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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)

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection

| A | For the | 2012 calen | dar year, or tax year beginning , 2012, and ending | | • | , |
|------------------|---------------|-------------------------|---|---------------|---|--------------------------------|
| В | Check if an | oplicable | C | | D Employer Iden | tification Number |
| | Addre | ss change | AFGE AFL-CIO COUNCIL 083 | | 86-6030 | 1872 |
| | Name | change | 2185 W MAGEE RD #125 | ŀ | E Telephone num | |
| | \vdash | return | TUCSON, AZ 85742 | | | |
| | \vdash | nated | | ŀ | | |
| | \vdash | ided return | | | G Gross receipts | \$ 4,834,956. |
| | \vdash | cation pending | F Name and address of principal officer EDWARD TUFFLY | (a) Is this a | group return for af | |
| | Пуррис | battori perialing | | | affiliates included? attach a list (see in | |
| $\overline{}$ | Tax-exe | mpt status | 501(c)(3) X 501(c) (5) ((nsert no) 4947(a)(1) or 527 | If 'No,' a | attach a list (see in | structions) |
| <u>;</u> | Websi | | | Va) Group e | exemption number | • |
| ĸ | | organization | X Corporation Trust Association Other ► L Year of Formatio | • • | | legal domicile AZ |
| _ | | Summar | | 1900 |) IN State of | legal domicile AZ |
| 1 6 | | | | ייי רבי | TUTE COUNT | CIL SHALL BE |
| | | | TE THE GENERAL WELFARE OF CIVILIAN GOVERNMENTAL | | | HE COUNCIL |
| ဦ | | | RIVE TO PROMOTE EFFICIENCY IN THE GOVERNMENTAL | | | |
| Ē | | | IMPROVEMENT TO BE SECURED BY LEGISLATIVE ENACT | | | |
| Governance | | neck this bo | | | | |
| Ğ | 3 Nt | | oting members of the governing body (Part VI, line 1a). | | 3 | 10 |
| တ္ | 4 Nu | | dependent voting members of the governing body (Part VI, line 1b) | | . 4 | 0 |
| ij | 5 To | | of individuals employed in calendar year 2012 (Part V, line 2a) | • • | 5 | 13 |
| Activities & | 7 To | | of volunteers (estimate if necessary). | | 6 | 0 |
| ⋖ | h No | ot unrolator | d business revenue from Part VIII, column (C) time 12 LEIVED I business taxable income from Form 990-T, line 34 CEIVED | | 7 a | 0. |
| | D 140 | st uniterated | Districts taxable income nonit offin 930-1, line 94. | В. | ior Year | 0. Current Year |
| | 8 Cc | ontributions | and grants (Part VIII, line 1h) . AUG © 5 2013 | | ,784,677. | Current Tear |
| ī | 1 | | and grants (Part VIII, line 1h) . AUG © 5 2013 | 4 | , 104, 011. | 4,746,340. |
| Revenue | 1 | _ | ncome (Part VIII, column (A), lines 3, 4, and 7d) | | 39,011. | 4,215. |
| æ | | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 (1967) (1971) | | 82,826. | 84,401. |
| | | | e – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4 | ,906,514. | 4,834,956. |
| | | | milar amounts paid (Part IX, column (A), lines 1-3) | | , | 78,240. |
| | 14 Be | enefits paid | to or for members (Part IX, column (A), line 4) | | 12,000. | 58,500. |
| | 15 Sa | alaries, othe | er compensation, employee benefits (Part IX, column (A), lines 5-10) | | 499,995. | 201,184. |
| Ses | 16a Pr | ofessional | fundraising fees (Part IX, column (A), line 11e) | | | |
| Expenses | b To | | sing expenses (Part IX, column (D), line 25) ▶ | 0.000 | 然是"怎么的" | |
| ă | 17 Ot | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | 2 | | |
| | l. | - | es Add lines 13-17 (must equal Part IX, column (A), line 25) | | ,804,773. | 2,661,568. |
| | | | expenses Subtract line 18 from line 12 | | ,316,768. | 2,999,492. |
| 8 8 | | | expenses Subtract line to nontline 12 | 1 | ,589,746. | 1,835,464. End of Year |
| Assets Baland | 20 To | tal assets (| (Part X, line 16) | | g of Current Year , 970, 223. | 9,800,756. |
| A A B | | | s (Part X, line 26) | | 12,302. | 7,371. |
| \$5 | | | fund balances Subtract line 21 from line 20 | 7 | | |
| Pa | L | Signatur | | <u> </u> | <u>,957,921.</u> | 9,793,385. |
| <u></u> | | | | - bdd | | lad about a constant |
| com | plete Decla | ration of prepa | clare that I have examined this return, including accompanying schedules and statements, and to the rer cother than officer) is based on all information of which preparer has any knowledge | e best of my | / Knowledge and be | lier, it is true, correct, and |
| | | × | W # | × | 7/29/ | 13 |
| Sig | ın | Signatu | re of Afficer | Dat | e / / | |
| He | re | \blacktriangleright × | Edward Tuffi Treasurer | | | |
| | | Type or | print name and title | | | |
| | _ | Print/Type p | reparer's signature Date | | Check If | PTIN |
| Pa | id | ALEXAN | IDRA L MILLER CPA Cler unde helle (3) 7/2 | lu | self-employed | P00178486 |
| Pre | eparer | Firm's name | | | | |
| Us | e Only | Firm's addre | | | Fırm's EIN ► 86 | -0957133 |
| | | | TUCSON, AZ 85715-3477 | | Phone no (52 | |
| | | | is return with the preparer shown above? (see instructions). | | | X Yes No |
| | | | Advanta Addition and the state of | 0113L 12/1 | | Form 990 (2012) |

| | 1990 (2012) AFGE AFL-CIO COUNCIL 083 | 86-60308 | 72 P | age 2 |
|-----|--|--|----------------------------|------------------|
| Par | は川្ Statement of Program Service Accomplishments | | | (-) |
| | Check if Schedule O contains a response to any question in this Part III | · · | | X |
| 1 | Briefly describe the organization's mission: | | | |
| | SEE_SCHEDULE_O | | | |
| | | | | |
| | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the pr | ıor | | |
| | Form 990 or 990-EZ? | | Yes X | No |
| | If 'Yes,' describe these new services on Schedule O | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program se | rvices? | Yes X | No |
| | If 'Yes,' describe these changes on Schedule O. | | _ | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of others, the total expenses, and revenue, if any, for each program service reported | rices, as measur f grants and alloc | red by expens ations to | ses |
| 4 a | (Code) (Expenses \$ including grants of \$) (F | Revenue \$ | | |
| | NEGOTIATION AND ARBITRATION - EACH MEMBER IS COVERED BY A MONTHL | Y STIPEND | FOR ANY | |
| | NEGOTIATION/ARBITRATION NEEDED BY THE MEMBER. THIS WOULD INCLUDE | DISCIPLIN | ARY ACTIO | ONS |
| | REPRESENTATION, ADVERSE ACTIONS REPRESENTATION, CONDITIONS OF EM | | | |
| | VIOLATIONS OF CONTRACT. IN ADDITION, MEMBERS WHO HAVE INCURRED | LEGAL EXPE | NSES DUE | TO_ |
| | JOB SITUATIONS WILL ALSO BE REIMBURSED. | | | |
| | TRAINING - LOCALS ARE REIMBURSED FOR TRAINING EXPENSES AND NEW E | QUIPMENT P | URCHASED | _IN_ |
| | ORDER TO CARRY ON FOR THE GOOD OF THE COUNCIL. | | | |
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| | | | | |
| 4 b | (Code:) (Expenses \$ including grants of \$) (F | Revenue \$ | | |
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| 4 c | (Code) (Expenses \$ including grants of \$) (F | Revenue S | <u> </u> | |
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| 4 d | Other program services (Describe in Schedule O.) | | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | |) | |
| | Total program service expenses ► | | | |
| BAA | TEEA0102L 08/08/12 | | Form 990 (2 | 2012) |

Form 990 (2012) AFGE AFL-CIO COUNCIL 083

Part IV | Checklist of Required Schedules

| | The one of the dames of the dames | | r | |
|----|---|---------------------------------------|-----|----------|
| | | | 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 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part 1 | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? 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 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable | , , , , , , , , , , , , , , , , , , , | | <u> </u> |
| i | 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 | |
| | 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 | | X |
| • | 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 |
| 4 | 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 |
| 1 | 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 | | Х |
| 12 | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | 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 and XII is optional | 12 b | | X |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| 14 | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | _ | <u>X</u> |
| - | 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 | | X |
| 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 | | X |
| 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 | _ | Х |
| | 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 |
| | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | X |
| 1 | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | | L. |

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 | х | |
| 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 | | X |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> | 23 | | Х |
| 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 |
| | b 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 | | |
| | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | 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 | | |
| - | 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, highest 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 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| l | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| | 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 | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| 30 | contributions? If 'Yes,' complete Schedule M. | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 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 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | X |
| 35 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . | 35a | | X |
| ١ | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 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 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| 3AA | | Form | 990 (| 2012) |

| | Check if Schedule O contains a response to any question in this Part V | | | | | | | |
|-----|--|----------------------------|------------|----------|----------------|--|--|--|
| | | | | Yes | No | | | |
| 1 | a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 20 | | | | | | |
| | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b | 20 | | | | | | |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable g | - | | | | | | |
| | (gambling) winnings to prize winners? | amily . | 1 c | | X | | | |
| 2 | a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State- | | | | | | | |
| | ments, filed for the calendar year ending with or within the year covered by this return | 13 | | | | | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax return | ⊢ | 2 b | Х | | | | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions |) | | | - V | | | |
| | a 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 O | - | 3 b | | | | | |
| | a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial act | over, a count)? | 4 a | | Х | | | |
| | b If 'Yes,' enter the name of the foreign country. | | - 1 | | | | | |
| _ | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A | ccounts | | | X | | | |
| | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | \ | 5 a | | X | | | |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactor file Form 9996 T2 | 110117 | 5 b | | | | | |
| | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | . | 5 c | | | | | |
| 6 | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the solicit any contributions that were not tax deductible as charitable contributions? | organization | 6 a | | Х | | | |
| | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible? | were | 6 b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | Ī | | | | | | |
| | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g services provided to the payor? | oods and | 7 a | <u> </u> | | | | |
| | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | - | 7 b | | | | | |
| | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require Form 8282? | d to file | 7 c | | | | | |
| | 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? | | | | | | | |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | <u> </u> | 7 e 7 f | + | | | | |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 | - | | | | | | |
| | as required? | | 7 g | | | | | |
| | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat Form 1098-C? | ion file a | 7 h | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have excesholdings at any time during the year? | ations. Did the s business | 8 | ** / | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 3 | ,; | | | |
| | a Did the organization make any taxable distributions under section 4966? | [- | 9a | | | | | |
| | b Did the organization make a distribution to a donor, donor advisor, or related person? | | 9 b | | | | | |
| | Section 501(c)(7) organizations. Enter | ŗ | \Box | | | | | |
| | 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 | | | ^ | 1 | | | |
| | Section 501(c)(12) organizations. Enter | | | | | | | |
| | a Gross income from members or shareholders | | | l | 1 | | | |
| | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | , | | | | | |
| | a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10 |)41? | 12 a | | | | | |
| | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . 12b | | 3 | | | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| | a is the organization licensed to issue qualified health plans in more than one state? | | 13 a | | | | | |
| | 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 | | | | 1 | | | |
| | which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand | | _ | | 1 | | | |
| | a 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 (| | 14a 14b | | | | | |
| BAA | | | | 990 (| 2012) | | | |
| | | (| OHILL | JJU (| | | | |

•• •

| Par | a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change | r jes ir | 7 | |
|--------|--|-------------|---------|-----------------|
| | Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI | | | X |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1 a | In 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. | | | - A |
| t | Enter the number of voting members included in line 1a, above, who are independent | | 1, 3 | |
| 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? | 2 | x: 💥 | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?. | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents | | | v |
| _ | since the prior Form 990 was filed? | 5 | | <u>X</u> |
| 5 6 | Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? | 6 | | X |
| | 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? | 7 a | х | |
| t | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? | 7 b | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | Miliale . | | |
| | The governing body? | 8 a | X | |
| | Each committee with authority to act on behalf of the governing body? | 8 b | ^ | |
| 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 C | | Yes | No |
| 10 a | Did the organization have local chapters, branches, or affiliates? | 10a | X | |
| | of '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 b | Х | |
| | 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 | |
| ŀ | Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O | . Der | . Z.M | () (50) |
| | Did the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12 a | | X |
| t | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12 b | | |
| (| 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 | | |
| 13 | , , , | 13 | v | _X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | 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 SEE SCHEDULE 0 | 15a | X | |
| | o Other officers of key employees of the organization SEE SCHEDULE Q If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) | 15 b | X | 2-887 |
| 16 a | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| ł | If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its | 16 b | , . | .5 |
| Sec | tion C. Disclosure | 1 | | |
| 17 | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Check all that apply. | aılabl | e for | public |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | the public during the tax year. SEE SCHEDULE O | ble to | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization | | | |
| BAA | EDWARD_TUFFLY_2185_W_MAGEE_RDSTE125TUCSON_AZ_85742_520-293-7640 | Form | 990 (| 2012) |

| Earm 000 (20 | 10 3000 | ART CTO | COLLINGTE | $\alpha \alpha \alpha$ |
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86-6030872

Page 7

Part VII 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 n | or any rela | ited org | ganız | atio | n co | mpens | sated | d any current officer, di | rector, or trustee | |
|--|--|-----------------------------------|-----------------------|-----------------|--------------|--|--------|--|--|--|
| | | | _ | (C | ;) | | | | | |
| (A) Name and Title | (B) Average hours per week (list | one bo | ıx. ùn | less p d a d | perso | more to the more to the more to the more the more than the | n an I | (D) Reportable compensation from the organization | (E) Reportable compensation from | (F) Estimated amount of other compensation |
| | any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | relatéd organizations (W-2/1099-MISC) | from the organization and related organizations |
| (1) GEORGE MCCUBBIN | 0 | | | | | | | | | |
| PRESIDENT | 0 | | | Х | | | | 14,799. | 0. | 0. |
| (2) EDWARD TUFFLY | 0 | | | | | | | | | |
| TREASURER_ | 0 | | | Х | | | | 22,745. | 0. | 0. |
| (3) CHRIS BAUDER | 0 | | | | | | | | | |
| VICE PRESIDENT | 0 | | | X | | | | 11,454. | 0. | 0. |
| (4) BRANDON JUDD | 0 | | | | | | | | | |
| VICE PRESIDENT | 0 | | l | Х | | | | 5,766. | 0. | 0. |
| (5) STEVE MALPEZZI | 0 | | | | | | | | | |
| VICE PRESIDENT | 0 | | | Х | | | | 12,555. | 0. | 0. |
| (6) SHAWN MORAN | 0 | | | | | | | | | |
| VICE PRESIDENT | 0 | [| | Х | | | | 1,924. | 0. | 0. |
| (7) PAUL PEREZ | 0 | | | | | | | | | · |
| VICE PRESIDENT | 0 | | | x | | | İ | 1,090. | 0. | 0. |
| (8) ERIC SPARKMAN | 0 | | | | | | | | | |
| VICE PRESIDENT | 0 1 | | | Х | | | | 14,587. | 0. | 0. |
| (9) JAMES STACK | 0 | | | | | | | | | |
| VICE PRESIDENT | 0 | | | X | | | | 3,599. | 0. | 0. |
| (10) ALBERT TREVINO | 0 | | | | | | | | | |
| VICE PRESIDENT | 10-1 | | | X | | | | 0. | 0. | 0. |
| (11) | | | | İ | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | , _ | | |

Page 8

| Part VII. Section A. Officers, Directors, Trus | stees, I | ∧ey ∣ | En | ıpıc | | es, | and | a Hignest Com | ipensated Emp | l oyees (cont) |
|--|--|-------------------|---|--------------|---|---------------------------------|---------------------|--|---|---|
| (A) Name and title | Average hours per week (list any | offic | (do not check box, unless p officer and a | | k more than one berson is both an director/trustee) | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
| | hours for related organiza - tions below dotted line) | or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | (| (| organization and related organizations |
| (15) | | | | | | | | | | |
| (16) | | | | | - | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | <u>.</u> |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | , | | |
| (25) | | | | | | | | | | |
| 1 b Sub-total | | !i | لـــــا | | ! | • | • | 88,519. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) | n A | | | | | | A | 0. | 0. | 0. |
| 2 Total number of individuals (including but not limited to from the organization ▶ 0 | o those li | sted | abov | ve) v | vho | receiv | ved | 88,519. more than \$100,00 | • | 0. ensation |
| nom die organization | | | | | | | - | . | | Yes No |
| 3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such | or or trus <i>individu</i> | tee, <i>al</i> | key | em | ploy | ee, c | or hi | ighest compensate | ed employee | 3 X |
| For any individual listed on line 1a, is the sum of r the organization and related organizations greater such individual | eportabl than \$1 | e co 50,00 | mpe 00? | nsa If 'Y | tion 'es' | and comp | oth o <i>let</i> | er compensation of e Schedule J for | from | 4 X |
| 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,' | compen | satio | n fre | om : lule | any <i>J fo</i> | unre | late | d organization or erson | ındıvıdual | 5 X |
| Section B. Independent Contractors | | | | | | | | | · · · · · · · · | |
| 1 Complete this table for your five highest compensation from the organization. Report compensation. | ated indeation for | epen the ca | dent alen | cor dar y | ntrad /ear | ctors endii | tha | it received more the with or within the or | nan \$100,000 of ganization's tax year | |
| (A) Name and business addre | ss ————— | | | | | | | (B) Description o | of services | (C) Compensation |
| GATTEY & BARANIC, PLC 2445 FIFTH AVENUE, SU | ITE 3 S | SAN . | DIE | GO, | CA | 921 | 01 | LEGAL FEES | | 195,243. |
| | | | | | | | | | | |
| 2 Total number of independent contractors (including bu \$100,000 in compensation from the organization ▶ | | ted to | tho | se li | sted | abov | ve) v | who received more | than | |
| RAA | | EEAA | 1001 | 01/0 | | | | | j | Form 900 (2012) |

86-6030872

| | | | | | | (A) Total revenue | (B) Related or exempt | (C) Unrelated business | (D) Revenue excluded from tax |
|---|--|---|-----------------|--------------|----------------|----------------------|-----------------------------|------------------------------|---|
| | | | | | | | function revenue | revenue | under sections 512, 513, or 514 |
| PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS | 1 a | Federated campaigns. | | 1 a | | | | | |
| 중 | | Membership dues | | 1 b | <u> </u> | | | • | |
| FA | | Fundraising events | | 1 c | | _ | | | |
| S. ₹ | | Related organizations | | 1 d | | - | | | |
| S S | | Government grants (contributi | | 1 e | | - | | | |
| 들빌 | f | All other contributions, gifts, g similar amounts not included | grants, and | 1 f | | | | | |
| N ON | | Noncash contributions include | | | | - | | | |
| 당록 | _ | Total. Add lines 1a-1f | a in mo ra | ··· | • | | | × | |
| NUE | | | ** | | Business Code | | | | |
| E | 2 a | MEMBERSHIP_DUES_& | ASSESSM | ENTS | | 4,746,340. | 4,746,340. | | |
| 띩 | b | | | | | | | | |
| <u></u> | С | | | L | | | | | |
| SE | d | | | | | | | | |
| SRA | e | 71-11 | | | | | | | |
| ջ | 1 | All other program service | ce revenu | ie [| | 7.746.040 | | | |
| - | | Total. Add lines 2a-2f | المام المامانية | | | 4,746,340. | | | |
| | 3 | Investment income (incother similar amounts) | luaing an | viaerias, | , interest and | 4,215. | 20. | | 4,195. |
| | 4 Income from investment of tax-exempt bond proceeds ► | | | | 20. | | ., | | |
| | 5 | Royalties | | | • | | | | |
| | | | (i) R | eal | (II) Personal | | š | <u>)</u> | \$ * ** |
| | | Gross rents | 2 | <u>,000.</u> | | | | | \$ 1.00 mm |
| | | Less: rental expenses | | | | 1 | | | 12 % " |
| 1 | | Rental income or (loss) | | <u>,000.</u> | | | | | |
| | | Net rental income or (lo | (ı) Secu | ırıtıes | (II) Other | 2,000. | 2,000. | <u> </u> | / <u>%*</u> |
| | 7 a | Gross amount from sales of assets other than inventory | (7,555 | | (1) 55151 | , , | | | |
| | h | Less, cost or other basis | | | | * * * | , . | 4º | |
| | U | and sales expenses | | | | | | | , , <u>, , , , , , , , , , , , , , , , , </u> |
| | С | Gain or (loss) | | | | | | | |
| | d | Net gain or (loss) | | | - | | | | |
| ш | 8 a | Gross income from fund | draising e | vents | | 1.4 | | * | 4.00 |
| 圖 | | (not including \$of contributions reporte | م ا مما | 1-> | | | * | | |
| OTHER REVENUE | | See Part IV, line 18 | u on line | | | | | | |
| 띺 | h | Less. direct expenses | | a h | | - | | | |
| 6 | | Net income or (loss) from | om fundra | aisina ev | Lvents ▶ | | | | |
| | | Gross income from gan See Part IV, line 19 | | • | | | | | |
| | | Less: direct expenses | | b | | - | | | |
| | | Net income or (loss) fro | m gamın | ig activi | ties • | | | | |
| | 10 a | Gross sales of inventor | v. less re | turns | | | | | |
| | | Gross sales of inventory and allowances | | а | 3,240. |] | | | * |
| | | Less. cost of goods sol | | b | | | | | |
| | С | Net income or (loss) fro | | of inver | | 3,240. | 3,240. | | |
| | 11 0 | Miscellaneous Reven | ue | | Business Code | 70.661 | 70 661 | | |
| | _ | AFGE_REBATES REFUND | | | | 78,661. 500. | 78,661. | | 500 |
| } | c | VELOUE | | | | 300. | | | 500. |
| | _ | All other revenue | | | | | | | |
| | е | Total. Add lines 11a-11 | d | | • | 79,161. | | | ,~ |
| | 12 | Total revenue. See inst | ructions | | | | 4 920 261 | | 4 605 |

Part IX | Statement of Functional Expenses

| Seci | ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a r | | | ompiete column (A) | . X |
|------|---|----------------|---|------------------------------------|-------------------------|
| _ | | (A) | (B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | and organizations in the United States See Part IV, line 21 | 78,240. | | | |
| 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 | Benefits paid to or for members. | 58,500. | | | |
| 5 | trustees, and key employees. | 88,519. | | | |
| 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. | | | |
| 7 | Other salaries and wages | 84,425. | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions). | 23, 320 | | | |
| 9 | Other employee benefits. | 3,086. | | | |
| 10 | Payroll taxes | 25,154. | | | |
| 11 | Fees for services (non-employees): | -, | | | |
| а | Management | | | | |
| t | Legal | 275,017. | | | |
| c | : Accounting | 31,374. | | | |
| c | Lobbying | 187,663. | | | |
| е | Professional fundraising services. See Part IV, line 17 | | , | , 44k (gr | |
| f | Investment management fees | | , | | |
| g | Other. (If line 11g amt exceeds 10% of line 25, col- | 501 060 | | | |
| 12 | umn (A) amt, list line 11g expenses on Sch 0) SCH Advertising and promotion | 691,862. | | | |
| 13 | Office expenses. | 16,607. | | | |
| 14 | Information technology | 16,444. | | | |
| 15 | Royalties | 47,564. | | | |
| 16 | Occupancy | 24 221 | <u> </u> | | |
| 17 | ` * | 24,231. | | | |
| | Payments of travel or entertainment | 256,718. | | | <u></u> |
| 10 | expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 164,623. | | | |
| 20 | Interest | | | | <u> </u> |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 8,870. | | | |
| 23 | Insurance. Other expenses Itemize expenses not | | | | |
| 2- | 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) | | | | |
| а | EXPENSE REIMBURSEMENTS | 846,124. | | | * |
| | TRAINING EXPENSE | 39,383. | | | |
| c | DUES AND SUBSCRIPTIONS | 37,006. | | | |
| | PENALTIES AND INTEREST | 6,303. | | | |
| | All other expenses | 11,779. | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,999,492. | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720) | | | | |

Balance Sheet

Part X

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year Cash — non-interest-bearing 6,300,340 7,021,485. 2 Savings and temporary cash investments 2 1,650,239 2,004,464. Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 470 Inventories for sale or use 8 Prepaid expenses and deferred charges 27,418 317 9 11. 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 150 10 a 782,070 **b** Less accumulated depreciation 10b 7,857 10 c 34,681 747 389 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 7,970,223. 16 9,800,756 17 Accounts payable and accrued expenses 12,302. 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities. 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 25 Total liabilities. Add lines 17 through 25 302 26 12, 371 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here > X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 7,957,921 9,793,385. 33 Total net assets or fund balances 7,957,921 33 9,793,385. Total liabilities and net assets/fund balances 34 34 7,970,223 9,800,756. BAA Form 990 (2012)

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| Forn | n 990 (2012) AFGE AFL-CIO COUNCIL 083 | 86-603087 | 2 | Pa | age 12 | | |
|------|---|-------------|---------------------|----------|---------------------------------------|--|--|
| Pa | rt:XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,8 | 34,9 |) 56. | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,9 | 99,4 | 1 92. | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 35,4 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . | 4 | | 57,9 | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | |
| 6 | Donated services and use of facilities . | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | - | 0. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | | | | | | |
| Pai | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | П | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | | . | | | |
| 2 8 | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both | viewed on a | | _ | * . | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| ı | b Were the organization's financial statements audited by an independent accountant? | | 2 b | | X | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sibasis, consolidated basis, or both: | eparate | * 4^ | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | L | 100-0 | <u> </u> | | |
| • | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | audit, | 2 c | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | 3, ² , 3 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| 3 8 | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133? | gle | 3 a | | X | | |
| ł | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits | d audit | 3 b | | | | |
| BAA | | <u></u> | Form | 990 (| (2012) | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

2012

Open to Public Inspection

| | GE AFL-CIO COUNCIL 083 | | | | 86-6030872 | |
|-----|---|---|---|-------------------------------|---|--------------------|
| Par | প্রাঞ্জ Organizations Maintaining Dono | or Advised Funds or Othe | er Similar Fur | ids or Acc | counts. Comple | te if |
| | the organization answered 'Yes' | · · · · · · · · · · · · · · · · · · · | | | | |
| | | (a) Donor advised for | unds | (b) F | unds and other ac | counts |
| 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 | L | | | | |
| 5 | Did the organization inform all donors and dor are the organization's property, subject to the | nor advisors in writing that the a organization's exclusive legal of | assets held in do control? | onor advised | funds Yes | No |
| 6 | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit? | | | | | □No |
| Dai | Conservation Easements. Comp | lete if the organization ar | newered 'Vec' | to Form | | لا |
| 1 | | | | to i oiiii . | 990, r art iv, iiii | C / |
| • | Preservation of land for public use (e.g., r | · | | of an historic | ally important land | area |
| | Protection of natural habitat | | | | historic structure | u.cu |
| | Preservation of open space | L | | | | |
| 2 | Complete lines 2a through 2d if the organization hast day of the tax year | neld a qualified conservation conti | ribution in the forr | n of a conser | vation easement on | the |
| | | | | 3 (3) | Held at the End of t | he Tax Year |
| | a Total number of conservation easements | | | 2 a | | |
| | Total acreage restricted by conservation ease | | | 2 b | | |
| (| Number of conservation easements on a certification | fied historic structure included i | n (a) | 2 c | | |
| C | Number of conservation easements included in structure listed in the National Register | | • | 2 d | | |
| 3 | Number of conservation easements modified, trar tax year ► | nsferred, released, extinguished, c | or terminated by th | ne organizatio | on during the | |
| 4 | Number of states where property subject to conse | rvation easement is located > | | _ | | |
| 5 | Does the organization have a written policy re and enforcement of the conservation easement | nts it holds? | | - | Yes | ☐ No |
| 6 | Staff and volunteer hours devoted to monitoring, i | nspecting, and enforcing conserve | ation easements o | during the yea | ar | |
| 7 | Amount of expenses incurred in monitoring, inspe | ecting, and enforcing conservation | easements durin | g the year | | |
| 8 | Does each conservation easement reported or and section 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the rec | quirements of se | ction 170(h) | (4)(B)(i) Yes | No |
| 9 | In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements. | conservation easements in its re to the organization's financial s | venue and expentatements that d | se statement lescribes the | , and balance sheet, organization's acc | and ounting for |
| Par | Organizations Maintaining Colle Complete if the organization answ | ctions of Art, Historical 7 wered 'Yes' to Form 990, | Freasures, or Part IV, line | Other Sin 8. | nilar Assets. | |
| 1 a | If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar | eld for public exhibition, education | , or research in fu | nue stateme urtherance of | nt and balance she public service, provid | et works of de, |
| t | o If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items | r SFAS 116 (ASC 958), to report or public exhibition, education, or | rt in its revenue research in furthe | statement a rance of publ | nd balance sheet w lic service, provide th | orks of art, ne |
| | (i) Revenues included in Form 990, Part VIII, | line 1 | | | ► \$ | |
| | (ii) Assets included in Form 990, Part X . | | | | ► \$ | |
| 2 | If the organization received or held works of art, h amounts required to be reported under SFAS | ustorical treasures, or other simila 116 (ASC 958) relating to these | e items: | cıal gaın, pro | vide the following | |
| а | Revenues included in Form 990, Part VIII, line | | | | ► \$ | |
| b | Assets included in Form 990, Part X | | | | ► \$ | |

| Part VI Land, Buildings, and Equi | oment. See Form 990, Pa | rt X, line 10. | | |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1 a Land | | 70,000. | | 70,000. |
| b Buildings . | | 659,625. | 4,228. | 655,397. |
| c Leasehold improvements | | 4,696. | 94. | 4,602. |
| d Equipment | | 10,120. | 169. | 9,951. |
| e Other | | 37,629. | 30,190. | 7,439. |
| Total. Add lines 1a through 1e (Column (d) | must equal Form 990. Part X. o | column (B) line 10(c) | > | 747 389 |

BAA

Schedule **D** (Form 990) 2012

| Part VII | 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 end-of-year market | n: Cost or |
| (1) Finance | cial derivatives | | end-or-year market | value |
| | ly-held equity interests . | | | |
| (3) Other | | - | | |
| | | | | |
| (A) (B) (C) (D) | · | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | · · · · · · · · · · · · · · · · · · · |
| (F) | · | | | |
| (G) | · | | | |
| (H) | | | | |
| (l) | · | | | |
| Total. (Colu | ımn (b) must equal Form 990, Part X, column (B) line 12.) | | * | ٧. |
| | I Investments - Program Related. See | Form 990, Part X, | line 13. N/A | |
| | (a) Description of investment type | (b) Book value | (c) Method of valuation | |
| | | | end-of-year market | value |
| (1) | | - | | |
| (2) | | | | ., |
| (3) | | | | |
| (4) | · | | | |
| (5) | - | | | |
| (6) | | | | |
| (7) (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| | mn (b) must equal Form 990, Part X, column (B) line 13) | | ₩ />3**** | |
| Part IX | Other Assets. See Form 990, Part X, I | ine 15. N/A | | No. of the second secon |
| , wit ix | | scription | | (b) Book value |
| (1) | | <u></u> | | (1) 20011 12120 |
| (2) | | - | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | - |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| | olumn (b) must equal Form 990, Part X, column (E | | <u> </u> | |
| Part X | Other Liabilities. See Form 990, Part | | | |
| 41) 5 | (a) Description of liability | (b) Book value | | |
| *** | eral income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| <u>(4)</u> | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) (10) | | | | |
| (11) | ···· | | | |
| <u> (11) </u> | | 1 | 1 | |
| Total Males | mn (h) must sound Form 000. Do-t V to (D) 1 C5: | | | |
| | mn (b) must equal Form 990, Part X, column (B) line 25.) ASC 700 Footnote. In Part XIII, provide the text of the footnote t | the organization's financial | obstances to the transmit of the | |

| Schedule D (Form 990) 2012 AFGE AFL-CIO COUNCIL 083 | | 86-6030872 | Page 4 |
|---|-------------------------------|-------------------------|-----------|
| Part XI Reconciliation of Revenue per Audited Financial State | ments With Revenue per | r Return N/A | |
| 1 Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | N N | |
| a Net unrealized gains on investments | 2 a | | |
| b Donated services and use of facilities | 2 b | | |
| c Recoveries of prior year grants. | 2 c | | |
| d Other (Describe in Part XIII) | . 2 d | | |
| e Add lines 2a through 2d | | 2 e | |
| 3 Subtract line 2e from line 1 . | | 3 | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | الاسرة | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| b Other (Describe in Part XIII) | 4 b | | |
| c Add lines 4a and 4b | | 4 c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12) . | 5 | |
| Part XII Reconciliation of Expenses per Audited Financial State | ements With Expenses r | er Return N/A | |
| Total expenses and losses per audited financial statements | | 1 | - |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | | ·* | |
| a Donated services and use of facilities | 2 a | • | |
| b Prior year adjustments | 2 b | | |
| c Other losses . | . 2c | | |
| d Other (Describe in Part XIII) | 2 d | | |
| e Add lines 2a through 2d . | | 2 e | |
| 3 Subtract line 2e from line 1 | | 3 | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | المُورِّدُ المُورِّدُ | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| b Other (Describe in Part XIII) | 4 b | | |
| c Add lines 4a and 4b | 10. | . 4c | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line |) 18) . | . 5 | |
| Part XIII Supplemental Information | | | |
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also | complete this part to provide | | ation. |
| | | | |
| | | | |
| BAA | | Schedule D (Form | 990) 2012 |

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

| • | Open to Public | - differentiate - markets |
|---|----------------|---------------------------|
| | | 416.00 |
| | | |

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Employer identification number ☐ Yes 86-6030872 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? AFGE AFL-CIO COUNCIL 083 Parim General Information on Grants and Assistance Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Randly Grants and Other Assistance to Governments and Organizations in the United States.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------------------|-------------------------------|---------------------------|-----------------------------------|---|--|------------------------------------|
| (1) BORDER PATROL MUSEUM 4315 WOODROW BEAN RD ET PASO TX 79924 | 74-2128819 501 (6) (3) | 501(0)(3) | 91 | c | | | |
| (2) | 1003113 | (6) (2) 100 | | | | | |
| | | | · | | | | |
| (3) | | | | | | | |
| | | | | | | | |
| (4) | | | | | | | |
| 1 | - | | | | | | |
| (5) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 6 | | | | | | | |
| | | | | | | | |
| (8) | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations | 3) and government or | 1- | isted in the line 1 table | | : | | |
| 3 Enter total number of other organizations listed in the line 1 table | ons listed in the line | 1 table | | | | • | |
| RAA For Banganory Badinetion Act Metics can the Inchinetions for Form 600 | | | | | | | |

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other Method of valuation (book, FMV, appraisal, other) **⊚** (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients additional information. (a) Type of grant or assistance Part IV BAA ~ ന 4 Ŋ 9

Page 2

86-6030872

Schedule I (Form 990) (2012) AFGE AFL-CIO COUNCIL 083

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

86-6030872 AFGE AFL-CIO COUNCIL 083 FORM 990, PART III, LINE 1 - ORGANIZATION MISSION THE OBJECT OF THIS COUNCIL SHALL BE TO PROMOTE THE GENERAL WELFARE OF CIVILIAN GOVERNMENTAL EMPLOYEES. THE COUNCIL SHALL STRIVE TO PROMOTE EFFICIENCY IN THE GOVERNMENTAL SERVICE, AND SHALL ADVANCE PLANS OF IMPROVEMENT TO BE SECURED BY LEGISLATIVE ENACTMENT THROUGH COOPERATION WITH OFFICIALS AND BY OTHER LAWFUL MEANS. FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS DECISIONS REGARDING THE BUDGET NEED MEMBERSHIP APPROVAL. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS A COPY OF THE FORM 990 IS PROVIDED TO THE GOVERNING BODY AT THE NATIONAL CONVENTION. THE FORM IS REVIEWED BEFORE IT IS SIGNED AND MAILED. FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT NBPC PAYS THE EXECUTIVE DIRECTOR FOR "SALARY LOST" AT HIS CURRENT GRADE AND STEP. FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES THE NBPC PAYS THE OFFICERS AND MEMBERS FOR "SALARY LOST" AT THEIR CURRENT GRADE AND STEP. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

2012

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

AFGE AFL-CIO COUNCIL 083

86-6030872

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

| | (A) | (B) PROGRAM | (C) MANAGEMENT | (D) FUND- |
|-------------------------|-----------------|----------------|-------------------|--------------|
| | TOTAL | SERVICES | & GENERAL | RAISING_ |
| ARBITRATOR | 23,65 | 58. | | |
| LEGAL DEFENSE FUND | 539,31 | | | |
| OTHER CONTRACT SERVICES | 128,88 | 38. | | |
| | TOTAL \$ 691,86 | 52. \$ 0. | \$ 0. | \$ 0. |

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

| Dep | artr na | nent o | of the nue S | Treasu Service |
|-----|------------|--------|-----------------|-------------------|
| • | lf | you | are | filing |
| • | 1f | VOL | are | filina |

for an Automatic 3-Month Extension, complete only Part I and check this box

| | _ |
|---|---|
| • | X |

| If you a | re filing for an Additional (Not Automatic) 3- | Month Extensio | n, complete only Part II (on page 2 of th | ıs form). | | |
|---|--|---|--|--|-----------------|--|
| Do not com | plete Part II unless you have already been g | ranted an autom | natic 3-month extention on a previously f | iled Form 8868. | | |
| corporation request an e Associated | iling (e-file). You can electronically file Form required to file Form 990-T), or an additiona xtension of time to file any of the forms listed in With Certain Personal Benefit Contracts, whiling of this form, visit www.irs.gov/efile and of | II (not automatic Part I or Part II v ich must be sent |) 3-month extension of time You can ele with the exception of Form 8870, Information to the IRS in paper format (see instruct | ectronically file For Return for Transfer | m 8868 to rs | |
| Part I | Automatic 3-Month Extension of T | ime. Only su | bmit original (no copies needed). | | | |
| | on required to file Form 990-T and requesting | | | | ly ► 🗍 | |
| All other co income tax | rporations (including 1120-C filers), partners returns | hips, REMICs, a | nd trusts must use Form 7004 to request Enter filer's identi | | | |
| | Name of exempt organization or other filer, see instruction | ons | Enter mer sidend | Employer identification | | |
| Type or print | AFGE AFL-CIO COUNCIL 083 86-6030872 | | | | | |
| File by the due date for | | | | | | |
| filing your return See | 2185 W MAGEE RD #125 City, town or post office, state, and ZIP code For a foreign address, see instructions | | | | | |
| instructions | TUCSON, AZ 85742 | | | | | |
| Enter the R | eturn code for the return that this application | ıs for (file a se | parate application for each return) . | | . 01 | |
| Application Is For | · - · · · · | Return Code | Application Is For | | Return Code | |
| Form 990 or | Form 990-EZ | 01 | Form 990-T (corporation) | . <u> </u> | 07 | |
| Form 990-B | L | 02 | Form 1041-A | | 08 | |
| Form 4720 (| | 03 | Form 4720 | | 09 | |
| Form 990-P | | 04 | Form 5227 | | 10 | |
| | (section 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 | |
| Form 990-T | (trust other than above) | 06 | Form 8870 | - | 12 | |
| Telephor If the or If this is check the exter I I request until The exter 2 If the | the No \(\subseteq \frac{520-293-7640}{200} \) ganization does not have an office or place of for a Group Return, enter the organization's his box \(\subseteq \subseteq \). If it is for part of the groupsion is for. The set an automatic 3-month (6 months for a corport of the groupsion is for the organization's return for the organization's return for the groupside of the calendar year 20 \(\frac{12}{12} \) or the organization's return for the year beginning \(\text{, 20} \) and the period that year entered in line 1 is for less than 12 mange in accounting period | FAX Note that the state of the | the United States, check this box of Exemption Number (GEN) If pox I and attach a list with the natifile Form 990-T) extension of time exturn for the organization named above | this is for the who mes and EINs of a | | |
| 3 a If this nonre | application is for Form 990-BL, 990-PF, 990 fundable credits. See instructions | -T, 4720, or 6069 | 9, enter the tentative tax, less any | 3a\$ | 0. | |
| b if this payme | application is for Form 990-PF, 990-T, 4720, ents made. Include any prior year overpayme | or 6069, enter a | any refundable credits and estimated tax credit | 1 | 0. | |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

0.

3 c |\$