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Form **990**

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)

Department of the Treasury Internal Revenue Service (except black lung benefit trust or private foundation)

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

2011

Open to Public

A	For the 2	11 calendar year, or tax year beginning	, 2011, and endin	ng		,	· · · · · · · · · · · · · · · · · · ·
	Check if app				D Employe	r Identifi	cation Number
	Addres	change OREGON AFSCME COUNCIL 7	5		93-0	3545	00
	Name	ange 1400 TANDEM AVENUE NE			E Telephon	e numbe	er .
	Initial	SALEM, OR 97301		1	(503) 37	0-2522
	Termin	ed		T T		,	<u></u>
	Amend	return],	G Gross red	eipts \$	7,513,082.
	Applica	n pending F Name and address of principal officer		H(a) Is this a	group return	for affilia	ates? Yes X No
		SAME AS C ABOVE		H(b) Are all a	ffiliates inclu ttach a list (Yes No
1	Tax-exen	status 501(c)(3) X 501(c) (5) ◄ (1	nsert no.) 4947(a)(1) or 527	11 NO, a	ttach a list (see instri	uctions) ————————————————————————————————————
J	Websit			H(c) Group ex	kemption nur	nber ►	
K	Form of o		Other ► L Year of Format	tion 1980	M St	ate of leg	gal domicile OR
Pa		ımmary					
	1 Bri	ly describe the organization's mission or most	significant activities <u>LABOR UN</u>	<u> 10N</u>			
ဥ		·					
Governance							
9	2 Ch	k this box ► If the organization discontinu	ed its operations or disposed of mo	ore than 25	% of its n	et ass	
		ber of voting members of the governing body (3	10
න්	4 Nu	ber of independent voting members of the gove	erning body (Part VI, line 1b).			4	0
Ϋ́		number of individuals employed in calendar y	ear 2011 (Part V, line 2a)			5	100
Activities		number of volunteers (estimate if necessary)				6	0
•		unrelated business revenue from Part VIII, co				7a	-2,489.
	ועם	inrelated business taxable income from Form S	790-1, line 34	Desi	or Year	7 b	-2,177.
	8 Co	ributions and grants (Part VIII, line 1h)		Pri	or rear		Current Year
ne	I .	ram service revenue (Part VIII, line 2g)		7.	178,7	75.	7,504,869.
Ven	1	itment income (Part VIII, column (A), lines 3, 4	I, and 7d)	<u> </u>	6,1		-267.
æ		r revenue (Part VIII, column (A), lines 5, 6d, 8d			-3,20		-2,489.
		revenue - add lines 8 through 11 (must equa		7,	181,69		7,502,113.
	13 Gra	ts and similar amounts paid (Part IX, column (A), lines 1-3).				
	14 Bei	fits paid to or for members (Part IX, column (A	4), line 4)				
n	15 Sal	ies, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)	5,	522,78	32.	5,873,857.
Expenses	16a Pro	essional fundraising fees (Part IX, column (A),	line 11e)				
χ φ	b Tot	fundraising expenses (Part IX, column (D), lin	e 25) ►	في وحسِّن الله	- 1997 - 1-1-1		是成為這個的
iii	17 Oth	r expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)	2,	026,98	39.	1,848,586.
	i	expenses. Add lines 13-17 (must equal Part I)			549,77		7,722,443.
	1	nue less expenses. Subtract line 18 from line.			-368,08		-220,330.
8 8					of Current		End of Year
Assets of Balance	20 Tot	assets (Part X, line 16)			440,24		6,656,154.
\$ B	21 Tot	liabilities (Part X, line 26)		5,	510,69	3.	5,946,933.
ž	1	ssets or fund balances. Subtract line 21 from l	ine 20		929,55	51.	709,221.
Ŗa	irt II.	gnature Block					
Und	ler penalties iplete. Declai	perjury, I declare that I have examined this return, including at on of preparer (other than officer) is based on all information of	companying schedules and statements, and to	the best of my	knowledge a	and belie	f, it is true, correct, and
		Vill 2 all			5 10	7-1-	
Sig	110	Signature of officer		Date			
He	re	KENNETH L. ALLEN		FYFCII	rive D	TPFC	
	. •	Type or print name and title		LALCO.	IIVL D	LINEC	
		rint/Type preparer's name Preparer's sign	nature, Date,	/	Check	ıf P	TIN
Pa	id	BETTY H. WILEY	N. Willy 2/25	-1 , ~ 1	elf-employed		00040730
	eparer	ırm's name ► HOOTS, BAKER & WILEY	 				
	e Only	ırm's address > 888 MADISON ST NE		ا ا	irm's EIN	93-	0611726
		SALEM, OR 97301					585-1782
May	the IRS	scuss this return with the preparer shown above	re? (see instructions)				X Yes No
BA	A For Pa	rwork Reduction Act Notice, see the separate	instructions 7107 % & HEE	A0113L 08/	8/11		Form 990 (2011)
				ا. ا			•
			<u> </u>				

- D	990 (2011) OREGON AFSCME (COUNCIL 75	93-0354500
,rar	till Statement of Program S	ervice Accomplishments	
	Check if Schedule O contains	a response to any question in this Part III	
1	Briefly describe the organization's mi	ission.	
	LABOR UNION		
			-
2	Did the organization undertake any s	ignificant program services during the year which were	e not listed on the prior
_	Form 990 or 990-EZ?	ighthough program solvidos daring the your milest to.	. Yes X
	If 'Yes,' describe these new services	on Schedule O	
2	-	ig, or make significant changes in how it conducts, an	v program services? Yes X
3	If 'Yes,' describe these changes on S		y program services.
4	_	service accomplishments for each of its three largest	program convious, as maggired by every
4	Section 501(c)(3) and 501(c)(4) organ	nizations and section 4947(a)(1) trusts are required to nue, if any, for each program service reported	o report the amount of grants and allocati
4 2	(Code (Expenses \$	7,554,745. including grants of \$) (Revenue \$
		TION OF PUBLIC EMPLOYEES	
		- 	
			
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		·	
	AND COLLECTIVE BARGAINI	ON, PROVIDING RESEARCH AND EDUCAT	IONAL SERVICES TO MEMBERS,
			·
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	(Code) (Revenue \$
		Schedule O.)) (Revenue \$

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Partive Checklist of Required Schedules

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	· •		Yes	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 (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	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_		
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 98-197 If 'Yes,' complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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 endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	as es es	X
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			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
1	b 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	11 b		Х
•	c 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	11 c		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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		<u>x</u>
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	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, XII, and XIII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 14a		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	144		^
	b 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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
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		X
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		Х
20	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	L	<u> </u>

Form 990 (2011) OREGON AFSCME COUNCIL 75

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
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 Schedule J	23		X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25.	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
1	b Is the organization 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.	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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)			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ĺ	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
(c 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	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 Schedule N, Part II	32		<u> </u>
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, Parts II, III, IV, and V, line 1	34	Х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
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	37	_	Х
38	Note. All Form 990 filers are required to complete Schedule Q	38	Х	
BAA	A.	Form	990 (2011)

93-0354500 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 24 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State 100 ments, filed for the calendar year ending with or within the year covered by this return 2b Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule C 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X 4 a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a X solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a services provided to the payor' b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e **7**f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 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 a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13c c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14b

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 to any question in this Part VI

Sec	tion A. Governing Body and Management							
			Yes	No				
1 a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
ь	Enter the number of voting members included in line 1a, above, who are independent		٠,					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE Q							
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		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6	_X_					
7 a	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	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b	Х					
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	4.7						
	The governing body?	8a	<u>X</u>					
_	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director or 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		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	Ma				
10 -	Did the organization have local chapters, branches, or affiliates?	10 a	Yes X	No				
	·	10 a						
	olf 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 Ь	Х					
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х					
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O	1, 2						
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	_X_					
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .	12b		Х				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c		х				
	Did the organization have a written whistleblower policy?	13	_X_					
	Did the organization have a written document retention and destruction policy?	14	Χ					
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official	15a		X				
0	Other officers of key employees of the organization	15 b		X				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			ì				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х				
	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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE	. _						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection Indicate how you make these available. Check all that apply.	vaılabi	e for p	public				
	Own website Another's website X Upon request							
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avail the public during the tax year. SEE SCHEDULE O							
	State the name, physical address, and telephone number of the person who possesses the books and records of the org	anızatı	on:					
	JENEANE RAMSEIER 1400 TANDEM AVE NE SALEM OR 97301 503-370-2522	<u>-</u>						
BAA	TEEA0106L 01/23/12	Form	990 (2011)				

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

Check if Schedule O contains a response to any question in this Part VII.

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

- 1 a 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 organization compensated any current officer, director, or trustee								tee	
(B) Average hours per week	hours and a director/trustee)					box, cer	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1899-MISC)	(W-2/1099-MISC)	from the organization and related organizations
1	Х						12,779.	0.	15,229.
1			х					0.	994.
40			х				124,757.	0.	20,528.
40			х				97,800.	0.	16,513.
40			х				97,440.	0.	15,752.
1			Х				1,575.	0.	316.
1			Х				1,800.	0.	5,885.
1			Х				2,250.	0.	502.
1			Х				3,251.	0.	1,682.
40			Х				98,406.	0.	23,447.
1									
	(B) Average hours per week (describe hours for related organizations in Schedule O) 1 1 40 40 1 1 1 1	(B) Average hours per week (describe hours for related organizations in Schedule O) 1	(B) Average hours per week (describe hours for related organizations in Schedule O) 1	(B) Average hours per week (describe hours for related organizations in Schedule O) 1	(B) Average hours per week (describe hours for related organizations in Schedule O) 1	(B) Average hours per week (describe hours for related organizations in Schedule O) 1	(B) Average hours per week (describe hours for related organizations in Schedule O) 1	(B) Average hours per week (describe hours for related organizations in Schedule O) 1	C C Position (do not check more than one box, unless person is both an officer and a director/fustee) C C C C C C C C C

Part VII Section A. Officers, Directors, Trust	ees, I	∖ey	En	nple	oye	es,	and	d Highest Con	pensated Er	nplo	yees (cont)
(A) Name and title	(B) Average hours per	Pos (do not check box, unless pe officer and a d			(C) sition k more than one erson is both an director/trustee)			(D) Reportable compensation from	(E) Reportable compensation fro	ım Dos	(F) Estimated amount of other compensation
	week (describ e hours for related organi- zations in Sch O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizatio (W-2/1099-MISC)	from the organization and related organizations
(15)											
(16)										1	
<u>(18)</u>			<u> </u>							-	
(19)											
(20)							:			\top	
<u>(21)</u>											
(22)										\top	
(23)										\top	
(24)										\dashv	
(25)										_	
1 b Sub-total	1	<u> </u>	I	i		J	>	444,093.		0.	100,848.
c Total from continuation sheets to Part VII, Section	A						•	444,093.		0.	0. 100,848.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limite	d to the	ose I	liste	d ab	ove) wh	o re		l .		
from the organization ► 1 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in the organization and related organizations greater the such individual.	ndıvıdu	al									Yes No 3 X 4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or Section B. Indonesia and Control of the cont	ompen comple	satio te S	on fr ched	om dule	any <i>J fo</i>	unre r su	elate ch p	ed organization or erson	ındıvıdual		5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed inde	epen	den	t co	ntra	ctors	tha	it received more t	han \$100,000 of	f	
compensation from the organization Report compe		i ior	tne	cale	noa	ir ye	ar e	(B	,		(C)
Name and business addres	• •						_	Description	or services		Compensation
	L .4	4 1		1	h	. 1	1	h	- d 11		
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		l IIM	nted	10 t	nose	e IIS1	ea a	Boove) who receiv	eu more than		

Pa	rt VIII Statement of Revenue				-
	* * * · · · · · · · · · · · · · · · · ·	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
-			function	revenue	under sections 512, 513, or 514
S 75	1a Federated campaigns 1a				0.12, 0.10, 0.10.11
EN S	b Membership dues 1b	-			
S, G	c Fundraising events 1c	بر ـ			, ,
듣	d Related organizations 1d		· .		1
SINS,	e Government grants (contributions) . 1e			, `-	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f				
E S	g Noncash contributions included in Ins 1a-1f. \$		•		
	h Total. Add lines 1a-1f ►				
PROGRAM SERVICE REVENUE	Business Code				
EVE	2a MEMBERSHIP DUES & ASSESSMENTS	7,248,994.			
Ä.	b STRIKE FUND	135,463.	135,463.		
Z.	c MISCELLANEOUS INCOME	84,863.			
4 SE	d INTERNATIONAL GRANTS	22,000.			
RA	e SCHOLARSHIP FUND	13,549.	13,549.		
õ	f All other program service revenue g Total. Add lines 2a-2f	7 504 960	,		
		7,504,869.	- 1		
	Investment income (including dividends, interest and other similar amounts)	3,413.			3,413.
	4 Income from investment of tax-exempt bond proceeds				3,123,
	5 Royalties ►				
	(i) Real (ii) Personal	74 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	6a Gross rents 4,800.	· · · · ·			
	b Less. rental expenses. 7, 289.				
	c Rental income or (loss)	-			,
	d Net rental income or (loss) ►	-2,489.		-2,489.	
	7 a Gross amount from sales of (i) Securities (ii) Other			-	
	assets other than inventory				- ,
	b Less: cost or other basis				•
	and sales expenses 3, 680. c Gain or (loss) -3, 680.				· .
	d Net gain or (loss)	-3,680.			3 600
		-3,000.			-3,680.
J.	8a Gross income from fundraising events (not including \$		-, -		•
OTHER REVENU	of contributions reported on line 1c)				
R RE	See Part IV, line 18	-	·		
王	b Less direct expenses b	· · · · · · · · · · · · · · · · · · ·		·	
٥	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19	F - 1 2 - 1			ř
	b Less: direct expenses b		- , , , ,	,	, 1
	c Net income or (loss) from gaming activities .				
		,			
	10 a Gross sales of inventory, less returns and allowances . a		_	,	
	b Less: cost of goods sold b				-
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a		-		
	D				
	C			-	
	d All other revenue			· · · · · · · · · · · · · · · · · · ·	<u> </u>
	12 Total revenue. See instructions	7,502,113.	7,504,869.	_2 400	-267.
	12 Total levellue. See Instructions .	1,002,113.	1,504,609.	-2,489.	-20/.

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations, must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX								
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in the United States. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	444,093.	444,093.	0.	0.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.				
7	Other salaries and wages	3,570,441.	3,570,441.						
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	517,040.	517,040.						
9	Other employee benefits	972,037.	972,037.						
10	Payroll taxes	370,246.	370,246.						
11	-	0,0,210.	370/210.						
	a Management								
	o Legal	171,132.	171,132.						
	: Accounting	32,864.	32,864.						
	d Lobbying	32,001.	32,004.						
	Professional fundraising services. See Part IV, line 17			2					
	Investment management fees								
	g Other		· · · · · · · · · · · · · · · · ·		<u></u>				
_	Advertising and promotion								
13	Office expenses	113,900.	113,900.						
14	Information technology	96,495.	96,495.						
15	Royalties	30, 130.							
16	Occupancy	246,139.	246,139.						
17	Travel	350,332.	350,332.						
18		330,332.	330,332.						
	expenses for any federal, state, or local public officials								
	Conferences, conventions, and meetings	87,583.	87,583.						
20	Interest	139,955.	139,955.						
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	138,647.	138,647.						
23	Insurance								
24	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)								
2	EXECUTIVE BOARD EXPENSE	134,168.	134,168.						
	DUES REBATED	81,169.	81,169.						
	MISCELLANEOUS	72,507.	72,507.						
	EQUIPMENT REPAIRS & MAINT	56,424.	56,424.						
	All other expenses	127,271.	127,271.						
	Total functional expenses, Add lines 1 through 24e.	7,722,443.	7,722,443.	0.	0.				
26		171227113.	7,722,333.						
	Check here ► if following SOP 98-2 (ASC 958-720)								

	Polonos Chast		<u>0354</u>	500 Page
<u> </u>	Balance Sheet	(4)	$\overline{}$	(P)
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	110,746.	1	16,572
2		1,013,325.	2	1,137,55
1 3	, ,		3	_,,
4		867,099.	4	1,167,260
5			5	
؍ ا			3	
6	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 employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net .		7	
8	Inventories for sale or use.		8	
وا	Prepaid expenses and deferred charges.	109,379.	9	87,559
10	a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 5,068,325.		77	
	b Less: accumulated depreciation 10b 821, 125.	4,339,695.	10 c	4,247,200
11		4,333,033.	11	4,241,20
12	· · · · · · · · · · · · · · · · · · ·		12	
13	· · · · · · · · · · · · · · · · · · ·		13	
14			14	
15	· ·		15	
16		6,440,244.	16	6,656,15
17		1,041,362.	17	1,182,00
18	· ·	1,041,302.	18	1,102,00
19		1,464,847.	19	1,976,88
20			20	
21			21	
22			22	
25		3,004,484.	23	2,788,04
23		3,004,404.	24	2,100,04
25			25	
26		5,510,693.		5,946,93
+	Organizations that follow SFAS 117, check here ► X and complete lines		7.5	
	27 through 29 and lines 33 and 34.			
27		869,076.	27	657,07
28		60,475.	28	52,14
29			29	
-	Organizations that do not follow SFAS 117, check here ► and complete			
1	lines 30 through 34.			
30			30	
31			31	·
32			32	
33		929,551.	33	709,22
	rotal flot addets of fully bulleties	2621331.	1-5-	100,22

BAA Form 990 (2011)

or	m 990 (2011) OREGON AFSCME COUNCIL 75	93-0354500	Р	age 12
P, a	rtXI Reconciliation of Net Assets	· · · ·		
	Check if Schedule O contains a response to any question in this Part XI			\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,502,	
2	Total expenses (must equal Part IX, column (A), line 25).	2	7,722,	<u>443.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	-220,	<u>330.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	929,	<u>551.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	. 5		0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	709,	221.
Ŗä	TEXIS Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XIL			П
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a	X
	b Were the organization's financial statements audited by an independent accountant?		2b X	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer separate basis, consolidated basis, or both	e issued on a		
	Separate basis X Consolidated basis Both consolidated and separate basis			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth a Audit Act and OMB Circular A-133?	n the Single	3a	x
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3b	
3A/	4		Form 990	(2011)

BAA

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Complete if the organization is described below.

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	Section 501(c)(4), (5), or (6) o	organizations: Complete Part III.								
Nam	e of organization			Employer identific	ation number					
	EGON AFSCME COUNCIL			93-035450						
	Part A Complete if the organization is exempt under section 501(c) or is a section 527 organization.									
1	Provide a description of the	organization's direct and indirect political of	campaign activities in	Part IV. SEE	E PART IV					
2	Political expenditures			► \$	490,867.					
	Volunteer hours									
Pa	ft B Complete if the o	rganization is exempt under section	on 501(c)(3).							
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955 .	►\$						
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	► \$						
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No					
4	a Was a correction made?		•		Yes No					
	b If 'Yes,' describe in Part IV									
Pä	武禄子G Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).						
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	n activities > \$						
2	Enter the amount of the filing function activities	g organization's funds contributed to other .	organizations for sec	tion 527 exempt ► \$						
3	Total exempt function expendine 17b	ditures Add lines 1 and 2 Enter here and .	on Form 1120-POL,	► \$						
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No					
5	organization made payments amount of political contributi	and employer identification number (EIN) s. For each organization listed, enter the arons received that were promptly and directlaction committee (PAC). If additional spa	mount paid from the f tly delivered to a seca	iling organization's fundarate political organizat	which the filing ds. Also enter the					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-					
/1\	POLITICAL FUND	1400 TANDEM AVE NE	93-1301288		826,317.					
(1)	ORAFSCME 75	SALEM, OR 97301								
(2)										
(3)										
(4)										
(5)										
(6)										

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

Schedule C (Form 990 or 990-EZ) 2011

Part II-A Complete if the section 501(h))		is exempt under se	ction 501(c)(3) and	d filed Form 5768 (e	election under	
A Check ► If the filing of	organization beloi	ngs to an affiliated group	(and list in Part IV eac	ch affiliated group memb	per's name,	
address, Eif	address, EIN, expenses, and share of excess lobbying expenditures).					
B Check ► If the filing of	organization chec	ked box A and 'limited co	ntrol' provisions apply			
(The term 'ex	Limits on Lobbyi penditures' mear	ng Expenditures as amounts paid or incuri	red.)	(a) Filing organization's totals	(b) Affiliated group totals	
1 a Total lobbying expenditures	s to influence put	olic opinion (grass roots lo	obbying) .			
b Total lobbying expenditures	s to influence a le	egislative body (direct lobb	oying) .			
c Total lobbying expenditures	s (add lines 1a ai	nd 1b)				
d Other exempt purpose exp	enditures					
e Total exempt purpose expe	enditures (add lin	es 1c and 1d)				
f Lobbying nontaxable amou both columns.	int Enter the amo	ount from the following tal	ble in			
If the amount on line 1e, column	ı (a) or (b) is [.] T	he lobbying nontaxable a	ımount is:			
Not over \$500,000		20% of the amount on line 1e.				
Over \$500,000 but not over \$1,000,	,000	\$100,000 plus 15% of the excess	over \$500,000.			
Over \$1,000,000 but not over \$1,50	00,000	\$175,000 plus 10% of the excess	over \$1,000,000.			
Over \$1,500,000 but not over \$17,0	000,000	\$225,000 plus 5% of the excess of	over \$1,500,000			
Over \$17,000,000		\$1,000,000				
g Grassroots nontaxable amo	ount (enter 25% o	of line 1f)				
h Subtract line 1g from line 1	la If zero or less	, enter -0-				
i Subtract line 1f from line 1	c. If zero or less,	enter -0				
j If there is an amount other section 4911 tax for this ye	than zero on eith	ner line 1h or line 1i, did t	he organization file Fo	rm 4720 reporting	. Yes No	
(Some o	rganizations that	Year Averaging Period L made a section 501(h) el below. See the instruction	ection do not have to	complete all of the five		
	Lobby	ing Expenditures During	4-Year Averaging Per	iod		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total	
2a Lobbying non-taxable amount						
b Lobbying ceiling amount (150% of line 2a, column (e))				**************************************		
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))				D-1		
f Grassroots lobbying expenditures	·			Schedule C (For	m 990 or 990-EZ) 2011	

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

The early Mark assessment to live a 1- through 1, halous provide in Dark IV a detailed decomplish	(6	a)	(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?	-		
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	-		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?		2:1	
j Total. Add lines 1c through 1:			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .	المناسبة ا	احبد	3.00
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		•	1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
Partill B. Complete if the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' C answered 'Yes.'	(c)(5) R (b)	, or so Part	ection III-A, line 3, is
Dues, assessments and similar amounts from members .		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2a	
b Carryover from last year .		2b	
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poli expenditure next year?	ss tical	4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part We Supplemental Information			
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, P Also, complete this part for any additional information			
PART 1-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES			
INDIRECT_CONTRIBUTIONS_TO_SUPPORT_CANDIDATES_FOR_STATE_AND_LOCAL			
AND_STATE_BALLOT_MEASURES			
			

Schedule C (Form 990 or 990-EZ) 2011 OREGON AFSCME COUNCIL 75 Part IV Supplemental Information (continued)	93-0354500	Page 4
Part IV Supplemental Information (continued)		
•		
	- -	- -
		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ΩR	EGON AFSCME COUNCIL 75				93-0354500	
	配 Organizations Maintaining Dono	r Advised Funds or Oth	er Similar Fund			e if
V. V.	the organization answered 'Yes' t	o Form 990, Part IV, line	e 6.	.5 01 71000	anto: complete	<i>-</i>
		(a) Donor advised	funds	(b) Fu	nds and other acc	ounts
1	Total number at end of year .					
2	Aggregate contributions to (during year)					•
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusive	assets held in doi e legal control?	nor advised	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or do.	ng that grant fund nor advisor, or for	s can be any other	Yes	□No
Pa	Rails Conservation Easements. Compl		nswered 'Yes' t	o Form 99		<u> </u>
1	Purpose(s) of conservation easements held by			0 1 01111 33	o, raitiv, iiie	_/.
•	Preservation of land for public use (e.g., r	·	_ `` *`	an historical	ly important land a	200
	Protection of natural habitat	ecreation of education)	Preservation of		•	aiea
	Preservation of open space			a certineu 11	istoric structure	
2	Complete lines 2a through 2d if the organizatilast day of the tax year.	on held a qualified conservati	on contribution in t	he form of a	conservation ease	ment on the
				He	ld at the End of th	e Tax Year
	a Total number of conservation easements			2a		
	b Total acreage restricted by conservation ease	ments		2b		
	c Number of conservation easements on a certi	fied historic structure included	ın (a) .	2c		-
	d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, a	nd not on a histori	c 2d		
3	Number of conservation easements modified, tax year ►	transferred, released, extingu	ished, or terminate	d by the orga	anization during th	e
4	Number of states where property subject to co	onservation easement is locate	ed ►			
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitorin	ig, inspection, han	dling of violat	tions, Yes	No
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing	conservation easer	ments during	the year	
7	Amount of expenses incurred in monitoring, in \$	nspecting, and enforcing cons	ervation easement	s during the y	/ear	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	n line 2(d) above satisfy the re	equirements of sec	tion	Yes	☐ No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its to the organization's financial	revenue and expens statements that de	e statement, a scribes the o	and balance sheet, a organization's acco	and ounting for
Pa	Organizations Maintaining Colle Complete if the organization ansi	ctions of Art, Historical wered 'Yes' to Form 990	Treasures, or 9	Other Simi	lar Assets.	
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finar	r SFAS 116 (ASC 958), not to	report in its reven	ue statement	and balance shee nce of public servi	et works of ce, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items:	ld for public exhibition, educat	tion, or research in	furtherance	of public service, p	provide the
	(i) Revenues included in Form 990, Part VIII,	line 1			. ▶\$	
	(i) Revenues included in Form 990, Part VIII, (ii) Assets included in Form 990, Part X				►\$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or othe	er similar assets fo	r financial ga	ın, provide the foll	owing
	a Revenues included in Form 990, Part VIII, line				► \$	
	b Assets included in Form 990, Part X				> \$	

Part; III Organizations Mainta	ining Colle	ections	of Art, Hist	orical	Treasures, o	r Other Sim	ilar Ass	ets (c	ontınu	ıed)
3 Using the organization's acquisition (check all that apply)	ion, accessio	n, and o	ther records, cl	heck an	y of the followin	g that are a si	gnificant (use of it	s collec	tion
a Public exhibition			d Loan	or excl	hange programs					
b Scholarly research			e U Othe	r						
c Preservation for future gener	ations									
4 Provide a description of the orga Part XIV.			•	-	•			se in		
5 During the year, did the organiza assets to be sold to raise funds r	rather than to	be maii	ntained as part	of the	organization's co	ollection? .		Yes		No
Part Escrow and Custodia line 9, or reported an	I Arrangen amount or	nents. Form	Complete if 990, Part X,	the or Ine 2	rganızatıon ar 21.	nswered 'Ye	s' to Fo	rm 99(), Part	: IV,
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	an, or otl	ner intermediar	y for co	entributions or ot	her assets not		Yes	Г	
b If 'Yes,' explain the arrangement	in Part XIV	and com	plete the follow	ving tab	le:					
								Amoun	t	
c Beginning balance .						1c				
d Additions during the year			•		• • •	1 d				
e Distributions during the year						1e				
f Ending balance .					•	1f				
2a Did the organization include an a	mount on Fo	rm 990,	Part X, line 21	?				Yes Yes		No
b If 'Yes,' explain the arrangement										
Part Va Endowment Funds. Co	mplete if t	the org	anization an	swere	d 'Yes' to Fo	<u>rm 990, Par</u>	t IV, line	e 10.		
	(a) Current	t year	(b) Prior yea	ar	(c) Two years bad	ck (d) Three	years back	(e)	Four year:	s back
1 a Beginning of year balance					· · · · · ·			32		的特別
b Contributions								1000		提供的
c Net investment earnings, gains, and losses										
d Grants or scholarships			-					***		
 Other expenditures for facilities and programs 					_					
f Administrative expenses								1	6.36	数
g End of year balance										Trick State
Provide the estimated percentage	e of the curre	ent year	end balance (li	ne 1g, d	column (a)) held	as.				
a Board designated or quasi-endow	vment ►		%							
b Permanent endowment ►	⁸	5								
c Temporarily restricted endowmer	nt ►		_%							
The percentages in lines 2a, 2b,	and 2c shoul	ld equal	100%							
3a Are there endowment funds not a organization by	n the posses	sion of t	he organizatior	n that a	re held and adm	inistered for th	е		Yes	No
(i) unrelated organizations						•		3a(i)		
(ii) related organizations.								3a(ii)		
b If 'Yes' to 3a(II), are the related of	organizations	listed as	required on S	chedule	e R? .			3b		
4 Describe in Part XIV the intended	d uses of the	organiza	ation's endowm	ent fun	ds					
Part VI Land, Buildings, and I										
Description of property			or other basis vestment)		Cost or other asıs (other)	(c) Accumu deprecia		(d) l	Book va	lue
1 a Land	•••				768,540.	经外提外到			768,	540.
b Buildings .					3,980,285.	604	,974.	3	,375,	311.
c Leasehold improvements										
d Equipment.										
e Other					319,500.		,151.		103,	349.
Total. Add lines 1a through 1e (Colum	ın (d) must e	qual For	m 990, Part X,	column	n (B), line 10(c)).	>	4	,247,	200.
D. 4. 4										

Rant VIII Investments - Other Securities. See	Form 990, Part X,	line 12. N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(O)		
(D)		
(E)		
(F)		
(G)		
<u>(H)</u>		
_()		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.).		
Partivilli Investments - Program Related. See	Form 990, Part X,	line 13. N/A_
(a) Description of investment type	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(1)		
(2)	<u> </u>	
(3)		
(4)		
(5)		
(6)		
(8)		
(9)		
(10)		The state of the s
Total. (Column (b) must equal Form 990, Part X, column (B) line 13		「新のは、大学の大学の大学には、「日本教育の大学の大学」
Part X Other Assets. See Form 990, Part X,		
	escription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column	(P) Ino 15)	•
Part XX Other Liabilities. See Form 990, Part		
(a) Description of liability	(b) Book value	THE RESERVE THE PROPERTY OF THE PARTY OF THE
(1) Federal income taxes	(b) Book value	
(2)		
(3)		
(4)		
	 	
<u>(5)</u> (6)		
(7)	- 	
(8)		
(9)	· · · · · · · · · · · · · · · · · · ·	
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	•	
Total. (Goldmin (D) must equal Form 330, Falt A, Column (D) mile 20.1	<u> </u>	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]

2 FIN 48 (ASC 740) Footnote. In Part XIV, 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)

SCH	edule D (Form 990) 2011 OREGON AFSCME COUNCIL 75	93-0354500	Page 4
Pai	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A	
1	Total revenue (Form 990, Part VIII, column (A), line 12).		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
	我用 Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return N/A	
	Total revenue, gains, and other support per audited financial statements .	11	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments.		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	d Other (Describe in Part XIV.)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV). Add lines 4a and 4b		
	,	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	tixIII: Reconciliation of Expenses per Audited Financial Statements With Expenses	per Keturn N/A	
	Total expenses and losses per audited financial statements	To Elder E	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments . 2b		
	Other losses 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
-	Add lines 4a and 4b	4c	
D Si	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also corradditional information	ort IV, lines 1b and 2b, inplete this part to provi	de
			
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Schedule D (Form 990) 2011	OREGON AFSCME COUNCIL 75 I Information (continued)	93-0354500 Page 5
Pant XIV Supplementa	Information (continued)	
•		
		
		
		
		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

OREGON AFSCME COUNCIL 75 Name of the organization

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.

* Attach to Form 990. * See separate instructions. Related Organizations and Unrelated Partnerships

201

OMB No 1545-0047

(f)
Direct controlling
entity Partill Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Employer identification number 93-0354500 (e) End-of-year assets Parti Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of disregarded entity

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(g) Sec 512(b)(13) controlled entity? ž × Yes (f) Direct controlling entity N/A (e)
Public charity status (if section 501(c)(3)) (d) Exempt Code section 527 (c) Legal domicile (state or foreign country) OR POLITICAL FUND (b)
Primary activity (a) Name, address, and EIN of related organization İ ଷ୍ପ 1 €, ଟ୍ର

Schedule R (Form 990) 2011

TEEA5001L 09/08/11

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

Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Schedule R (Form 990) 2011 (k) Percentage ownership (h) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (f) General or managing partner? Share of total income Share of end-of-year assets ž Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (h)
Disproportionate
allocations? ŝ Yes Legal domicile Direct Type of entity (State or foreign controlling entity (C corp, S corp, country) or trust) (g) Share of end-of-year assets (f) Share of total income ਉ TEEA5002L 05/24/11 (e)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (b) Primary activity controlling entity Direct (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization i BAA ᄗ Ø ᄗ 1 ල ଷ୍ଟ ପ୍ର

93-0354500

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 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?	ations listed in Parts I	-1/2	Yes No	4
Ø				
b Gift, grant, or capital contribution to related organization(s)		:	1 b	ll
c Giff, grant, or capital contribution from related organization(s)	:		1c X	اا
d Loans or loan guarantees to or for related organization(s)			X pt .	ا _ ا
e Loans or loan guarantees by related organization(s)			. 1e X	1
f Sale of assets to related organization(s).	٠	٠	11 X	لی
g Purchase of assets from related organization(s)		-	T g X	ال
h Exchange of assets with related organization(s)		. :	1h X	ال
i Lease of facilities, equipment, or other assets to related organization(s)				[3
i Lease of facilities equipment or other assets from related organization(s)			- I	7
k Performance of services or membership or fundraising solicitations for related organization(s)	•		+	.l
l Performance of services or membership or fundraising solicitations by related organization(s)		•	= ×	۱
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	:		1m X	ا. ا
n Sharing of paid employees with related organization(s)			1n X	
o Reinfoldisement paid to related organization(s) for experises in Reimbirrsement paid by related organization(s) for expenses				۱.
q Other transfer of cash or property to related organization(s)				1
_			1r X	ا. ا
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ing covered relationsh	ips and transaction thre	esholds.	-1
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	Ď
(1)				
(2)				ı
(3)				
W.				l
				l
(5)				1
(9)				ı
BAA TEEA5003L 05/24/11		Sche	Schedule R (Form 990) 2011	=

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Part VI: Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to 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.

(c)	3		3	3			1	1		ľ	1	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related income	Are all partners section 501(c)/(3)		Share of total income	Share of end-of-year	Disproportionate	Code V-UBI	General or managing	al or P	Percentage ownership
		(famo)	lated, excluded from tax under	organizat	tions?			allocations	K-1 K-1 Form (1065)	parti	 	
			section 512-514)	Yes	S S			Yes No		Yes	ş	
(1)												
(2)											-	
						-						
(3)								<u> </u>				
										-		
	•										•	
(4)												
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(8)					-							
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												•

Schedule R	(Form 990) 2011	Page 5
Part VII	Supplemental Information	
	Complete this part to provide additional information for responses to questions on Scho(see instructions).	edule R
		
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BAA	TEEA5005L 05/25/11 Sche	edule R (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization 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.

ΕZ	OMB No 1545-0047			
	2011			
on	Open to Public luspection			
Employer identification number				

OREGON AFSCME COUNCIL 75	93-0354500
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS	S, DIRECTORS, ETC.
ORGANIZING DIRECTOR IS THE SPOUSE OF THE EXECUTIVE DIRECTOR.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
A COPY IS PRESENTED TO THE FISCAL DIRECTOR WHO PRESENTS IT TO	THE TRUSTEES.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE	
UPON REQUEST	
	-
	
	

2011

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

OREGON AFSCME COUNCIL 75

93-0354500

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

SEGREGATED POLITICAL FUND REVENUE .

TOTAL \$ 826,317. \$ 826,317.

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

SEGREGATED POLITICAL FUND EXPENSES

TOTAL \$ 490,867. 490,867.