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Form **990-EZ**

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.*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning July 1 , 2012, and ending June 30 , 20 13

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) Room/suite
5101 Evergreen A004

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: ▶ hfcc-afo.org

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

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

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	635
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	165,767
	4	Investment income	4	548
	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	166,950
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	70,437
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	62,971
	13	Professional fees and other payments to independent contractors	13	1,385
	14	Occupancy, rent, utilities, and maintenance	14	2,484
	15	Printing, publications, postage, and shipping	15	1,438
	16	Other expenses (describe in Schedule O)	16	54,398
	17	**Total expenses.** Add lines 10 through 16 ▶	17	193,113
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(26,163)
	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	109,337
	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	83,174

8

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	124,996	22	93,102
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	1,701	24	1391
25	**Total assets**	126,697	25	94,493
26	**Total liabilities** (describe in Schedule O)	17,360	26	11,319
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	109,337	27	83,174

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 . . ☐

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

What is the organization's primary exempt purpose?

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.

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

29 (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 title	(b) 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, President 23442 Wilson, Dearborn, MI 48128	25 Hours	15,943		
Thomas Anderson, Executive Director/Grievance Officer 33825 Cowan Rd., Westland, MI 48185	25 Hours	15,943		
William Norris, Executive Director (7/1/2012-12/31/2012) 3872 East Pond Ct., Orion, MI 48359	40 Hours	20,658	1,864	
Sherry Morgan, Treasurer (7/1/2012-11/30/2012) 7244 Wildwood, Westland, MI 48185	15 Hours	1,152		
Cedric Knott, Financial Records Secretary/Treasurer 1515 Cherboneau Place #7, Detroit, MI 48207	15 Hours	3,456		
Doris Toney, Vice President 5994 Slate Dr., Troy, MI 48085	5 Hours	3,456		
Nancy Owen-Nelson, Recording Secretary 2211 Golfview, Dearborn, MI 48128	5 Hours	500		

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 ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____			
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)? 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.**	42b		✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
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 only**

All section 501(c)(3) organizations 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 title of each employee paid more than $100,000	(b) 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

▶ Signature of officer — Date 7/25/13

▶ Cedric Knott, 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

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

2012

Open to Public Inspection

Name of the organization

Henry Ford Community College Adjunct Faculty Organization

Employer identification number

26-4059598

Line 10: Per Capita Payments including American Federation of Teachers $27,207, American Federation of Teachers-Michigan $39,494, AFL-CIO Michigan, $1,868, and AFL-CIO Metro, $1,868 for a total of $70,437.

Line 16: Other Expenses including Adjunct Reimbursement Expense $400, Banking Fees Expense $5, Books Expense $22, Contributions Expense $44,393, Depreciation Expense $310, Hospitality Expense $2,417, Legal Expenses $312, Miscellaneous Expense $14, Office Supplies Expense $1,786, Conference, Convention, Meeting Expense $550, Travel Expense $4,191 for a total of $54,398.

Line 24: Other Assets including Computer and Equipment $1,391.

Line 26: Total Liabilities including AFT Michigan Payable $1,500, AFT National Payable $1,285 and Metro Detroit AFL-CIO Payable $65, Executive Dir Salary Payable $4,235, President Salary Payable $4,235 for a total of $11,319.

Name of the organization | Employer identification number

HFCC Adjunct Faculty Organization
Profit & Loss
July 2012 through June 2013

	Jul '12 - Jun 13	
Ordinary Income/Expense		
Income		
Other Types of Income		
Interest-Bank of Internet	443 70	
Interest-Members Focus	104 22	
Miscellaneous Income	635 00	
Total Other Types of Income		1,182 92
Program Income		
Agency Fees	22,512.30	
Income 1650 Dues	6,986 94	
Income 1650 Fees	858 88	
Membership Dues	135,409 25	
Total Program Income		165,767 37
Total Income		166,950 29
Expense		
Business Expenses		
Accidental Death Ins Expense	311 35	
AFL-CIO-Metro Expense	1,868 10	
AFL-CIO-Michigan Expense	1,868 10	
AFT-Liability Ins. Expense	2,179 45	
AFT-Michigan Expense	39,493 71	
AFT-National Expense	24,715 84	
Total Business Expenses		70,436 55
Contract Services		
VoteNet Expenses	1,385 00	
Total Contract Services		1,385 00
Operations		
Adjunct Reimbursement Expense	400 00	
Banking Fees Expense	5 00	
Books, Subscriptions, Reference	22 31	
Contributions Expense	44,393 25	
Depreciation Expense	309 94	
Hospitality Expense	2,416 62	
Legal Expenses	311 67	
Miscellaneous Expense	13 84	
Office Supplies Expense	1,785 76	
Postage, Mailing Expense	67 55	
Printing and Copying Expense	1,370 14	
Rent Expense	2,484 00	
Total Operations		53,580 08

HFCC Adjunct Faculty Organization
Profit & Loss
July 2012 through June 2013

		Jul '12 - Jun 13
Payroll Expenses		
Executive Dir Payroll Taxes Exp	3,524 36	
Executive Director-Benefits Exp	1,864 15	
Executive Director-Salary Exp	30,771 77	
Fin. Rec. Secretary-Stipend Exp	1,151 97	
Grievance Officer-Stipend Exp	2,303.94	
President-Stipend Expense	2,303 94	
President Payoll Taxes Exp	1,715 81	
President Salary Expense	11,923 09	
Recording Secretary-Stipend Exp	500 00	
Treasurer-Stipend Expense	3,455 91	
Vice Pres. External Stipend Exp	3,455.91	
Total Payroll Expenses		62,970 85
Travel and Meetings		
Conference, Convention, Meeting	550 00	
Travel	4,191 15	
Total Travel and Meetings		4,741 15
Total Expense		193,113 63
Net Ordinary Income		-26,163 34
Net Income		-26,163.34

HFCC Adjunct Faculty Organization
Balance Sheet
As of June 30, 2013

		Jun 30, 13
ASSETS		
Current Assets		
Checking/Savings		
CD Bank of Internet 36 Month	10,374 84	
Cd Bank of Internet 60 Month	10,504 28	
Checking	2,393 02	
Savings	69,830 13	
Total Cash		93,102 27
Total Checking/Savings		93,102 27
Total Current Assets		93,102 27
Fixed Assets		
Computer & Equipment		
Accumulated Depreciation C & E	-1,030 82	
Computer & Equipment - Other	1,650 70	
Total Computer & Equipment		619 88
Office Furniture		770 67
Total Fixed Assets		1,390 55
TOTAL ASSETS		**94,492.82**
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Other Current Liabilities		
AFT Michigan Payable	1,500 24	
AFT National Payable	1,284 93	
Executive Dir-Salary Payable	4,234 65	
Metro Detroit AFL-CIO Payable	64 80	
President Salary Payable	4,234 66	
Total Other Current Liabilities		11,319 28
Total Other Current Liabilities		11,319 28
Total Current Liabilities		11,319 28
Total Liabilities		11,319 28
Equity		
HFCC-AFO Equity		823 00
Unrestricted Net Assets		108,513 88
Net Income		-26,163 34
Total Equity		83,173 54
TOTAL LIABILITIES & EQUITY		**94,492.82**