	11	ŀ		
а	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446			•
40	amounts due or received from them) Section 4047(aV4) non-exempt charitable trusts, is the organization filing Form 990 in liquid Form	11b 10412	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		·
a	Note. See the instructions for additional information the organization must report on Schedule O		111		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	organization is licensed to issue qualified health plans	13b			'
С	Enter the amount of reserves on hand	13c		<u> </u>	
14a	- · · · · · · · · · · · · · · · · · · ·		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15	ļ	Х
	If "Yes," see instructions and file Form 4720, Schedule N.				<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt income?	16	<u> </u>	Х
	If "Yes," complete Form 4720, Schedule O		<u> </u>	000	(2018)
		•	FOLU	3311	にといしばり

WORKFORCE & COMMUNITY INITIATIVE Form 990 (2018)

36-3977262

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		} ;
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b_		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		1	
4.0			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		^
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	405		
44	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Х
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		_
10a		 12a		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	126		
·	In Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			- 1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			. !
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► IL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avaıla	ble
	for public inspection. Indicate how you made these available Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JAY ROWELL - (312) 565-9431	300		-
	2301 S. LAKE SHORE DRIVE MCCORMICK PLACE LAKESIDE CENTER, CHIC		•	
832006	12-31-18	Form	990 ((2018)

11210131 792784 PAM5239

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization	nor any related	orga	anıza	ation	co	mpe	nsa	ted any current officer,	director, or trustee	
(A)	(B)				C)	_		(D)	(E)	(F)
Name and Title	Average		Position (do not check mo			more than one		Reportable	Reportable	Estimated
	hours per	box	t, unle	ss pe	rson Irrecte	ıs bo or/tru:	th an stee)	· · · · · · · · · · · · · · · · · · ·	compensation	amount of
	week (list any	⊢-	Ι		Г	T	Ť	from the	from related organizations	other compensation
	hours for	glirect				Ē		organization	(W-2/1099-MISC)	from the
	related	te or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	Struck	nal tri		loyee	g a				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROBERT G. REITER, JR.	0.50	=	=	Ď	×	主志	1 2	 	 -	
CHAIRMAN	40.00	x		х				0.	255,455.	80,437.
(2) DON VILLAR	0.50		Π							
SECRETRARY TREASURER		X		Х				0.	124,934.	44,083.
(3) JAMES CONNOLLY	0.50									
MEMBER		X	L				L	0.	7,000.	0.
(4) ROSETTA DALYIE	0.50								- aaa	
MEMBER	1.00	X		$ldsymbol{ldsymbol{ldsymbol{eta}}}$	ļ	<u> </u>	┡	0.	7,000.	0.
(5) KAREN KENT	0.50						l		7 000	
MEMBER (C)	1.00	X	H			<u> </u>	-	0.	7,000.	0.
(6) JUDITH CONWAY MEMBER		X					1	0.	0.	0
(7) MATTHEW HYNES	0.50	^	⊢		<u> </u>	┼—	⊢	0.	· · ·	0.
MEMBER	0.00	x						0.	0.	0.
(8) JOSEPH COSTIGAN	40.00		-		H	t	t			
EXECUTIVE DIRECTOR	0.00			X				109,197.	0.	40,500.
]					ľ			
	ļ	├-			_	┝	┝	ļ		
		ł								
	†	H					\vdash			
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	<u> </u>									
			Н							

36-3977262 Form 990 (2018) WORKFORCE & COMMUNITY INITIATIVE Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (A) (D) (E) (F) Position Average Reportable Reportable Name and title Estimated (do not check more than one box, unless person is both an hours per compensation compensation amount of officer and a director/trustee) week from from related other (list any ndividual trustee or director the organizations compensation hours for organization (W-2/1099-MISC) from the related Institutional trustee (W-2/1099-MISC) organization organizations and related (ey employee below organizations line) 109,197. 401,389. 165,020. 1b Sub-total 0. Ō. 0. c Total from continuation sheets to Part VII, Section A 401,389. 109,197. 165.020. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year Name and business address Description of services Compensation NONE

Form 990 (2018)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Page 9

CHICAGO FEDERATION OF LABOR WORKFORCE & COMMUNITY INITIATIVE

A Classical	Check if Schedule O contains a response or note to any line in this Part VIII										
100 C			Check if Schedule U cont	ains a response	or note to any ii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribute All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines	ts, and ve 1f	277,750. 390,691.						
Cor		_	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		1,668,441.		12122 / 27222 / 17227 / 1222/ 1222 / 27222 / 1722/ / 1222/ 1222 / 1722/ / 1722/ / 1722/ / 1722/			
_					Business Code						
ervice Je	2	a b	OTHER INCOME		900099	8,176.	8,176.	TANKARAK KARANGAN TANKARAK			
Program Service Revenue		c d									
Pro		f	All other program service reve	nue	-	.,	, ,				
		g	Total. Add lines 2a-2f			8,176.	Guras, Augun	NAMES OF STREET			
	3 4 5		Investment income (including other similar amounts) Income from investment of tax Royalties	•					2		
				(i) Real	(II) Personal						
	6	а	Gross rents								
			Less rental expenses								
			Rental income or (loss)				ADDRESS SEE A LIPELING SEE	The second of the second secon			
			Net rental income or (loss)	(a) Converting	(II) Other	DESTRUMBANCO (LOPE)		ATTENNESS SELECTIONS	16:36:4:10:210:21:3		
	′	а	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other						
		Ь	Less cost or other basis								
		_	and sales expenses					THE PROPERTY OF STATES AND A STATE AND A STATE OF STATES AND A STATE OF STATES AND A STATES AND			
		С	Gain or (loss)								
			Net gain or (loss)		<u> </u>	•					
venue	8	а	Gross income from fundraising including \$ 277,7	50. of							
			contributions reported on line		17,500.						
Other Re		h	Part IV, line 18 Less direct expenses	a . b	CACIE						
ŏ			Net income or (loss) from fund	_		-47,115.		000000000000000000000000000000000000000	-47,115.		
			Gross income from gaming ac								
,			Part IV, line 19	а			The state of the s				
		b	Less direct expenses	b	L						
			Net income or (loss) from gam		<u> </u>	LOADANGARRET PESTFORRESCHISTIN, L.	T AUTHAN NARAKKERSUPATEKA	referingerigker ervervogberering	Annanci, enegal torester lat. 464 (4)		
	10	а	Gross sales of inventory, less								
			and allowances	а	<u> </u>						
			Less cost of goods sold	b o of inventory					ST A STATE OF THE PROPERTY OF THE PARTY OF T		
	_	C	Net income or (loss) from sale: Miscellaneous Revenue		Business Code	THE STATE OF THE S	ya kurangan bahar		arrene participa de la company de la comp		
	11	а	Wilderland Coust Tevella			Carrier Company of the Company of th	rayley romanda an energy Collegist 1995	Lubranianian ismit iki ki	aran independential des la companya de la companya		
-	•	b									
•		С									
		d	All other revenue					1			
		e	Total. Add lines 11a-11d	,	>	1 600 500					
	12		Total revenue. See instructions		<u> </u>	1,629,502.	8,176.	0.	-47,115.		

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b, Management and general expenses Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 140,000 140,000 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 149,793. 149,793. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 385,337. 385,337 Other salaries and wages Pension plan accruals and contributions (include 35,426. 154,721. 35,426. section 401(k) and 403(b) employer contributions) 154,721. Other employee benefits 47,607. 47,607. Payroll taxes Fees for services (non-employees). Management 18,000. 18,000. **b** Legal 23,500. 3,500. 20,000. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 48,618 48,618 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 55,001. 52,299. 2,702. Office expenses 13 Information technology 14 15 Royalties 139,193. 139,193 16 Occupancy 37,139. 33,395 3,744. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 5,397 5,397. 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 10,188. 10,188 23 Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 321,113.ON THE JOB TRAINING 321,113. EDUCATION AND TRAINING 6,889. 3.671. 3,218. WORKER STIPENDS 2,197. 2,197. 1,039. 1,039. SUPPORTIVE SERVICES 192. 180. 12. e All other expenses 1,581,350. 1,544,777. 36,573. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. If following SOP 98-2 (ASC 958-720) Check here

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WORKFORCE & COMMUNITY INITIATIVE Form 990 (2018) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 142,877. 238,104. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 443,042. 277,188. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule I Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 30,148. 10,609. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 Investments · publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 2,738. 1,793. Other assets See Part IV, line 11 15 15 547,233. 599,266. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 49,326. 123,142. 17 17 Accounts payable and accrued expenses 125,000. 0. 18 18 Grants payable 127,150. 157,600. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 230,000 254,615. Schedule D 531,476. 535,357. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.

63,909. 599,266. Form 990 (2018)

63,909.

Net Assets or Fund Balances

28

32

33

15,757.

15,757.

547,233.

27

28

29

30

31

32

33

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958), check here

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			_				
			1 (20	E 0 2			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			$\frac{502}{350}$.			
2								
3	Revenue less expenses Subtract line 2 from line 1	3		48,	152.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15,	757.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10		63,	909.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>			
				Ye	No No			
1	Accounting method used to prepare the Form 990				1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			لـــا			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			1			
	separate basis, consolidated basis, or both:		٠ ا		1			
	Separate basis Consolidated basis Both consolidated and separate basis		,	_]	.]			
b	Were the organization's financial statements audited by an independent accountant?		2	ьХ				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	, –		T - 1			
	consolidated basis, or both				1 1			
	X Separate basis Consolidated basis Both consolidated and separate basis		`					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	,					
	review, or compilation of its financial statements and selection of an independent accountant?		1	c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C) [.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		1					
	Act and OMB Circular A-133?	-	1	a X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dıt 🗀		1			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			ь х				
			Fo	rm 99 0	(2018)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Name of the organization **Employer identification number** CHICAGO FEDERATION OF LABOR WORKFORCE & COMMUNITY INITIATIVE 36-3977262 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. 」 Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. J Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document (III) Type of organization (v) Amount of monetary (ii) EIN (i) Name of supported (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

<u>T</u>otal

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	ınclude any "unusual grants ")	3,335,794.	1,408,187.	1,466,017.	1,494,741.	1,668,441.	9,373,180.	
2	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to			}		}		
	or expended on its behalf				<u>-</u>			
3	The value of services or facilities			1				
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	3,335,794.	1,408,187.	1,466,017.	1,494,741.	1,668,441.	9,373,180.	
5	The portion of total contributions							
	by each person (other than a			i				
	governmental unit or publicly]		i		ĺ		
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)		· ·					
	Public support. Subtract line 5 from line 4				•	<u> </u>	9,373,180.	
	ction B. Total Support	1 1 2 2 1		(10040	(0 0047	4) 0045	<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2014 3,335,794.	(b) 2015 1,408,187.	(c) 2016 1,466,017.	(d) 2017 1,494,741.	(e) 2018 1,668,441.	(f) Total 9,373,180.	
-	Amounts from line 4	3,333,734.	1,400,107.	1,400,017.	1,434,741.	1,000,441.	3,373,100.	
8	Gross income from interest,	1		1	,			
	dividends, payments received on					1		
	securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business							
9	activities, whether or not the							
	business is regularly carried on					l		
10	Other income Do not include gain							
	or loss from the sale of capital			İ				
	assets (Explain in Part VI)			i	21,960.	25,676.	47,636.	
11	Total support. Add lines 7 through 10						9,420,816.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is for		•	, fourth, or fifth tax	k year as a sectio	n 501(c)(3)		
	organization, check this box and stor	p here					▶□.	
Sec	ction C. Computation of Publ	ic Support Per	rcentage					
14	Public support percentage for 2018 (line 6, column (f) di	vided by line 11, co	olumn (f))		14	99.49 %	
15	Public support percentage from 2017	7 Schedule A, Part	II, line 14			15	99.78 %	
16a	33 1/3% support test - 2018. If the	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo		
	stop here. The organization qualifies	as a publicly supp	orted organization		•		. ► X	
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	lifies as a publicly s	upported organiza	tion			▶□	
17a	10% -facts-and-circumstances tes	-						
	and if the organization meets the "fac	ts-and-circumstant	ces" test, check thi	s box and stop he	ere. Explain in Par	t VI how the organi	ızatıon	
	meets the "facts-and-circumstances"	•	•	· · · · · · · · · · · · · · · · · · ·			▶□	
b	10% -facts-and-circumstances tes	_					10% or	
	more, and if the organization meets the							
	organization meets the "facts-and-circ		•	-			>	
18	Private foundation. If the organization	in did not check a t	oox on line 13, 16a	, 160, 1/a, or 17b,				
					Sche	dule A (Form 990	or 990-EZ) 2018	

	(1 01111 000 0		0 11061-1		
Part III	Support S	Schedule f	or Organization	s Described in	Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016(d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 201/4 (b) 2015 (c) 2016(d) 2017 (e) 2018 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lings 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 <u>%</u> Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 19a 33'1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20 Schedule A (Form 990 or 990-EZ) 2018 832023 10-11-18

Schiedule A (Form 990 or 990-EZ) 2018 WORKFORCE & COMMUNITY INITIATIVE

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All Supporting	Organizations	

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2018 WORKFORCE & COMMUNITY INITIATIVE 36-3977262 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1 Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test Complete line 2 below а ☐ The organization is the parent of each of its supported organizations. Complete line 3 below b The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) Y<u>es</u> No Activities Test Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

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3h

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

0.1.5	CHICAGO FEDERATION OF L edule A (Form 990 or 990-EZ) 2018 WORKFORCE & COMMUNITY I		አጥፒኒ/ፑ	36-3977262 Page 6
1	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin Check here if the organization satisfied the Integral Part Test as a qualifying			un in Dout VII) Con implementions Al
1	other Type III non-functionally integrated supporting organizations must co	_		II III Fart VI) See Instructions. Al
	other Type in normalicationally integrated supporting organizations must ed	impiete (Sections A through L	(B) Current Year
Sec	tion A - Adjusted Net Income		(A) Prior Year	(optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
_	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	7		
_	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a_		
b	Average monthly cash balances	<u>1b</u>		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		•	
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

6

emergency temporary reduction (see instructions)

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<u>Schè</u>	dule A (Form 990 or 990-EZ) 2018 WORKFORCE & C	COMMUNITY INITI		6-3977262 Page 7
Pa	Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations _(continued)	
Sect	on D - Distributions	<u></u>		Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes ·		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	,
4	Amounts paid to acquire exempt-use assets			^ .
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			2
7	Total annual distributions. Add lines 1 through 6	•		
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI). See instructions	•		,
.9	Distributable amount for 2018 from Section C, line 6		1	_
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	,		Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			Charringungali
, _	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018		Barran and Anna an an an an an an an an an an an an	
	From 2013			
	From 2014			
	From 2015			
	From 2016		karana anakaran dan dan dan dan dan dan dan dan dan d	AND THE SECOND OF THE SECOND
	From 2017			
	Total of lines 3a through e	-8 45 -10 Mr Angada com da editar in the		
	Applied to underdistributions of prior years	MEGALINGULA AND AND AND AND AND AND AND AND AND AN	106 1 10 10 10 100 10 C. 100 1	
	Applied to 2018 distributable amount			1.1,000
	Carryover from 2013 not applied (see instructions)	333513 55 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
 -	Remainder Subtract lines 3g, 3h, and 3i from 3f.		AND THE PARTY OF T	
4	Distributions for 2018 from Section D,	A CARROLL STATE OF THE STATE OF	AN END THE STATE OF THE STATE O	
•	line 7 \$	TOTAL TRANSPORT TO THE PART OF		
	Applied to underdistributions of prior years			200 12 12 12 12 12 12 12 12 12 12 12 12 12
	Applied to 2018 distributable amount	FREE LINE STATE OF THE		
	Remainder. Subtract lines 4a and 4b from 4			
<u>_</u>	Remaining underdistributions for years prior to 2018, if	Plantine Parting Committee	,	
•	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h	PARTY CONTRACTOR TO THE PROPERTY OF THE PROPER		
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j		A SPACE OF THE SECOND S	
•				
	and 4c		TATO CONTRACTOR DE PROPERTOR AND LOCATION DE LA CONTRACTOR DE LA CONTRACTO	
8	Breakdown of line 7			
_ a_	Excess from 2014	LACTOCINE AND ASSESSMENT AND ASSESSMENT OF THE PROPERTY OF THE	Control Contro	TOTAL: IT ASSESSMENT OF THE PROPERTY OF THE PR

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b Excess from 2015c Excess from 2016d Excess from 2017e Excess from 2018

Part VI	Supple Part IV, S line 1, Pa	mental ection A, l rt IV, Secti	Informa ines 1, 2, on D, line	ation. Pro 3b, 3c, 4b s 2 and 3,	ovide the o, 4c, 5a, Part IV,	e explana , 6, 9a, 9t Section l	itions require o, 9c, 11a, 1 E, lines 1c, 2	ed by Par lb, and 1 a, 2b, 3a	1c, Part IV, S , and 3b, Part	art II, line 17a ection B, lines V, line 1; Part	or 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V,
	Section D (See insti), lines 5, 6	5, and 8, a	and Part V	, Section	n E, lines	2, 5, and 6	Also com	plete this part	for any addit	onal information
SCHEDU	ILE A,	PART	II,	LINE	10,	EXPL	ANATIO	N FOR	OTHER	INCOME	:
NON-CC	NTRIB	UTION	GROS	S INC	OME	FROM	LABOR	DAY	FUNDRA	SING E	/ENT
OTHER	INCOM	E									
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CHICAGO FEDERATION OF LABOR

WORKFORCE & COMMINITY

Employer identification number 36-3977262

Pa	rt I Organizations Maintaining Donor Advise		Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin		•
	organization another test out our cost, tarry in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		· · · · · · · · · · · · · · · · · · ·
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the access hold in donor advised t	funds
3	•	_	Yes No
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		-
	for chantable purposes and not for the benefit of the donor of	ir donor advisor, or for any other purpose con	Yes No
Da	rt II Conservation Easements. Complete if the org	entration answered "Ves" on Form 900. But	
-		* 1	TV, line 7.
1	Purpose(s) of conservation easements held by the organization		ally important land area
	Preservation of land for public use (e.g., recreation or e	· —	•
	Protection of natural habitat	Preservation of a certified	nistoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relyear	leased, extinguished, or terminated by the org	ganization during the tax
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements of	t holds?	└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial da	
~	the following amounts required to be reported under SFAS 1	_	••
а	Revenue included on Form 990, Part VIII, line 1	,,	▶ \$
	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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CHICAGO FEDERATION OF LABOR WORKFORCE & COMMUNITY INITIATIVE 36-3977262 Page 2 Schedule D (Form 990) 2018 Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Loan or exchange programs Public exhibition h Scholarly research □ Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes on Form 990. Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year 1e e Distributions during the year 1f f Ending balance 」Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment **b** Permanent endowment ▶ c Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No (i) unrelated organizations 3a(ii) (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Ves" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				<u>.</u>
d Equipment				
e Other				
otal. Add lines 1a through 1e (Column (d) mus	st equal Form 990, Part X, colur	mn (B), line 10c)	•	

Schedule D (Form 990) 2018

Sched	ule D (Form 990) 2018 WORKFORCE &	COMMUNITY	INITIATIVE	36-	3977262	Page 3
Part						
	Complete if the organization answered "Yes"			ırt X, line 12.		
(a) D	escription of security or category (including name of security)	(b) Book value	(c) Method of valu	ation Cost or end-	of-year market	value
(1) Fin	ancial derivatives					
(2) Clo	sely-held equity interests					
(3) Otl	ner					
(A)						
(B)						
(C)						
(D)		<u> </u>				
(E)						
<u>(F)</u>					·	
(G)_	- 	ļ				
(H)_		<u> </u>				
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u></u>				•
Part	VIII Investments - Program Related.					
	Complete if the organization answered "Yes"					
	(a) Description of investment	(b) Book value	(c) Method of valu	ation Cost or end-	or-year market	value
(1)_		ļ				
(2)						
(3)						
(4)						
(5)		<u> </u>				
(6)		· · · · · · · · · · · · · · · · · · ·				
(7)						
(8)	*****					
(9)	Col (b) much annul Form 000 Part V and (D) line 12)					
Part	Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>				
Tare	Complete if the organization answered "Yes"	" on Form 000 Part I\	/ line 11d See Form 990 Pr	art V line 15		
		Description	, me riu seeronii 990, Fa	III X, III e 13	(b) Book va	alue
(1)	(4)	Besonption			(2) 233.1 10	
(1)						
(2)						
(4)						
(5)	•					
(6)						
(7)						
(8)		 				
(9)					······	
	(Column (b) must equal Form 990, Part X, col (B) lir	ne 15)		•		
Part		- · · · /				
	Complete if the organization answered "Yes"	on Form 990, Part I	/, line 11e or 11f See Form 9	90, Part X, line 25		
1.	(a) Description of liability	*	(b) Book value			
(1)	Federal income taxes			**	,	
(2)	NOTE PAYABLE - CHICAGO FE	EDERATION			• •	
(3)	OF LABOR		190,000.		,	*
(4)	DUE TO CHICAGO FEDERATION	OF LABOR		,		
(5)			64,615.		*	•
(6)		-			`	
(7)				i.	•	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) \triangleright 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(8)

254,615.

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		1 (04 117
1	Total revenue, gains, and other support per audited financial statements	1	1,694,117.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ŀ	
а	Net unrealized gains (losses) on investments	ł	
Ь		I	
С	Recoveries of prior year grants	l	
d	· · · · · · · · · · · · · · · · · · ·		0
е		2e	0. 1,694,117.
3	Subtract line 2e from line 1	3	1,034,11/.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 4a 4b -64,615.		
ь	,		-64,615.
	Add lines 4a and 4b	4c	1,629,502.
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I		
Га		ietu	111.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	1,645,965.
1	Total expenses and losses per audited financial statements	-++	1,043,303.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities Prior year adjustments 2b		
D	The year again.		
С.	Other losses 2c 2d 64,615.		
d			64,615.
_		2e	1,581,350.
3	Subtract line 2e from line 1	3	1,301,330.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	,		0.
_	Add lines 4a and 4b	4c	1,581,350.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,361,330.
	rt XIII Supplemental Information.		V 1 0 D 1 1 1 1
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	, ran	A, III e 2, Fart AI,
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:		
ודת	RECT FUNDRAISING EXPENSES (LABOR DAY EVENT)		-64,615.
<u></u>	THE TOTAL PROPERTY OF THE PROP		01,020
—— D Д 1	RT XII, LINE 2D - OTHER ADJUSTMENTS:		
DII	RECT FUNDRAISING EXPENSES (LABOR DAY EVENT)		64,615.
			··
			1

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

CHICAGO FEDERATION OF LABOR

Employer identification number

WORKFOR	CE & COMMUNITY IN	ITIATI'	VE	36-3977	262		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not							
required to complete this part							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a							
 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization 							
(i) Name and address of individual or entity (fundraiser)							
		Yes No					
		-					
		++-	<u> </u>				
					-		
Total		•					
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing							
							
			·				
		,	-				
				,			
	<u> </u>						

Schedule G (Form 990 or 990-EZ) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Pa	ırt	Fundraising Events. Complete if the of fundraising event contributions and gr				
			(a) Event #1 LABOR DAY EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through col (c))
<u>o</u>			(event type)	(event type)	(total number)	1
Revenue	1	Gross receipts	295,250.			295,250.
	2	Less Contributions	277,750.			277,750.
	3	Gross income (line 1 minus line 2)	17,500.			17,500.
	4	Cash prizes				
se	5	Noncash prizes				
xpense	6	Rent/facility costs	13,197.			13,197.
Direct Expenses	7	Food and beverages	19,497.			19,497.
	8	Entertainment	13,583.			13,583.
	9	Other direct expenses	18,338.			18,338.
	10	Direct expense summary Add lines 4 through	h 9 ın column (d)		>	64,615.
_		Net income summary Subtract line 10 from I			>	-47,115.
Pá	ırt		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a	1	T . D. Harba Gradent	1	148-14 411
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
eve						
	1	Gross revenue				
	_					
ses	2	Cash prizes		<u> </u>		
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes% No	Yes % No	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		<u> </u>	
á	ı İs	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain	ictivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses r Yes," explain			(year?	Yes No
	_			.		
	_				Cabadula C (Fa	orm 000 or 000-E7\ 2019

a The organization's facility b An outside facility 13a 13b
to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in a The organization's facility b An outside facility 13a 13b
13 Indicate the percentage of gaming activity conducted in a The organization's facility b An outside facility 13a 13b
a The organization's facility b An outside facility 13a 13b
b An outside facility
44. Enter the name and address of the person who prepares the erganization's gaming/special events backs and records
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records
Name
Address >
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount
of gaming revenue retained by the third party > \$
c If "Yes," enter name and address of the third party
Name
Address >
16 Gaming manager information
Name ▶
Name P
Gaming manager compensation > \$
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming itemse:
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year \(\bigsilon \\$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 1ii
15b, 15c, 16, and 17b, as applicable Also provide any additional information. See instructions
150, 150, 16, and 170, as applicable 7450 provide any additional morniation 500 metadotaris
332083 10-03-18 Schedule G (Form 990 or 990-EZ) 2

		CHICAGO FED	ERATION OF	LABOR	
Schedule G	(Form 990 or 990-EZ) Supplemental Infor		COMMUNITY	INITIATIVE	36-3977262 Page 4
Part IV	Supplemental Infor	mation (continued)			
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Schedule G (Form 990 or 990-E2

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990

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	for the latest
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	S. dov/F

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OMB No 1545-0047	2018	Open to Public Inspection

Go to www.irs.g

Schedule I (Form 990) (2018) **2** Employer identification number 36-3977262 SENERAL CONTRIBUTION OF BENERAL CONTRIBUTION OF SENERAL CONTRIBUTION OF SENERAL CONTRIBUTION OF (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SUPPORT SUPPORT SUPPORT SUPPORT Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ö ö ö ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 30,000 50,000 12,000 10,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table WORKFORCE & COMMUNITY INITIATIVE (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. LABOR 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) OF Enter total number of other organizations listed in the line 1 table. CHICAGO FEDERATION 80-0111994 81-1349902 36-4016102 20-2035052 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization WORKING AMERICA EDUCATION FUND 2229 S. HALSTED ROOM 3RD FLOOR CHICAGO JOBS WITH JUSTICE PUBLIC ACTION FOUNDATION or government 6170 JOLIET ROAD NO 200 COUNTRYSIDE, IL 60525 WASHINGTON, DC 20006 815 16TH STREET, NW Name of the organization IL 60608 CHICAGO, IL 60607 SWEENEY CLASSIC 333 S. ASHLAND CHICAGO, Parti Part II

\$32101 11-02-18

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36-3977262

WORKFORCE & COMMUNITY INITIATIVE

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2018) Part III

(d) Amount of non- (e) Method of valuation cash assistance (book, FMV, appraisal, other)				any other additional information	CONTRIBUTIONS OR	APPROVAL IS GRANTED	OFFICERS AND BOARD	ATIONS ARE) APPROVAL IS		
(c) Amount of (d) Am cash grant cash		-		2, Part III, column (b), an	ALL REQUESTS FOR (DISBURSEMENT. APPI	SATISFIED THE (CONTRIBUTIONS AND DONATIONS	LOCATION AN		
(b) Number of recipients				urred in Part I, line	REVIEW ALL R	AND DISBU		CONTRIBUT	AIN OFFICE		
(a) Type of grant or assistance				Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	THE OFFICERS AND BOARD MEMBERS REV	DONATIONS PRIOR TO THEIR APPROVAL	ONLY TO REPUTABLE ORGANIZATIONS WHO HAVE	MEMBERS DUE DILIGENCE. RECORDS OF	MAINTAINED AT THE ORGANIZATIONS MAIN OFFICE LOCATION AND APPROVAL IS	DOCUMENTED IN THE BOARD MINUTES.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Inspection **Employer identification number**

36-3977262

Name of the organization

Department of the Treasury

CHICAGO FEDERATION OF LABOR

WORKFORCE & COMMUNITY INITIATIVE

Part I **Questions Regarding Compensation**

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Written employment contract Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization X a Receive a severance payment or change-of-control payment? 4a $\overline{\mathbf{x}}$ b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. X a The organization? 5a X 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of X 6a a The organization? X b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X 7

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

not described on lines 5 and 6? If "Yes," describe in Part III

Schedule J (Form 990) 2018

8

X

Regulations section 53 4958-6(c)?

WORKFORCE & COMMUNITY INITIATIVE

Schedule J (Form 990) 2018

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

36-3977262

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VIII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) ROBERT G. REITER, JR.	Ξ		0	0			- 1 - 1	0
CHAIRMAN	<u>s</u> :	244,818.	000	10,637.	48,96	31,473.	335,892.	0
SECRETRARY TREASURER	3 3	124,65	0	280.	24,331.	19.752.	169.017.	0
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Schedule J (Form 990) 2018

CHICAGO FEDERATION OF LABOR WORKFORCE & COMMUNITY INITIATIVE

Schedule J (Form 990) 2018

36-3977262

Page 3

Schedule J (Form 990) 2018 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information. Part III Supplemental Information

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

CHICAGO FEDERATION OF LABOR

WORKFORCE & COMMUNITY INITIATIVE

OMB No. 1545-0047 18 Open to Public " Inspection

Employer identification number

36-3977262 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATION. SERVICES ARE SUBSTANTIALLY SUPPORTED THROUGH FUNDING FROM GOVERNMENTAL UNITS OR DIRECT CONTRIBUTIONS FROM THE GENERAL PUBLIC. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES THAT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: AS DIRECTED BY THE OFFICERS AND BOARD, THE EXECUTIVE DIRECTOR AND CHAIRMAN ARE RESPONSIBLE FOR THE REVIEW AND FILING OF THE FORM 990. THE ENTIRE BOARD IS NOT REQUIRED TO REVIEW THE FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 15: THE SALARIES OF THE EXECUTIVE DIRECTOR AND THE OFFICE STAFF EMPLOYEES ARE REVIEWED AND APPROVED BY THE OFFICERS AND BOARD MEMBERS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C: THE OFFICERS AND BOARD MEMBERS SELECT THE INDEPENDENT AUDITOR. THE OVERSIGHT OF THE AUDIT IS PERFORMED BY THE EXECUTIVE DIRECTOR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

OMB No 1545-0047

Employer identification number 36-3977262

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► Go to www.irs.gov/Form990 for Instructions and the latest information. CHICAGO FEDERATION OF LABOR WORKFORCE & COMMUNITY INITIATIVE Name of the organization

Part I : Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Direct controlling End of-year assets Total Income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

100	12(b)(13) led y?	£			×					
6)	Section 512(b)(13) controlled entity?	Yes								
(J)	Direct controlling entity				N/A					
(e)	Public charity status (if section	501(c)(3))								
(g)	Exempt Code section				501(C)(S)					
(0)	Legal domicile (state or foreign country)				ILLINOIS					
(q)	Primary activity		PROMOTE AND COORDINATE THE	EFFORTS OF THE LABOR	MOVEMENT IN CHICAGOLAND					
(a)	Name, address, and EIN of related organization		CHICAGO FEDERATION OF LABOR AND INDUSTRIAL	UNION COUNCIL - 36-0899610, 180 N. STETSON	AVE. STE. 2050, CHICAGO, IL 60601					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

992161 10-02-18 LHA

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 WORKFORCE & COMMUNITY INITIATIVE

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related as a partnership during the tax year.

Page 2

36-3977262

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8	General or Percentage managing ownership																			
L	Perc																			
9	neral or naging rtner?	Yes No					igdash						_			\perp				_
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	UBI capa	106																		
ε	ode V	Form																		
	amount in box	Υ. (
1		ş																		
ε	Disproportional allocations?	Yes													-					
				-												T				_
<u>6</u>	are of of-years																			
	Share of end-of-year assets																			
<u> </u>		-					\vdash			_	\dashv			_		╁-				_
	Share of total income																			
€	are o incor	j																		
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	ted, under	4																		
<u> </u>	int inc in relai in tax	512-5									ľ									
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;	Direct controlling Predominant income (related, unrelated, excluded from tax under	Sec																		
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'	Name, address, and EIN of related organization																			
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partiv. Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related - organizations treated as a corporation or trust during the tax year

(a)	(q)	Θ	(q)	(e)	€		ε	(E)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Type of entity Corp. Scorp,	Type of entity (C corp. S corp.	Share of total income	Share of end-of-year	g d	Section 512(b)(13) controlled entity?	ion X13) Sled y?
		country)		(ren ii				Yes	Š
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						: :			
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CHICAGO FEDERATION OF LABOR WORKFORCE & COMMUNITY INITIATIVE

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes No	او
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II:IV?	s with one or more re	lated organizations listed i	in Parts II-IV?			٦,
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	~	×
b Gift, grant, or capital contribution to related organization(s)				16	_	اب
c Gift, grant, or capital contribution from related organization(s)				5		×
d Loans or loan guarantees to or for related organization(s)				19	_	×
e Loans or loan guarantees by related organization(s)				1	×	
				•		
f Dividends from related organization(s)				=	~	×
g Sale of assets to related organization(s)				1g	^	×
h Purchase of assets from related organization(s)				ŧ	^	×
i Exchange of assets with related organization(s)				÷	_	×
j Lease of facilities, equipment, or other assets to related organization(s)				F		_اير
k Lease of facilities, equipment, or other assets from related organization(s)				+	X .	•
1 Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę	^	إيد
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uo			£	^	×
 Sharing of paid employees with related organization(s) 				9	7	×
b Reimbursement baid to related organization(s) for expenses					×	
				5	^	×
r. Other transfer of cash or property to related organization(s)				+		- ×
				1s	^	×
If the answer to any of the above is "Yes," see the instructions for	who must complete th	is line, including covered in	information on who must complete this line, including covered relationships and transaction thresholds			H
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	i involved		
CHICAGO FEDERATION OF LABOR AND INDUSTRIAL	×	109.320.				1
CHICAGO FEDERATION OF LABOR AND INDUSTRIAL		- I				1
	Д	286,872.				1
CHICAGO FEDERATION OF LABOR AND INDUSTRIAL (3) UNION COUNCIL	ជា	190,000.				
(4)						
(5)						
(9)						
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WORKFORCE & COMMUNITY INITIATIVE

Schedule R (Form 990) 2018

Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	nico filmingo, cuciono in								
(a)	(a)		(g)		-		= :	3	(X)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(6)(3)	Share of Share of total	f Share of end-of-year	Disproper- tonate If allocations?	amount in box 20 managing ownership	General o managing partner?	Percentage ownership
		country)	sections 512-514) Yes No	No			(Form 1065)	Yes No	
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CHICAGO FEDERATION OF LABOR WORKFORCE & COMMUNITY INITIATIVE

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Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions	·
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATION	NS:
NAME OF RELATED ORGANIZATION:	
MANIE OF REDATED ORGANIZATION:	
CHICAGO FEDERATION OF LABOR AND INDUSTRIAL UNION COUNCIL	
DETMADY ACCUTATE. DECMOME AND COORDINAME MUE REPORCE OF M	UE INDOD MOVEMENT
PRIMARY ACTIVITY: PROMOTE AND COORDINATE THE EFFORTS OF T	HE DABOK MOVEMENT
IN CHICAGOLAND AREA	
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