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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

2009

Open to Public Inspection

_			ai year,	or tax year beginning	July 1	, 2009,	and ending	J	une 30	J	, 20 10
		plicable	Please	C Name of organization				D Empl	oyer id	entification	number
		s change use IRS label or Henry Ford Community College Adjunct Faculty Organization						<u></u>	26-4059598		
	ame cha	-	print or	Number and street (or PO box, if	mail is not delivered to	street address)	Room/suite	E Telep	hone n	umber	
	ntial retui erminate		type See	5101 Evergreen			A024		31	3-845-9707	'
	mended		Specific Instruc-	City or town, state or country, and	ZIP + 4			F Grou	ир Ехе	mption	
		n pending	tions	Dearborn, MI 48128-1495				Nun	nber 🕨	•	0787
_	• Sect	ion 501(c)(3)	organiz	zations and 4947(a)(1) nonexe	mpt charitable trus	ts must attach	G Acco	ounting M	ethod	☐ Cash	✓ Accrual
		. , , ,	a coi	mpleted Schedule A (Form 99	0 or 990-EZ).			er (specify			
							H Chec	k ▶ 🗸	ıf the c	organization	is not
١	/ebsit	e: ▶ hfcc-	afo.org							chedule B (
i	ax-exe	mpt status (check o	nly one) — ✓ 501(c) (5) ◀	(insert no) 4947	7(a)(1) or 5	<u> </u>	EZ. or 99	0-PF)		
	heck •	▶ ☐ if th	e organi	zation is not a section 509(a)(3)	supporting organizat	on and its gros	s receipts are	normally	not m	ore than \$2	5,000 A
	orm 99		_	turn is not required, but if the				_			
	dd lines	5b, 6b, and 7	b, to line	e 9 to determine gross receipts, if	\$500,000 or more, file	e Form 990 inste	ad of Form 99	0-EZ ▶	\$		
	art I	Revenu	e, Exp	enses, and Changes in	Net Assets or F	und Balanc	es (See th	e instru	ctions	s for Part	l.)
I	1	Contribution	ons, gif	ts, grants, and similar amou	nts received				1		1,050
	2		_	revenue including governme		acts			2_		
	3	- .		s and assessments					3		155,319
	4	Investmen	t incom	ne					4		159
	5a	Gross anno	ount fic	n sale of assets other than	inventory .	5a					
	b	Less. cost	or oth	r basis and sales expenses		5b	"				
	С	Gain or (lp	ss from	n sale of assets other an i	nventory (Subtract	line 5b from l	ıne 5a)		5c		
	6	Special event	Sand ac	tyvities (complete applicable parts o	f Schedule G) If any an	nount is from gam	ning, chéck her	e ▶ 🔲			
	а	Gross reve	nue (n	ot including \$	of contrib						
		reported b	n I lne- 1	1		. 6a	1				
	b	Less direc	ct expe	assisted than fundraising	expenses .	. 6b			1		
	С			ss) from special events and		t line 6b from	line 6a)		6c		
	7a			ventory, less returns and allo		7a	1				
Į	b	Less cost				. 7b			1		
	С		-	t or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c		
	8		her revenue (describe ►					8			
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7d	c, and 8				9		156,528
	10			r amounts paid (attach sche					10		59,740
l	11	Benefits pa	aid to c	or for members					11		
	12	Salaries, o	ther co	empensation, and employee	benefits .				12		54,134
	13	Profession	al fees	and other payments to inde	ependent contracto	ors			13		
	14			utilities, and maintenance					14		1,450
	15			ions, postage, and shipping					15		334
	16			describe Travel, Office S		s, Contribution	s)	16		7,753
	17			Add lines 10 through 16					17		123,411
	18) for the year (Subtract line					18		33,117
	19			nd balances at beginning o		7, column (A)) (must agre	e with			
				e reported on prior year's re					19		
	20	Other char	nges in	net assets or fund balances	s (attach explanati	on)			20		754
	21	Net assets	or fun	d balances at end of year. C	Combine lines 18 tl	hrough 20 .		▶	21		33,871
	art II			ets. If Total assets on line 2			more, file F	orm 990	instea	ad of Form	990-EZ
				(See the instructions for	Part II.)		(A) B	eginning of	f year	(B) End	d of year
	. Ca	ash, savings	s, and II	nvestments						22	29,679
		and and buil								23	
			_	Dues and Fees Receiv	able, Computer, Fu	ırniture, Stamp	s)			24	10,745
		otal assets	•				—·			25	40,424
	To	otal liabilitie	s (des	cribe ▶ Per Caps Payable,	AFT Michigan Loa	n	,			26	6,553
			•	balances (line 27 of column			 ·			27	33,871



	390-62 (2003)					Page 2
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	I.)		Expenses
What is the organization's primary exempt purpose? Bargaining Agent for College Adjunct Faculty						ured for section
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise						(3) and 501(c)(4)
manner, describe the services provided, the number of persons benefited, and other relevant information for						nizations and section
each program title						(a)(1) trusts, optional
	, -				for of	hers)
28	Contract bargaining and administration; member ser	vices, member representation	on in grievances.			
	***************************************	***************************************		•••••		
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	28a	
29	Conferences, leadership development for executive	board and members		200		
23	Total Control of the					
					}	
		includes foreign grants, ch	eck here	. ▶ ⊔	29a	
30	Representation of members; dissemination of inform	nation to members.				
	(Grants \$) If this amount	includes foreign grants, ch		. ▶ 🗍	20-	
04			eck nere	. P LJ	30a	
31	Other program services (attach schedule)		•			
	(Grants \$) If this amount	includes foreign grants, ch	eck here .	<u> </u>	31a	
	Total program service expenses (add lines 28a t	through 31a)		<u> Þ</u>	32	
Par	t IV List of Officers, Directors, Trustees, and Key	/ Employees. List each one e	ven if not compensa	ated (See the	instru	ctions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contributi		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compa	it plans &	account and other allowances
Man	Beck	200000000000000000000000000000000000000		doibited dompt		otricr unovarious
		President, 10 Hrs.	4.004	1		
	2 Wilson, Dearborn, MI 48128		4,301			
	enn O'Kray	Vice President, 5 Hrs.				
752	Wagner Ct , Dearborn, MI 48124		1,075			
Thor	mas Anderson	Calayana Officer 40 Has				
3382	5 Cowan Rd., Westland, MI 48185	Grievance Officer, 10 Hrs	4,301			
Sher	ry Morgan		· · · · · · · · · · · · · · · · · · ·			
	Wildwood, Westland, MI 48185	Fin. Records Secretary, 10	4,301]		
	am Breger		4,301			
		Treasurer, 5 Hrs				
	6 Woodward Ave. B1, Bloomfield Hills, MI 48304		1,075			
	am Norris	Executive Director, 40 Hrs.				
3872	East Pond Ct., Orion, MI 48359	ZACCULTO BITCOLOT, 40 1113.	34,123		4,958	
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Form 99	D-EZ*(2009)		F	age 3
Part '	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.00			
	Did the organization file Form 1120-POL for this year?	37b		√
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter	38a		√
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	***************************************	34-32	3-219	7
		48185	-2322	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	\/	
	account)?	42b	Yes	NO /
	If "Yes," enter the name of the foreign country. ▶	420		<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country. ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year \(\begin{array}{c} 43 \end{array}\)			▶ □
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
4-	Form 990-EZ	44		✓
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓
	_	000	トロフ	

Form **990-EZ** (2009)

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 7(a)(1) nonexempt char d 51.	exempt charitab ritable trusts mus	le trusts only. A t answer questio	II section ns 46–49b					
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete s		ties on behalf of or	in opposition to	Yes No					
	Did the organization engage in lobbying activities			•	47					
	ls the organization engage in lobbying activities is the organization a school as described in section	•			48					
	Did the organization a school as described in section by the organization make any transfers to an ex		•		49a					
	If "Yes," was the related organization a section 5		49b							
	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key									
	employees) who each received more than \$100,0									
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense					
f	Total number of other employees paid over \$100	\			<u> </u>					
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor		·	pe of service	(c) Compensation					
d	Total number of other independent contractors of	each receiving over \$100,0	000▶							
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompa of preparer (other than officer) is	inying schedules and sta based on all information	atements, and to the bes	st of my knowledge any knowledge					
Sign Here	Sherry Morgan			June 2	3, 2011					
	Signature of officer U			Date //	,					
	Sherry Morgan, Financial Records Secret	ary			<u></u>					
	Type or print name and title		 -							
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (See instructions)					
Use On	Firm Sharre (or		Ell	N •						
May th	e IRS discuss this return with the preparer showi	above? See instructions		. ▶ [Yes No					

Henry Ford Community College Adjunct Faculty Organization, Local 337 26-4059598

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax for the Tax Year beginning July 1, 2009 and Ending June 30, 2010.

Employer Identification Number: 26-4059598

Explanation for Line 20: Other changes in net assets or fund balances

In January, 2008, the Henry Ford Community College Adjunct Faculty Organization (HFCC-AFO) asked the Michigan Employment Relations Commission (MERC) to conduct an election to recognize the HFCC-AFO as the legal bargaining agent for part-time faculty at Henry Ford Community College (HFCC). The recognition election was conducted in May, 2008 and based on the election results, MERC recognized the HFCC-AFO as the legal bargaining agent for HFCC part-time faculty members.

The HFCC-AFO is affiliated with AFT-Michigan and the American Federation of Teachers and was supported by those affiliated organizations until July 1, 2009, when the HFCC-AFO's first contract with HFCC went into effect.

In January, 2009, the HFCC-AFO requested and received an Employer Identification Number from the IRS and subsequently opened a bank account at Members' Focus Credit Union in Dearborn, MI. The \$754 on line 20 of our 2009 Form 990-EZ represents the value of office equipment (computer and furniture) donated to the HFCC-AFO as well as cash receipts from the sale of tee shirts held in our Members' Focus Credit Union account.

Henry Ford Community College Adjunct Faculty Organization, Local 337 26-4059598 Schodulo of Amounts Poid to Affiliate Organizations

Schedule of Amounts Paid to Affiliate Organizations Line 10, 990-EZ

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax for the Tax Year beginning July 1, 2009 and Ending June 30, 2010.

American Federation of Teachers, AFL-CIO	20,904.00
555 New Jersey Ave. NW	
Washington, DC 20001	
AFT Accidental Death Insurance	275.00
AFT Liability Insurance	1,952.00
AFT Michigan	33,403.00
2661 Jefferson	
Detroit, MI 48207	
Metro Detroit AFL-CIO	1,555.00
600 West Lafayette Boulevard	
Detroit, MI 48226-2711	
Michigan ACL CIO	4.524.00
Michigan AFL-CIO	1,651.00
419 Washington Square South	
Suite 200	
Lansing, MI 48933-2138	
Total	F0 740 00
iotai	59,740.00