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 $_{\text{Form}} \cdot 990$

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

<u> </u>	_		endar year, or tax year beginning , and er	nding			
В		applicable	C Name of organization AFSCME Council 65		D Employ	er identific	cation number
Ш	Address	change	Doing business as				
	Name ch	ange	Number and street (or PO box if mail is not delivered to street address) Room/suite		41-08548	76	
吕		J	118 Central Avenue		E Telepho	ne number	
Ш	Initial reti	ııu	City or town State ZIP code		218-885-3	3242	
	Final return	r/terminated	Nashwauk MN 55769		210 000 0	JZ 7Z	
	Amended	i return	Foreign country name Foreign province/state/county Foreign postal	code	G Gross r	eceipts \$	7,170,146
	Application	on pending	F Name and address of principal officer				
ш	Application	on pending	• •	H(a) is th	nis a group retu	rn for subord	nates? Yes X No
			Steve Preble - same as above	H(b) Are	e all subordin	ates include	ed? Yes No
F.	Tax-exem	pt status	501(c)(3) X 501(c) (5) ◀ (insert no) 4947(a)(1) or 527	lt.	'No," attach a	list (see in	structions)
J	Website	e: ▶		H(c) Gr	oup exemptio	n number 1	1381
		rganization		r of forma	ation 196	5 M St	ate of legal domicile MN
	art l		mmary				
6	1				vorks to in	prove th	e pay and
≣ ĕ			conditions of its members and is committed to winning respect and apprec				
.∕~E		through	strong contracts for the public employees of Greater Minnesota This is do	ne usii	ng		
.∠§	2	Check th	nis box • If the organization discontinued its operations or disposed	of more	e than 25%	6 of its ne	et assets
≕હ	3		of voting members of the governing body (Part VI, line 1a)			3	13
చ్రాయ	4		of independent voting members of the governing body (Part VI, line 1b)			4	13
	5		mber of individuals employed in calendar year 2015 (Part V, line 2a)			5	55
⊸≅	6		mber of volunteers (estimate if necessary).			6	
TI S	7a		related business revenue from Part VIII, column (C), line 12			7a	0
Z `	b		elated business taxable income from Form-990-T, line 34			7b	0
SCANNED AUG 1 1 2007	 ~	TTOL GIAC			Prior Year	175	Current Year
<u>`</u>	8	Contribu	itions and grants (Part VIII, line 1h) 🥳 AUG 🤾 1 2016 🔝			16,982	104,259
ത്ജ	9		service revenue (Part VIII, line 2g)			42,543	7,129,564
Ş.	10	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)			69,492	
8	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			51,190	-66,907 3,330
			,				3,230
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,9	80,207	7,170,146
	13		and similar amounts paid (Part IX, column (A), lines 1–3)			0	0
	14		paid to or for members (Part IX, column (A), line 4)		0.5	0	0 000 000
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		3,5	76,559	3,696,228
<u>ë</u>	16a		onal fundraising fees (Part IX, column (A), line 11e)		, , , , , , , , , , , , , , , , , , , 	0	0
Expenses	b		draising expenses (Part IX, column (D), line 25) ▶ 0	1,		and the state of	
ш	1 ''		penses (Part IX, column (A), lines 11a–11d, 11f–24e)			65,332	3,122,683
	18	-	penses Add lines 13–17 (must equal Part IX, column (A), line 25)			41,891	6,818,911
	19	Revenue	e less expenses Subtract line 18 from line 12			38,316	351,235
Net Assets or			(D) (V) (D)	Beginn	ing of Curre		End of Year
886	20		sets (Part X, line 16)	_	3,3	06,281	3,657,516
¥ 5	21		pilities (Part X, line 26)			0	0
			ets or fund balances Subtract line 21 from line 20		3,3	06,281	3,657,516
	art II		nature Block				
			 I declare that I have examined this return, including accompanying schedules and statements, and complete Declaratiop of preparer (other than officer) is based on all information of which 				
anu	beller, it i	s irde, corre	ct, and complete Declaration of preparer (other than officer) is based on all miorination of which	preparer	17/	15/1/	
Sig	gn		It leve field			<u> </u>	·
He	_		Steve Preble Evecutive Director		Date		
			Steve treble frecuive director			···	
			Type or print name and title	15			DTIN
_		Pnnt	/Type preparer's name Preparer's signature	Date	•	Check >	T if PTIN
Pa		Gan	W Paulson Can W Kunson (PA	7/1	18/2016	self-emplo	—
	eparer		O MAD In ODA		Firm's EIN	→ 41-164	· ·
Us	e Only	<i>-</i>					
			s address ▶ 4962 Black Spruce Trail NW, Hackensack, MN 56452		Phone no	320-03	30-9166
Ma	v the IF	S discus:	s this return with the preparer shown above? (see instructions)				X Yes No

Form **990** (2015)

For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2015)	AFSCME Council 65	41-0854876	Page 2
Pa	irt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1		scribe the organization's mission		
	Council 6	5 works to improve the pay and working conditions of its members and is committed		
	to winnin	respect and appreciation through strong contracts for the public employees of		
	Greater N	finnesota. This is done using standard negotiation, grievance and arbitration	*	
	procedur		~	
2	Did the o	ganization undertake any significant program services during the year which were not listed on		
	the prior	Form 990 or 990-EZ?	Yes	X No
	If "Yes," o	escribe these new services on Schedule O	163	
3		ganization cease conducting, or make significant changes in how it conducts, any program		
	services?		Yes	X No
	If "Yes." o	escribe these changes on Schedule O	1es	
4		the organization's program service accomplishments for each of its three largest program services.	as measured by	
•	expenses	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allog	as measured by	
		expenses, and revenue, if any, for each program service reported	ations to others,	•
	the total t	Apondes, and revende, if any, for each program service reported		
4a	(Code	\/Evnences \$ \text{modulating grants of \$ } \/D		
44	(Code _) (Expenses \$ including grants of \$) (Revenue	\$)
	The unio	on through employees, members and specialists negotiated approximately 150 contracts		
		13,500 members The objective of these contract negotiations are to provide members w	/ith	
		d working conditions, job protections, better benefits and higher wages. The union through		
		ees, members and specialists resolved 300+ grievances of which 27 were referred to the Co		
		on Screening panel for approval 18 of these grievances were approved for arbitration. The		
	-	e of pursuing these grievances includes protecting workers jobs, improving the working		
		ns of members, and to ensure the contract terms are enforced. The union through employ	rees	
		mber volunteers ran 17 separate organizing campaigns. Some of these campaigns are to		
	increase	member density to improve bargaining strength and expanding union membership into ne	≥W	
	employe	ers and organizations to improve working conditions of people not yet covered by union		
	contract	Other programs include: 1) Member training in contract enforcement, organizing and		
	commu	nity outreach 2) Conferences and convention to ensure member involvement in governan	ce,	
	setting f	he mission of the union, and increasing member involvement		
		_		
				
			·	
				
			,	• • • • • • • • • • • • • • • • • • •
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
70	(0000 -	/ (Exponed of	*	′
			· 	
4d	Other pro	gram services (Describe in Schedule O)		
	(Expense		0)	
40		ram service expenses ► 0		

Form 990 (2015) AFSCME Council 65 Part IV Checklist of Required Schedules

		l	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		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	<u> </u>
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	ļ	
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	x	
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		1	
	"Yes," complete Schedule D, Part I	6	l	X
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	- 1	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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	~ (1)	H	No.d
	VII, VIII, IX, or X as applicable	100	Silver 1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		_X_
þ	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	11b		X
С	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	11c		х
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f		Х
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a	X	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		<u> </u>
D	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	146		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? 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 other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Χ
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
19	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		<u>X</u>
		Form	aan /	20151

AFSCME Council 65 Checklist of Required Schedules (continued) Part IV

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b]	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grapts or other assistance to or for demostic individuals on	21		<u>X</u>
44	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	İ	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		_^_
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J .	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1	1	
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	OFL.)	
26	990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		
26	current or former officers, directors, trustees, key employees, highest compensated employees, or		İ	
	disqualified persons? If "Yes," complete Schedule L, Part II	26	į	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	1 1	ļ	
	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,	1, 7	F	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			MIC A
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
24	-conservation-contributions?-If-"Yes,"-complete-Schedule M	_30_	===	X =
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
ŲŽ	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			<u>:</u> _
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	l	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	I	Х
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	37		х
	V/	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	19 / Note. All Form 330 file 5 are required to complete ochequie o		990 (2015\
		. 0	(,,

	990 (2015) AFSCME COUNCII 65	41-0854876	F	age 🖁
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	11	1, 2	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0 1	J. J.	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	\$ 1, 1	5°''	1
20	gaming (gambling) winnings to prize winners?	1 <u>c</u>	4	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	1 1/2 2		~
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	55 ST	٠,	, , ,
v	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		11,11	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		├
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	40		l
b	If "Yes," enter the name of the foreign country	4a	*24 1 1	X
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	5 15 41		3.5
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Úní,
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		┢
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		\vdash
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		 ^
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		7.1	,, -
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods].	3	į,
	and services provided to the payor?	7a]		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	***. ***.		٠
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	•	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	7 7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	. 1% .	200	.C.
	-sponsoring-organization-have-excess-business-holdings-at-any-time-during-the-year-?			
9	Sponsoring organizations maintaining donor advised funds.	5,4 11 Figure 1	\$ 4.50°	# (S)
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter	Ž.	:	
а	Initiation fees and capital contributions included on Part VIII, line 12		1. 1. 2.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		ļ., ;	
1	Section 501(c)(12) organizations. Enter	1986	,.«	14 - 14 FE
a	Gross income from members or shareholders 11a			1,00 10 10 10 10 10 10 10 10 10 10 10 10 1
b	Gross income from other sources (Do not net amounts due or paid to other sources			(\$) }
	against amounts due or received from them)		**************************************	1 No.
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	- w.C	. 7
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 20-45-y 504(4)(20) supplified a parametit backty insurance in accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	425	· , , , ,	12.
а	Is the organization licensed to issue qualified health plans in more than one state?	13a)¥) / ₁	-15 ⁷ / ₂ 4 ₇
L	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which		**	ر ۽ رَبِيهِ ر ۽ رَبِيهِ
b	the organization is licensed to issue qualified health plans			, , , , , , ,
_	Enter the amount of reserves on hand	 , ``. <u> </u>	1 5 - 1 T	3 / N
c 4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
4a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	-	
-			1	

Part VI Governance

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI

	Official in Confedence of Containing a response of note to any line in this Part VI				
<u>Sect</u>	ion A. Governing Body and Management				
1a	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	1a 13		Yes	No
b	Enter the number of voting members included in line 1a, above, who are independent	1b 13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		77
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations any other officer, director, trustee, or key employee?	ship with	2a		X
3	Did the organization delegate control over management duties customarily performed by or under supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w.		4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		
6	Did the organization have members or stockholders?	33563	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or one or more members of the governing body?	appoint	7a	_^ _x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	•			
	stockholders, or persons other than the governing body?	'1	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertake	n durina	2111		**************************************
-	the year by the following			eri Zeri	
а	The governing body?		8a	X	II. JEAN
b	Each committee with authority to act on behalf of the governing body?		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b	_ X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		_ <u>_</u>	أنصن	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	describe in Schedule O how this was done		12c		<u> </u>
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X-
15	Did the process for determining compensation of the following persons include a review and appro				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			# 25° - 46
а	The organization's CEO, Executive Director, or top management official		15a	X	ļ
b	Other officers or key employees of the organization		15b	X	0000
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1 47		图 潮
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	gement	1	t tiller til	
_	with a taxable entity during the year?	. ata .ta	16a	3 /2" "	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the second sec	late its	100	Si. 1	14 ·
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard	16b		٠ ند
	the organization's exempt status with respect to such arrangements?		1 100	L	<u> </u>
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed None	M-T (Section 501/c)/2	le onli	 /\	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	10-1 (Section 30 1(C)(3	اانان در	1)	
	available for public inspection. Indicate how you made these available. Check all that apply	unlain in Schodula Ol			
		conflict of interest pol	101/ 25	d	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	cominct of interest por	icy, all	i u	
	financial statements available to the public during the tax year	hooke and records	_		
20	State the name, address, and telephone number of the person who possesses the organization's l	218-885-3242			
	Linda Kresal 118 Central Avenue, Nashwauk, MN 55769	210.000-0242			
	110 Contrat/Worldo, Hashwadk, IIII 4 007 00				

Form 990 (2015)	AFSCME Council 65			41-0854876	Page
Part VII	Compensation of Officers, Direct	ors. Trustees	Key Employees	Highest Compensated	

Employees, and Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a 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 nor any related organization compensated any current officer, director, or trustee (C) Position (do not check more than one (D) (E) (F) (A) (B) Average box, unless person is both an Name and Title Reportable Reportable Estimated hours per officer and a director/trustee) compensation compensation amount of week (list any from from related other Highest compensated Individual trustee Institutional trustee Key employee employee hours for the organizations compensation (W-2/1099-MISC) related organization from the organizations (W-2/1099-MISC) organization below dotted and related line) organizations 2 00 (1) Mark Reger Х 3,091 President 1 00 (2) Carrie Umpierre 2,394 President Х 1 00 (3) Tara DeGuiseppi Х Χ 728 Recording Secretary 2 00 (4) LoriAnna Young Χ 0 Х Treasurer 0 50 Tessie Rick 0 **Board Member** 0 50 (6) Cheryl Jones 98 **Board Member** 0 50 Todd Warne 891 **Board Member**

(8) Kathy Beckman	0 50		
Board Member	X	906	
(9) Michelle Johnson	0 50		
Board Member	X	1,384	
(10) Peggy Kınsler	0 50		
Board Member	X	2,827	
(11) Kevin O'Laughlin	0 50		
Board Member	X	0	
(12) Trent Steward	0 50		
Board Member	X	 1,414	
(13) Todd Larson	0 50		
Board Member	X	1,597	
(14) Becky Brandt - non votiong	0 25		
Trustee	X	131	

Р	Section A. Officers, Directors, Tru	ustees, Key Em	ploye	es,	and	iH t	ghes	t Co	ompensated Em	ployees (contin	ued)	age O
					Pos	C) ition	-			,		
	(A) Name and title	(B) Average					than o		(D) Reportable	(E) Reportable	(F) Estimati	ed
		hours per					or/trust	ee)	compensation	compensation	amount	
		week (list any hours for	우颪	Ins	Q	ē	Highest compensated employee	Former	from the	from related organizations	other compense	
		related	Individual to or director		Officer	Key employee	hes ploy	Tie C	organization	(W-2/1099-MISC)	from th	
		organizations below dotted	함함	ona		탏	8 8		(W-2/1099-MISC)		organizat	
		line)	Individual trustee or director	Institutional trustee		yee	npe				and relat organizati	
		1	8	stee	<u> </u>		nsa				Ų.	
				_	ļ		eg.		i			
(15)	Kristine Hamm - non voting	0 25										
Trus	tee		Х						107			
(16)	Mark Thorpe - non voting	0 25										
Trus	lee		Х						165			
(17)	Steve Preble	40 00										
Exec	cutive Director				L	Х			119,892		4:	2,370
(18)	Serena Vergen	40 00										
	ciate Director				L.,	Х			93,890		1	7,370
(19)	Leanne Kunze	40 00			'							
Assı	stant Director		ļ		_	Х			95,823		29	9,423
(20)					ļ							
				_	_							
(21)		ļ				ļ						
(00)		ļ <u>.</u>	ļ	-		<u> </u>						
(22)		 										
(00)		·		—								
(23)												
(04)		 							<u> </u>			
(24)		 										
(25)								_	- <u>-</u>			
1291												
1b	Sub-total			L				•	325,338	0	89	9,163
С	Total from continuation sheets to Part VII, S	ection A						•	0	0		0
d	Total (add lines 1b and 1c)							▶	325,338	0	89	9,163
2	Total number of individuals (including but not lii	mited to those lis	ted a	bov	e) v	vho	recei	ved	more than \$100	,000 of		
	reportable compensation from the organization	▶			3							
									-		Yes	No
3	Did the organization list any former officer, dire	ector, or trustee,	key e	mpl	oye	e, o	r high	nest	compensated			E.
	employee on line 1a? If "Yes," complete Scheo	fule J for such in	dıvıdı	ıal							3	X
4	For any individual listed on line 1a, is the sum	of reportable con	npens	satio	on a	nd d	other	con	npensation from		2 1	, ,,
	the organization and related organizations great	ater than \$150,00	00? If	"Ye	es, "	com	plete	Sc	hedule J for such	7	3 A >27 A	1.
	ındıvıdual										4 X	
5	Did any person listed on line 1a receive or acci	rue compensatio	n fror	n ar	ıy u	nrel	ated	org	anization or indiv	idual		\$** \(\)
	for services rendered to the organization? If "Y										5	X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest compe											
	compensation from the organization Report co	mpensation for t	he ca	alen	dar	yea	r end	ing	with or within the	organization's t	ax	
	year							_				
	(A)								(B)		(C)	
	Name and business add	ress							Description of serv	rices	compensation	
												0
	None											0
		 			_			_				0
									·			<u>0</u>
	Total number of independent contractors (inclu	ding but not limit	ed to	tho	se li	ster	d abo	ve)	who received	7565 244	- Te 102	, , - 1 .
~	more than \$100,000 of compensation from the		• • • • • • • • • • • • • • • • • • •		. . .		0	/		[

Part VIII Statement of Revenue
Check if Schedule O contains a response or note to any line in this Part VIII

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1:	a 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, "ab, "	3, 1	light a
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	11	b 0			lun'	
ָם פֿ	С	Fundraising events	10	c 0			- 1	
ifts ar A	d	Related organizations	10	d 0	- ";	A ANTI-	1 1,5 agrass 2	
s, G	е	Government grants (contributions	s) 1	e 0				
tlon r Si	f	All other contributions, gifts, gran	its, and) ' , n' e
the diff		similar amounts not included abo	ve 1	f 104,259	الهوها أرقرا	1	The contract of	
ont nd (g	Noncash contributions included in li	ines 1a-1f	0			313	
ပေး	h	Total. Add lines 1a-1f			104,259		to the state of th	in the sale
9				Business Code				
Program Service Revenue	2a	Member dues		900099	7,123,114	7,123,114		
æ	ь	Convention registration fees		900099	6,450	6,450		
9	С				0			
Š	d				0			
Ē	е				0			-
gra	f	All other program service revenu	е		0			
P.	g	Total. Add lines 2a-2f		>	7,129,564	11、脚小腿皮。	7 , m 2 1, - 1, 2%	
	3	Investment income (including div	ridends, interes	st, and				
		other similar amounts)		>	-66,907			-66,907
	4	Income from investment of tax-ex	xempt bond pro	oceeds >	0			
	5	Royalties		>	0			
			(ı) Real	(ıı) Personal			i saadaan	T. SPANNER
	6a	Gross rents	_					6 7 4 7 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Ь	Less rental expenses			7 - 18 18	A TO ME		
	С	Rental income or (loss)		0 0				
	d	Net rental income or (loss)		•	0			
	7a	Gross amount from sales of	(ı) Securities	(II) Other	A STATE OF THE STA			
		assets other than inventory		0 0				
	ь	Less cost or other basis						ا الله المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع
	1	and sales expenses		0 0	J. 1. 145 Sign			English Control
	С	Gain or (loss)		0 0	Land	*** ; ; ; ; , , , , , , , , , , , , , ,	This is	
	d	Net gain or (loss)		<u> </u>	0			
				}				The state of the s
E E	8a	Gross income from fundraising					100 17	
en		events (not including \$	0					
ě		of contributions reported on line	1c)					
Ë		See Part IV, line 18	a	a <u> </u>			`````	
Other Rever	b	Less direct expenses	t	<u> </u>				
0	С	Net income or (loss) from fundra		<u> </u>	0	, ma	ļ	
	9a	Gross income from gaming activ	ities			The state of the s	AND THE SECOND	William Control
		See Part IV, line 19		a0	∐ ''∗∲' ;".			
	b	Less direct expenses	ŀ	o [0	<u> </u>	1	Patalilan .	
	С	Net income or (loss) from gaming	g activities	<u> </u>	0		. इ. मार्थिक १२२ । एक्ट व	5
	10a	Gross sales of inventory, less						
		returns and allowances	8	a) _*, -, -, -, -, -, -, -, -, -, -, -,		3	The second
	b	Less cost of goods sold	ı	o [0	l in the fire		Part Brother Co	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	С	Net income or (loss) from sales of	of inventory	<u> </u>	0	10,1	ļ,,	,,
		Miscellaneous Revenue		Business Code	ļ			
	11a				0	\ 		ļ
	b				0			
	C			ļ	0			
	d	All other revenue		L	3,230			
	е	Total. Add lines 11a-11d		•	3,230		\ -	4 (1)
	12	Total revenue. See instructions		<u> </u>	7,170,146	7,132,794	0	
								Form 990 (2015)

Par								
Section	on 501(c)(3) and 501(c)(4) organizations must complete all			complete column (A)) 			
	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	domestic governments See Part IV, line 21	0		P. Jane				
2	Grants and other assistance to domestic			The state of the s				
	individuals See Part IV, line 22	0		al	er Labination .			
3	Grants and other assistance to foreign				The state of the s			
	organizations, foreign governments, and foreign							
	individuals See Part IV, lines 15 and 16	0		A CANTONIA				
4	Benefits paid to or for members	0		The state of the s				
5	Compensation of current officers, directors,			_				
	trustees, and key employees	325,338	 	0				
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and				1			
	persons described in section 4958(c)(3)(B)	0						
7	Other salaries and wages	2,069,033	· ·— · · · · ·					
8	Pension plan accruals and contributions (include				}			
	section 401(k) and 403(b) employer contributions)	272,387						
9	Other employee benefits	847,389						
10	Payroll taxes	182,081						
11	Fees for services (non-employees)							
а	Management	0						
b	Legal	26,322						
С	Accounting	16,954						
d	Lobbying	0	" "* wher	128 J				
е	Professional fundraising services See Part IV, line 17	0	THE HEAL					
f	Investment management fees	0		<u> </u>				
g	Other (If line 11g amount exceeds 10% of line 25, column	47.007						
	(A) amount, list line 11g expenses on Schedule O)	17,367		 				
12	Advertising and promotion	170.027						
13	Office expenses	179,937			 			
14	Information technology	0						
15	Royalties	21,341						
16	Occupancy	95,350						
17	Travel	95,550						
18	Payments of travel or entertainment expenses	ام						
40	for any federal, state, or local public officials — — — — Conferences, conventions, and meetings	105,354						
19	Interest	105,554						
20 21	Payments to affiliates	2,570,833			<u> </u>			
22	Depreciation, depletion, and amortization	0	0	0	 			
23	Insurance	43,257		<u>_</u>				
24	Other expenses Itemize expenses not covered		* 12 To 12 T					
24	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)				- 447			
•	La suclatura Assistant	6,000	A	<u> </u>				
a b	Out to the stand of manner alle	7,029						
C	Day-on-the-Hill	17,627			1			
ď	Scholarship awards	2,395						
u e	All other expenses	12,917						
25	Total functional expenses. Add lines 1 through 24e	6,818,911	0	0	(
26	Joint costs. Complete this line only if the	3,070,311		† 				
20	organization reported in column (B) joint costs	1			1			
	from a combined educational campaign and							
	fundraising solicitation Check here			1				
	following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
	1	Cash—non-interest-bearing	Beginning of year		End of year
	2	Savings and temporary cash investments	5,331	1_	17,280
	3	Pledges and grants receivable, net	3,300,950		3,640,236
	4	Accounts receivable, net	0	3	0
	5	Loans and other receivables from current and former officers, directors,	0	4_	0
	3	trustees, key employees, and highest compensated employees Complete Part II of Schedule L	A	5	The last of the second
Ø	6	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	The second secon		
set	-	organizations (see instructions) Complete Part II of Schedule L	<u> </u>	6	
Assets	7	Notes and loans receivable, net	0	7	0
_	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges Land, buildings, and equipment cost or	Do Berroelska	9	la sella di tanàna
	10a	other basis Complete Part VI of Schedule D 10a 0		p h _{e t} o vatem) '>	
	b	Less accumulated depreciation 10b 0	0	10c	
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line ⁻ 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,306,281		3,657,516
	17	Accounts payable and accrued expenses	0,000,201	17	0,007,010
	18	Grants payable	·-	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ģ	22	Loans and other payables to current and former officers, directors,	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	٠,٠,٠	
iţi		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L	en ned memorialem ni∞ nima 1996 8 ille	22	Propries to the second to the
Ľ.	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		, , , , , , , , , , , , , , , , , , ,	
an	27	Unrestricted net assets	3,263,026	27	3,601,880
Ba	28	Temporarily restricted net assets	43,255	28	55,636
ğ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ 88	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32_	
Ž	33	Total net assets or fund balances	3,306,281	33	3,657,516
	34	Total liabilities and net assets/fund balances	3,306,281	34	3,657,516

r Qilli 3	at (2013) AF3CIVIL Codifici 65		1-0004070	Page	<u>; 14-</u>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,170,	146
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,818,	,911
3	Revenue less expenses Subtract line 2 from line 1	3		351,	235
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,306,	,281
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		_	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	column (B))	10		3,657,	<u>,516</u>
<u>Part</u>	XII Financial Statements and Reporting			г	_
	Check if Schedule O contains a response or note to any line in this Part XII			L	X.
				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		5 T-00		
	Schedule O		, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	35.04	الدوس الدوس الدوس
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	~ 1,0 .1	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				7 3104 2764
	reviewed on a separate basis, consolidated basis, or both		, 134	1,0	
	Separate basis Consolidated basis Both consolidated and separate basis		1,1		.''. ru!
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		300 ·	A CONTRACT OF	į.
	separate basis, consolidated basis, or both		- 1. I		
	X Separate basis Consolidated basis Both consolidated and separate basis		200		
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o	f	1572 -		\$70 \$390 1 \$165 \$465
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?	•	2c	x	Ham Mi (.)
	If the organization changed either its oversight process or selection process during the tax year, explain in		1745		- Times
	Schedule O		, , ,	3	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		Stm 1m		
Ψa	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2015)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

*9*200

20**15**

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-B If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	xy Tax) (see separate instr	,,	ty Tuny (occ sopule	ac mandations, or rolling	550-E2, 1 dit 4, line 550
		rganizations Complete Part III			
	e of organization			Employ	yer identification number
	CME Council 65	he committee in committee in			41-0854876
		he organization is exempt und			organization.
1	·	he organization's direct and indirect p	olitical campaign a		
2	Political expenditures			> :	134,303
3	Volunteer hours				250
Pa		he organization is exempt und			
1	Enter the amount of any	excise tax incurred by the organizatio	n under section 49	955 ▶ 3	B
2	Enter the amount of any	excise tax incurred by organization m	anagers under sed	ction 4955	B
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year?	•	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part I	IV			
		he organization is exempt und	er section 501	c), except section 50	1(c)(3).
1	Enter the amount directly	expended by the filing organization f	or section 527 exe	empt function	
	activities	, , ,			128,803
2	Enter the amount of the f	iling organization's funds contributed	to other organizati		
	527 exempt function activ		_	> :	5,500
3	Total exempt function exp	penditures Add lines 1 and 2 Enter h	ere and on Form 1	1120-POL,	
	line 17b			>	134,303
4	Did the filing organization	file Form 1120-POL for this year?			134,303
5		ses and employer identification numb	er (EIN) of all sect	ion 527 political organiza	tions to which the filing
_	organization made payme	ents For each organization listed, en	ter the amount pai	d from the filing organizat	ion's funds Also enter
_	the amount of political co	ntributions_received that were prompt	ly and directly deli	vered to a separate politic	cal organization, such
	as a separate segregated	d fund or a political action committee	(PAC) If additiona	space is needed, provid	e information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly
					delivered to a separate political organization. If none, enter -0-
(1)	Minnesota DFL		-	2,50	0
	Dayton for Governor			2,50	<u> </u>
				2,00	0
(3)	MN Legislative - Ecklund			1,00	0
(4)					
(5)					
(6)					

	5486 O (1 61111 550 61 556-CE) 2015					Pa	ge 2
Ρ	art II-A Complete if the organizati under section 501(h)).	on is exempt	under section 5	01(c)(3) and filed	l Form 5768 (elec	ction	
A	Check ▶ if the filing organization	_			•	ıp member's	_
В	name, address, EIN, exp	•		, , ,	,		
		obying Expendi	tures	· · · · · · · · · · · · · · · · · · ·	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence pi	· · · · · · · · · · · · · · · · · · ·					0
b	Total lobbying expenditures to influence a						0
С	Total lobbying expenditures (add lines 1a	and 1b)			0		0
đ	Other exempt purpose expenditures						0
е	Total exempt purpose expenditures (add li				0		0
f	Lobbying nontaxable amount Enter the ar	mount from the fo	ollowing table in bot	h	_		
ſ	columns				िरुक्ता वित्यक्षण्या करू । 0	ه د والواسو د د ۲ س د	<u> </u>
- }	If the amount on line 1e, column (a) or (b) is		ng nontaxable amou amount on line 1e	int is:			
	Not over \$500,000 Over \$500,000 but not over \$1,000,000		us 15% of the excess	over \$500 000			
1	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess				(N_{i})
	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess of				3 T
	Over \$17,000,000				ra ^{vit} .		
g	Grassroots nontaxable amount (enter 25%				0		0
h	Subtract line 1g from line 1a If zero or les				0		<u>0</u>
!	Subtract line 1f from line 1c If zero or less If there is an amount other than zero on eight		o 1, did the organi	zation file Form 472	L		
J	section 4911 tax for this year?	ther line in or lin	ie II, did the digailiz	zation me ronn 472		Yes N	lo
	4	-Year Averaging	Period Under sec	tion 501(h)			
	(Some organizations that made a				of the five columns	below.	
	See	the separate ins	tructions for lines	2a through 2f.)			
	Lobby	ing Expenditur	es During 4-Year A	veraging Period			
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
2a	Lobbying nontaxable amount	0	0	0	0		0
_ b	Lobbying ceiling amount (150%_of_line_2a, column(e))						0
С	Total lobbying expenditures	0	0	0	0		0
d	Grassroots nontaxable amount	0	0		0		0
<u>e</u>	Grassroots ceiling amount (150% of line 2d, column (e))						0
f	Grassroots lobbying expenditures	0	0	0	0		0
					Schedule C (For	m 990 or 990-EZ) :	2015

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has No (election under section 501(h)).	OT filed	i For	m 5768
For	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed	(;	3)	(b)
desc	cription of the lobbying activity	Yes	No	Amount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?	المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع		Windows Company
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			
d	Mailings to members, legislators, or the public?	-		
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i	1.12	The state of	C
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912	7 . 2		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		£1.24.4	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	4	<u> </u>	
Par	Complete if the organization is exempt under section 501(c)(4), section 50	1(C)(5)	, or s	ection
-	501(c)(6).			
_				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 50	4/0\/E\		
Par	IIII-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,	1(C)(S) " OR (F	, or s	ection rt lil_A line 3 is
	answered "Yes."	۱) ۱۱ (۱	J, 1 a	it iii-A, iiiie 5, is
	Dues, assessments and similar amounts from members		4	<u> </u>
1 2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
2	political expenses for which the section 527(f) tax was paid).			
а	Current year		2a	
a b	Carryover from last year		2b	
	Total		2c	C
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		-3-	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		Fig. 3 Fig. 8	
	excess does the organization agree to carryover to the reasonable estimate of nondeductible		10.1	
	lobbying and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	c
Part				
Provi	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground	ıp list), F	Part II-	A, lines 1 and
2 (se	e instructions), and Part II-B, line 1 Also, complete this part for any additional information			
				
	••••••			

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	of the organization			Employer identification number
	CME Council 65			41-0854876
Par		nor Advised Funds or Otl	ner Similar Fun	ds or Accounts.
	Complete if the organization ans	wered "Yes" on Form 990,	Part IV, line 6	
		(a) Donor advised fun	ds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			, , , , , , , , , , , , , , , , , , , ,
4	Aggregate value at end of year			
5	Did the organization inform all donors and o	lonor advisors in writing that th	e assets held in do	onor advised
	funds are the organization's property, subje	ct to the organization's exclusiv	/e legal control?	Yes No
6	Did the organization inform all grantees, do	nors, and donor advisors in wri	ting that grant fund	ds can be
	used only for charitable purposes and not for	or the benefit of the donor or do	onor advisor, or for	any other
	purpose conferring impermissible private be	enefit?		Yes No
Par	t II Conservation Easements.			
	Complete if the organization ans	wered "Yes" on Form 990.	Part IV. line 7	
1	Purpose(s) of conservation easements held			
	Preservation of land for public use (e.g., re			a historically important land area
	Protection of natural habitat		3	
			j Freservation of	a certified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organiz	ation held a qualified conserva	tion contribution in	
	easement on the last day of the tax year			Held at the End of the Tax Year
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation ea			2b
C	Number of conservation easements on a ce			2c
d	Number of conservation easements include		and not on a	
•	historic structure listed in the National Regis			2d
3	Number of conservation easements modified	u, transferred, released, extinç	juisned, or termina	ited by the organization during
	the tax year	annon internacional in land	stad b	
4	Number of states where property subject to			ndling of
5	Does the organization have a written policy violations, and enforcement of the conservations.		ing, inspection, na	
c				Yes No
6	Staff and volunteer hours devoted to monitoring	inspecting, handling of violations	, and enforcing cons	servation easements during the year
7	Amount of auronage incurred in manufacture incu	seature bandling of welstings are	d andara:	Annua annua annua annua annua annua annua
	_Amount_of_expenses_incurred_in_monitoring,_insp \$ \$	ecting, nandling of violations, and	a_emorcing_conserva	tion_easements_during_the_year
8	Does each conservation easement reported	on line 2(d) above satisfy the	requirements of se	ection 170(b)(4)(B)(i)
J	and section 170(h)(4)(B)(ii)?	on the Z(d) above satisfy the	requirements or se	Yes No
9	In Part XIII, describe how the organization r	eports conservation easement	s in its revenue an	——————————————————————————————————————
	balance sheet, and include, if applicable, th	-		•
	the organization's accounting for conservati		arneadorro marion	ar oldlomonic that doodhboo
Par			Treasures, or 0	Other Similar Assets.
	Complete if the organization ans			
4-				ave statement and balance about
1a	If the organization elected, as permitted und		•	
	works of art, historical treasures, or other sill			
L.	of public service, provide, in Part XIII, the te			
þ	If the organization elected, as permitted und			
	works of art, historical treasures, or other silled solves provide the following amount		indition, education,	or research in furtherance
	of public service, provide the following amou			▶ \$
	(i) Revenue included on Form 990, Part VII	i, iiile i		► \$ ► \$
•	(ii) Assets included in Form 990, Part X	and breatanness terrariors are sale		
2	If the organization received or held works of			
	following amounts required to be reported u		iung to these items	. A
a	Revenue included on Form 990, Part VIII, III	ne i		S
b	Assets included in Form 990, Part X			₽ 3

Schedi	ule D (Form 990) 2015 AFSCME Council 6	:5					41-085	487 6		Dog 2
Part			Art. Histo	orical Tr	easures o	r Othe			tinuo	Page 2
3	Using the organization's acquisition, ac									<u></u>
-	collection items (check all that apply)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,	01 1110 1011011	g tilat	are a significant	use of it	3	
а	Public exhibition		d \square	Loan	or exchange	progran	ns			
b	Scholarly research			Other		, g				
			• 🗀	Other						
C	Preservation for future generation									
4	Provide a description of the organization XIII	on's collections and	explain ho	ow they fu	rther the org	anızatıc	on's exempt purp	ose in Pa	art	
5	During the year, did the organization so assets to be sold to raise funds rather t	han to be maintain						Ye	es 🔲	No
Part	Complete if the organization 990, Part X, line 21		on Form	990, Pa	rt IV, line 9,	or rep	orted an amou	int on Fo	orm	
1a	Is the organization an agent, trustee, co	ustodian or other in	termedian	y for contr	ibutions or o	ther ass	sets not			
	included on Form 990, Part X?							Ye	es []	No
b	If "Yes," explain the arrangement in Pa	rt XIII and complete	the follow	ving table						
								Amount		
C	Beginning balance					10	;			0
d	Additions during the year					10				
е	Distributions during the year					1€				
f	Ending balance					11	<u> </u>			0
2a	Did the organization include an amoun	t on Form 990, Part	t X, line 21	, for escr	ow or custod	al acco	unt fiability?	Ye	es X	No
b	If "Yes," explain the arrangement in Pa	rt XIII Check here	if the expla	anation ha	s been provi	ded on	Part XIII			ĺ
Part					- <u></u> -		··			<u>' </u>
ı aıı	Complete if the organization	answered "Yes"	on Form	990 Pa	rt IV line 10	1				
	Complete ii the organization	(a) Current year	(b) Prio		(c) Two years		(d) Three years bac	(e) Fo	our years	back
1a	Beginning of year balance	0	(2) / 110	0	(5) 1110) 5010	0	(4) 11110 / 0410 240	0		0
b	Contributions				• • •	- 1				
c	Net investment earnings, gains,							_		
·	and losses							1		
A	•									
d	Grants or scholarships							+		
е	Other expenditures for facilities					1				
	and programs									
T	Administrative expenses						 	_		
g	End of year balance	0		0		0		0[0
2	Provide the estimated percentage of the		balance (I	ine 1g, co	olumn (a)) he	id as				
a_	Board designated or quasi-endowment	<u> </u>	%							_
b	Permanent endowment									
С	Temporarily restricted endowment	> %								
_	The percentages on lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	possession of the o	rganizatio	n that are	neid and ad	ministei	rea for the	1		
	organization by							T	Yes	No
	(i) unrelated organizations							3a(i)		<u> </u>
	(ii) related organizations							3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related or	-						_3b		ł
4	Describe in Part XIII the intended uses	of the organization	's endown	nent funds	<u> </u>					
Part	VI Land, Buildings, and Equip Complete if the organization		on Form	990 Pa	rt IV line 11	la Se	- Form 990 Pa	art X lin	e 10	
							Accumulated		ook valu	
	Description of property	(a) Cost or ot			st or other s (other)		depreciation	(u) Di	JUN YOLU	-
1a	Land		0			* , ; * *	- 30 4 10 10 mga			0
_			0		0	<u> </u>	0			
b	Buildings	 	0		0	 	0	·		0
C	Leasehold improvements	 	- 0	,	0	 	0			0
d	Equipment		0		0	 				0
<u>e</u>	Other Add lines 1a through 1e (Column (d) r.	nust equal Form 00		column /		L				0
rotal	. Aud lines la infought le (Column (d) l	nusi eyuar r Onii 99	U, I all A,	Joidinii (L	<i>), iii (100)</i>					

Part VII	Investments—Other Securi Complete if the organization		000 Port IV June 11h Con For	m 000 Dark V line 40
(a)	Description of security or category		(c) Method of v	
(α)	(including name of security)	(b) Book value	Cost or end-of-year	
(1) Financial of			0	
• •	ld equity interests		0	
				
(<u>C</u>)		-		
(D)		-	 	
(E) (F)		-	 	
(G)		-		
(H)				
	nust equal Form 990, Part X, col. (B) line 12.)	> (The state of the state of
Part VIII	Investments—Program Rel	ated.		
	Complete if the organization	answered "Yes" on Form 9	990, Part IV, line 11c See For	m 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(1)			<u> </u>	
(2)			<u> </u>	<u> </u>
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)	nust equal Form 990, Part X, col (B) line 13)	>	0 2 3 7 7 7 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Part IX	Other Assets. Complete if the organization	answered "Yes" on Form 9	990, Part IV, line 11d See For	m 990, Part X, line 15 (b) Book value
				
(2)				
(3)				
(5)			****	-
(6)				
(7)				-
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X,	col (B) line 15)	<u> </u>	<u></u>
Part X	Other Liabilities. Complete if the organization line 25	answered "Yes" on Form 9	990, Part IV, line 11e or 11f. S	ee Form 990, Part X,
1	(a) Description of liability	(b) Book value		The same of the sa
(1) Federal	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
			Supplied to the state of the st	The state of the s
				
(9)	ust equal Form 990, Part X, col (B) line 25)	>		
2 Liability for	uncertain tax positions. In Part XIII, pro		- · · · · · · · · · · · · · · · · · · ·	s that reports the
organization's	liability for uncertain tax positions unde	er FIN 48 (ASC 740). Check here	e if the text of the footnote has been	provided in Part XIII

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Open to Public Inspection

Internal Revenue Service Name of the organization **AFSCME Council 65**

Department of the Treasury

Employer identification number 41-0854876

Par	Questions Regarding Compensation	<u> </u>		
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items) "		
	First-class or charter travel Housing allowance or residence for personal use		i i i i i i i i i i i i i i i i i i i	
	Travel for companions Payments for business use of personal residence	, u	15.75	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	, , <u>, , , , , , , , , , , , , , , , , </u>	× √31.755	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			35.
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	Harry Comment		T.
	explain	1b	Aftern 190	10Ge 1 114
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		2 - 265
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			John John
•	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a	\$10 and		inglines of
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			3.
4	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	der65"	X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	77n23	X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	**		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
а	compensation contingent on the revenues of The organization?	5a	(18. T.F.)	27.2
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III	4 7 5 5 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
_	E CONTRACTOR OF THE CONTRACTOR			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a	¥	
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III	1		1 P
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	<i>'</i>	. `.	,1
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	8		
	ın Part III	-		1
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		La' *	a admin
-	Regulations section 53 4958-6(c)?	9		

Schedule J (Form 990) 2015 AFSCME Council 65

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

(F) Compensation in column (B) reported as deferred on prior Form 990 Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual 162,262 (E) Total of columns (B)(i)–(D) 30,930 (D) Nontaxable benefits 11,440 (C) Retirement and other deferred compensation 5,400 (B) Breakdown of W-2 and/or 1099-MISC compensation (III) Other reportable compensation 114,492 (ii) Bonus & incentive compensation (ı) Base compensation Ξ € 🗉 \equiv € € Ξ Ξ Ξ Ξ \in Ξ Ξ Ξ Ξ (A) Name and Title 1 Executive Director Steve Preble 10 13 7 က S 9 œ 6 F 12 4 15 16

Schedule J (Form 990) 2015

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

2015

Open to Public Inspection

Name of the organization Employer identification number **AFSCME Council 65** 41-0854876 Form 990, Part VI, Section A, Line 6 - The Organization has 13,240 members as of 12-31-15 Form 990, Part VI, Section A, Line 7a & 7b - Members elect a Board of Directors every 3 years at the Council's annual convention. The Board makes decisions on behalf of members unless it involves a constitutional issue Form 990, Part VI, Section B, Line 11 - The 990 is prepared by the Council's external independent auditor and is reviewed and signed by an officer. The auditor discusses the audited financial statements (used to prepare the 990) with the Trustees and Officer board members when they meet each year. The Trustees then make a report to the full Board Form 990, Part VI, Section B, Line 15 & 16 - The Board of Directors set the salary of the Executive Director and other Key Employees Form 990, Part VI, Section C, Line 19 - Information is provided upon request only Form 990, Part XII, Line 2C - The Executive Director, Executive Officers, and Trustees provide oversight and select the independent auditor