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Short Form Return of Organization Exempt From Income Tax

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.*

A For the 2011 calendar year, or tax year beginning 10/01, 2011, and ending 9/30, 20 12

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

C Name of organization
AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 1034
 City or town, state or country, and ZIP + 4
PORTLAND, OR 97207

D Employer identification number
93-0570653

E Telephone number
503-220-8262

F Group Exemption Number ▶ **2157**

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

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

I Website: ▶ **WWW.AFGE2157.ORG**

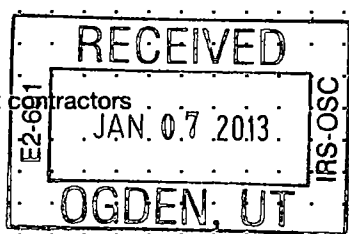
J Tax-exempt status (check only one) – 501(c)(3) 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527

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 ▶ \$ **200,528.**

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	200,124.
	4 Investment income	4	404.
	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	200,528.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	21,691.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	842.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	8,652.
	16 Other expenses (describe in Schedule O)	16	118,546.
17 Total expenses. Add lines 10 through 16 ▶	17	149,731.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	50,797.
	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	305,216.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	356,013.



SCANNED JAN 16 2013

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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

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

	Yes	No
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

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		

b If "Yes," was the related organization a section 527 organization?

	Yes	No
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

	12/24/2012 Date
HONORATO YACAPIN, TREASURER Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name SELF-PREPARED	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no	
Firm's address ▶				

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

Employer identification number

93-0570653

FORM 990-EZ, PART 1, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID:

CLASS OF ACTIVITY	DONEE'S NAME	RELATIONSHIP OF DONEE	CASH AMOUNT GIVEN
DONATION - Legislative Action Fund	AFGE	AFFILIATE	\$ 5,000.
DONATION	COPE	AFFILIATE	\$ 40.
DONATION	Labor's Community Services Agency	AFFILIATE	\$ 2,000.
DONATION - Employee Picnic	VAEA	AFFILIATE	\$ 1,500.
DONATION - Labor Day Picnic	NW Oregon Labor Council	AFFILIATE	\$ 200.
DONATION	Jobs With Justice	NONE	\$ 1,051.
DONATION	AFYRC	NONE	\$ 1,000.
DONATION	Naral Pro-Choice	NONE	\$ 250.
DONATION	Oregon AFL-CIO	AFFILIATE	\$ 500.
DONATION	Oregon Single Payer Campaign	NONE	\$ 500.
DONATION	PSU Foundation	NONE	\$ 300.
DONATION	Unions for Kids	NONE	\$ 300.
DONATION	Unite Women	NONE	\$ 1,500.
DONATION	Vermont Hills Family Life Center	NONE	\$ 500.
DONATION	VOZ	NONE	\$ 200.

PAYMENTS TO AFFILIATES:

NAME	ADDRESS	PURPOSE OF PAYMENT	AMOUNT
AFGE 11th Dist Council 249	PO Box 1035, Portland, OR 97207	PER CAPITA TAX	\$ 2,910.
NW Oregon Labor Council AFL-CIO	1125 SE Madison Ste 100-D, Portland, OR 97214-3600	PER CAPITA TAX	\$ 3,940.
TOTAL PAYMENTS TO AFFILIATES			\$ 6,850.

TOTAL GRANTS AND SIMILAR AMOUNTS PAID **\$ 21,691.**

Name of the organization

Employer identification number

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

93-0570653

FORM 990-EZ, PART 1, LINE 16 OTHER EXPENSES

Organizing - Advertising & Promotion	\$ 40,348.
Conferences, Conventions, and Meetings	\$ 50,336.
Office Expenses	\$ 138.
Telephone	\$ 13,833.
Travel	\$ 13,891.
TOTAL OTHER EXPENSES	\$118,546.