See a Social Security Number? Say Something!
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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning July 1 , 2014, and ending June 30 , 20 14

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 N004

City or town, state or province, country, and ZIP or foreign postal code
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) ▶

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

I Website: ▶ hfcc-afo org

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

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other Adjunct Faculty Union

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, 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	20
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	156,883
	4	Investment income		4	357
	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	157,260
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	67,627
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	59,107
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	1,584
	15	Printing, publications, postage, and shipping		15	49
	16	Other expenses (describe in Schedule O)		16	14,583
	17	**Total expenses.** Add lines 10 through 16 ▶		17	142,950
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	14,310
	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	72,286
	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	86,596

9

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	70,867	22	80,838
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	6,783	24	8,952
25	**Total assets**	77,650	25	89,790
26	**Total liabilities** (describe in Schedule O)	5,364	26	3,194
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	72,286	27	86,596

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

What is the organization's primary exempt purpose?

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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	12 Hours	12,500		
Thomas Anderson, Executive Director, Grievance Officer, Internal Vice President	25 Hours	25,702		
Cedric Knott, Treasurer	15 Hours	4,770		
Doris Toney, External Vice President (6 months)	5 Hours	2,385		
Lynn Boza, External Vice President (6 months)	5 Hours	2 385		
Lynn Boza, Recording Secretary (6 months)	5 Hours	2,385		
Valerie Cullen, Recording Secretary (6 months)	5 Hours	1,192		
Sherry Morgan, Financial Records Secretary	15 Hours	3,577		

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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	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			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," 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	(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 business address of each independent contractor	(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 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 9/14/15

▶ 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

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

Line 10: Per Capita Payments including American Federation of Teachers $30,493, American Federation of Teachers-Michigan $33,588, AFL-CIO Michigan, $2,026, and AFL-CIO Metro, $1,520 for a total of $67,627.

Line 16: Other Expenses including Adjunct Reimbursement Expense $530, Banking Fees Expense $18, Contributions Expense $6,819 Depreciation Expense $310, Fidelty Bond Expense $95, Hospitality Expense $229, Miscellaneous Expense $104, Office Supplies Expense $43, Conference, Convention, Meeting Expense $350, Travel Expense $6,085 for a total of $14,583.

Line 24: Other Assets including Members and Fees Receivable, $8,182, Computer and Equipment $771 for a total of $8,953

Line 26. Total Liabilities including Executive Dir Salary Payable $1,923, Executive Dir Taxes Payable $156, President Salary Payable $962, President Taxes Payable $156, Liability Suspense -$3 for a total of $3,194.

Name of the organization	Employer identification number

7:12 PM
07/14/15
Accrual Basis

HFCC Adjunct Faculty Organization
Profit & Loss
July 2014 through June 2015

Ordinary Income/Expense	Jul '14 - Jun 15	
Income		
Other Types of Income		
Interest-Bank of Internet	268 12	
Interest-Members Focus	89 23	
Miscellaneous Income	20 00	
Total Other Types of Income		377 35
Program Income		
Agency Fees	21,276 09	
Membership Dues	135,607 19	
Total Program Income		156,883 28
Total Income		157,260 63
Expense		
Business Expenses		
Accidental Death Ins Expense	253 30	
AFL-CIO-Metro Expense	1,519 80	
AFL-CIO-Michigan Expense	2,026 40	
AFT-Liability Ins. Expense	1,773 10	
AFT-Michigan Expense	33,588 16	
AFT-National Expense	28,466 82	
Total Business Expenses		67,627 58
Operations		
Adjunct Reimbursement Expense	529 78	
Banking Fees Expense	17 50	
Contributions Expense	6,818 69	
Depreciation Expense	309 94	
Fidelity Bond Expense	95 00	
Hospitality Expense	229 39	
Miscellaneous Expense	104 00	
Office Supplies Expense	43 48	
Postage, Mailing Expense	48 75	
Rent Expense	1,584 00	
Total Operations		9,780 53
Payroll Expenses		
Executive Dir Payroll Taxes Exp	2,288 08	
Executive Director-Salary Exp	25,701 96	
Fin. Rec. Secretary-Stipend Exp	3,577 17	
President Payoll Taxes Exp	1,923 21	
President Salary Expense	12,500 02	
Recording Secretary-Stipend Exp	3,577 17	
Treasurer-Stipend Expense	4,769 56	
Vice Pres External Stipend Exp	4,769 56	
Total Payroll Expenses		59,106 73
Travel and Meetings		
Conference, Convention, Meeting	350 00	
Travel	6,085 44	
Total Travel and Meetings		6,435 44
Total Expense		142,950 28
Net Ordinary Income		14,310 35
Net Income		**14,310.35**

7:47 PM
07/14/15
Accrual Basis

HFCC Adjunct Faculty Organization
Balance Sheet
As of June 30, 2015

		Jun 30, 15
ASSETS		
Current Assets		
Checking/Savings		
Cash		
Cd Bank of Internet 60 Month	11,034 00	
Checking	8,739 97	
Savings	61,064 52	
Total Cash		80,838 49
Total Checking/Savings		80,838 49
Total Current Assets		80,838 49
Fixed Assets		
Computer & Equipment		
Accumulated Depreciation C & E	-1,650 70	
Computer & Equipment - Other	1,650 70	
Total Computer & Equipment		0 00
Office Furniture		770 67
Total Fixed Assets		770 67
Other Assets		
Other Assets		
Members & Fees Receivable	8,182 13	
Total Other Assets		8,182 13
Total Other Assets		8,182 13
TOTAL ASSETS		**89,791.29**
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Other Current Liabilities		
Liability Suspense		-2 50
Other Current Liabilities		
Executive Dir-Salary Payable	1,923 08	
Executive Dir Taxes Payable	156 25	
President Salary Payable	961 54	
President Taxes Payable	156 25	
Total Other Current Liabilities		3,197 12
Total Other Current Liabilities		3,194 62
Total Current Liabilities		3,194 62
Total Liabilities		3,194 62
Equity		
HFCC-AFO Equity		823 00
Unrestricted Net Assets		71,463 32
Net Income		14,310 35
Total Equity		86,596 67
TOTAL LIABILITIES & EQUITY		**89,791.29**