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Form **990-EZ**

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

**2011**

**Open to Public Inspection**

A For the 2011 calendar year, or tax year beginning July 1 , 2011, and ending June 30 , 20 12

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
**Henry Ford Community College Adjunct Faculty Organization**

Number and street (or P O box, if mail is not delivered to street address) **5101 Evergreen** Room/suite **A024**

City or town, state or country, and ZIP + 4 **Dearborn, MI 48128-1495**

D Employer identification number **26-4059598**

E Telephone number **313-845-9707**

F Group Exemption Number ▶ **0787**

G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ▶

I **Website:** ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J **Tax-exempt status** (check only one) – ☐ 501(c)(3) ☑ 501(c) ( **5** ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $

**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☐

| | | | | | |
|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 40 |
| | 2 | Program service revenue including government fees and contracts | | 2 | |
| | 3 | Membership dues and assessments | | 3 | 166,167 |
| | 4 | Investment income | | 4 | 598 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | b | Less: cost or other basis and sales expenses | 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | |
| | 6 | Gaming and fundraising events | | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) | 6a | | |
| | b | Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) | 6b | | |
| | c | Less: direct expenses from gaming and fundraising events | 6c | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | 6d | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| | b | Less: cost of goods sold | 7b | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | |
| | 8 | Other revenue (describe in Schedule O) | | 8 | |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | | 9 | 166,805 |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | 10 | 67,879 |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | 54,281 |
| | 13 | Professional fees and other payments to independent contractors | | 13 | |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | 1,742 |
| | 15 | Printing, publications, postage, and shipping | | 15 | 10 |
| | 16 | Other expenses (describe in Schedule O) | | 16 | 11,709 |
| | 17 | **Total expenses.** Add lines 10 through 16 ▶ | | 17 | 135,621 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | 31,184 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | 78,046 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | 20 | 107 |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | | 21 | 109,337 |

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65

**Part II Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

| | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 69,384 | 22 | 124,996 |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe in Schedule O) | 11,559 | 24 | 1,701 |
| 25 | **Total assets** | 80,943 | 25 | 126,697 |
| 26 | **Total liabilities** (describe in Schedule O) | 2,897 | 26 | 17,360 |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 78,046 | 27 | 109,337 |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? **Bargaining Agent for College Adjunct Faculty**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 **Contract bargaining and administration; member services, member representation in grievances.**

(Grants $ ) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a

29 **Conferences, leadership development for executive board and members.**

(Grants $ ) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a

30

(Grants $ ) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| **Mary Beck**<br>**23442 Wilson, Dearborn, MI 48128** | **President, 10 Hrs.** | **4,574** | | |
| **L. Glenn O'Kray**<br>**752 Wagner Ct., Dearborn, MI 48124** | **Vice President, 5 Hrs.** | **2,287** | | |
| **Thomas Anderson**<br>**33825 Cowan Rd., Westland, MI 48185** | **Grievance Officer, 10 Hrs.** | **4,574** | | |
| **Sherry Morgan**<br>**7244 Wildwood, Westland, MI 48185** | **Treasurer, 15 Hrs.** | **2,287** | | |
| **William Norris**<br>**3872 East Pond Ct., Orion, MI 48359** | **Executive Director, 40 Hrs.** | **34,477** | **5,506** | |
| **Cedric Knott**<br>**1515 Cherboneau Place #7, Detroit, MI 48207** | **Fin. Records Secretary, 10** | **576** | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part V** **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | ✓ |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | ✓ |
| 35a | Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | ✓ |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | ✓ |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | ✓ |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | ✓ |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 39a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | ✓ |
| c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. | 40e | | ✓ |
| 41 | List the states with which a copy of this return is filed. ▶ _____ | | | |
| 42a | The organization's books are in care of ▶ **Sherry Morgan** Telephone no. ▶ **734-323-2197** | | | |
| | Located at ▶ **244 Wildwood, Westland, MI** ZIP + 4 ▶ **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 account)? | 42b | | ✓ |
| | If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.** | | | |
| c | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | | ✓ |
| | If "Yes," enter the name of the foreign country: ▶ _____ | | | |
| 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 ▶ 43 | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | ✓ |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | ✓ |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | ✓ |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | ✓ |
| 45b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | | ✓ |

| | | | Yes | No |
|---|---|---|---|---|
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | ✓ |

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

| | | | Yes | No |
|---|---|---|---|---|
| 47 | 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 | 47 | | |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b | If "Yes," was the related organization a section 527 organization? | 49b | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than $100,000 | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than $100,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

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

52 Did the organization complete Schedule A? **Note**: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

▶ Sherry Morgan — Signature of officer — Date 10/29/2012

▶ **Sherry Morgan, Treasurer** — Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | | | |

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

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

# HFCC Adjunct Faculty Organization
## Profit & Loss
### July 2011 through June 2012

| | | |
|---|---|---|
| Ordinary Income/Expense | | |
| Income | | |
| Other Types of Income | | |
| Interest-Bank of Internet | 435 42 | |
| Interest-Members Focus | 163 07 | |
| | 40 00 | |
| Total Other Types of Income | | 638 49 |
| Program Income | | |
| Agency Fees | 24,750 02 | |
| Income 1650 Dues | 5,454 79 | |
| Income 1650 Fees | 549 76 | |
| Membership Dues | 135,412 02 | |
| Total Program Income | | 166,166 59 |
| Total Income | | 166,805 08 |
| Expense | | |
| Business Expenses | | |
| Accidental Death Ins Expense | 296 80 | |
| AFL-CIO-Metro Expense | 1,780 80 | |
| AFL-CIO-Michigan Expense | 1,780 80 | |
| AFT-Liability Ins. Expense | 2,077 60 | |
| AFT-Michigan Expense | 38,014 14 | |
| AFT-National Expense | 23,928 80 | |
| Total Business Expenses | | 67,878 94 |
| Operations | | |
| Banking Fees Expense | 45 00 | |
| Contributions Expense | 4,650 96 | |
| Depreciation Expense | 309 94 | |
| Fidelity Bond Expense | 60 00 | |
| Hospitality Expense | 1,229 24 | |
| Office Supplies Expense | 533 19 | |
| PAC Fund Expense | 549 94 | |
| Postage, Mailing Expense | 9 98 | |
| Rent Expense | 1,742 00 | |
| Total Operations | | 9,130 25 |
| Payroll Expenses | | |
| Executive Dir Payroll Taxes Exp | 3,330 60 | |
| Executive Director-Benefits Exp | 2,175 27 | |
| Executive Director-Salary Exp | 34,477 17 | |
| Fin. Rec Secretary-Stipend Exp | 575 99 | |
| Grievance Officer-Stipend Exp | 4,574 04 | |
| President-Stipend Expense | 4,574 04 | |
| Treasurer-Stipend Expense | 2,287 02 | |
| Vice Pres. Stipend Expense | 2,287 02 | |
| Total Payroll Expenses | | 54,281 15 |
| Reconciliation Discrepancies | | -0 10 |
| Travel and Meetings | | |
| Conference, Convention, Meeting | 600 00 | |
| Travel | 3,730 60 | |
| Total Travel and Meetings | | 4,330 60 |
| Total Expense | | 135,620 84 |
| Net Ordinary Income | | 31,184 24 |
| Net Income | | 31,184.24 |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# 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.**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| Henry Ford Community College Adjunct Faculty Organization | 26-4059598 |

**Line 10: Per Capita Payments including American Federation of Teachers $26,303, American Federation of Teachers-Michigan $38,014, AFL-CIO Michigan, $1,781, and AFL-CIO Metro, $1,781 for a total of $67,879.**

**Line 16: Other Expenses including Banking Fees Expense $45, Contributions Expense $4,651, Depreciation Expense $310, Fidelity Bond Expense $60, Hospitality Expense $1,229, Office Supplies Expense $533, PAC Fund Expense $550, Conference, Convention, Meeting Expense $600, and Travel Expense $3,731 for a total of $11,709.**

**Line 20: Other changes in net assets or fund balance: Three checks never cashed (void after 90 days) in the 2010-2011 fiscal year changed the net assets to $78,153 from $78,046, a difference of $107.**

**Line 24: Other Assets including Computer and Equipment $1,700.**

**Line 26: Total Liabilities including AFT Michigan Payable $1,982, AFT National Payable $1,718 and Metro Detroit AFL-CIO Payable $86, and Executive Dir Salary Payable $13,574 for a total of $17,360.**

| Name of the organization | Employer identification number |
| --- | --- |
| | |

# HFCC Adjunct Faculty Organization
## Balance Sheet
### As of June 30, 2012

| | | |
|---|---|---|
| **ASSETS** | | |
| **Current Assets** | | |
| **Checking/Savings** | | |
| **Cash** | | |
| **CD Bank of Internet 36 Month** | 10,185 99 | |
| **Cd Bank of Internet 60 Month** | 10,249 43 | |
| **Checking** | 3,696 94 | |
| **Savings** | 100,863 54 | |
| **Total Cash** | | 124,995 90 |
| **Total Checking/Savings** | | 124,995 90 |
| **Total Current Assets** | | 124,995 90 |
| **Fixed Assets** | | |
| **Computer & Equipment** | | |
| **Accumulated Depreciation C & E** | -720 88 | |
| **Computer & Equipment - Other** | 1,650 70 | |
| **Total Computer & Equipment** | | 929 82 |
| **Office Furniture** | | 770 67 |
| **Total Fixed Assets** | | 1,700 49 |
| **TOTAL ASSETS** | | **126,696.39** |
| **LIABILITIES & EQUITY** | | |
| **Liabilities** | | |
| **Current Liabilities** | | |
| **Other Current Liabilities** | | |
| **Executive Dir-Salary Payable** | | 13,573 42 |
| **Other Current Liabilities** | | |
| **AFT Michigan Payable** | 1,982 29 | |
| **AFT National Payable** | 1,717 70 | |
| **Metro Detroit AFL-CIO Payable** | 86 10 | |
| **Total Other Current Liabilities** | | 3,786 09 |
| **Total Other Current Liabilities** | | 17,359 51 |
| **Total Current Liabilities** | | 17,359 51 |
| **Total Liabilities** | | 17,359 51 |
| **Equity** | | |
| **HFCC-AFO Equity** | | 823 00 |
| **Unrestricted Net Assets** | | 77,329 64 |
| **Net Income** | | 31,184 24 |
| **Total Equity** | | 109,336 88 |
| **TOTAL LIABILITIES & EQUITY** | | **126,696.39** |