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## Form **990**

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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

2016

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.

Open to Public Inspection

For the 2016 calendar year, or tax year beginning and ending Check if applicable C Name of organization **AFSCME Council 65** D Employer identification number Doing business as Address change Number and street (or PO box if mail is not delivered to street address) 41-0854876 Name change 18 Central Avenue E Telephone number Initial return City or town ZIP code 218-885-3242 Nashwauk 55769 inal return/terminated Foreign postal code Foreign country name Foreign province/state/county Amended return 7.551.671 Gross receipts \$ F Name and address of principal officer Application pending Yes X No H(a) Is this a group return for subordinates? Steve Preble - same as above H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) X 501(c) 4947(a)(1) or Tax-exempt status ) (insert no ) J Website: ▶ H(c) Group exemption number ► 1381 Trust X K Form of organization Corporation Association L Year of formation M State of legal domicile 1965 MN Part I Summarv Council 65 works to improve the pay and Briefly describe the organization's mission or most significant activities Activities & Governance working conditions of its members and is committed to winning respect and appreciation through strong contracts for the public employees of Greater Minnesota. This is done using 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 13 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 61 6 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year Current Year 104,259 Contributions and grants (Part VIII, line 1h) 162,319 RS-OSC Program service revenue (Part VIII, line 2q) 7,129,564 7,256,461 Investment income (Part VIII, column (A), lines 3, and toler 10 2017 Other revenue (Part VIII, column (A), lines 5, 6d, 80, 9c, 10c, and 11e) -66,907 132.337 10 3,230 554 11 Total revenue-add lines 8 through 11 (must equal Part VIII, column, (A), line, 12 7,170,146 7,551,671 12 Grants and similar amounts paid (Part IX, column (A)-lines-143) 0 13 Benefits paid to or for members (Part IX, column (A), line 4) 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,696,228 3,830,751 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a 是"加州"的"是"的" AME CATAL Total fundraising expenses (Part IX, column (D), line 25) ▶ h 3,122,683 3,299,642 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,818,911 7,130,393 18 Revenue less expenses Subtract line 18 from line 12 351,235 421,278 19 **End of Year Beginning of Current Year** 3.657.516 4.078.794 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 21 4,078,794 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Dec arer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check X if Paid self-employed 5/3/2017 Gary W Paulson P00484716 Preparer ► Gary W Paulson, CPA Firm's EIN > 41-1643869 **Use Only** 320-630-9166 Firm's address ► 4962 Black Spruce Trail NW, Hackensack, MN 56452 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990 (2016)

Form 9	90 (2016)	AFSCME Council 65			41-0854876	Page <b>2</b>
Pa	rt III	Statement of Program Service A				
		Check if Schedule O contains a re	sponse or note to any line in this F	'art III		
1		escribe the organization's mission				<del></del>
		65 works to improve the pay and working				
		ng respect and appreciation through stron				
	procedu	Minnesota This is done using standard n	egoliation, grievance and arbitration			
- 2		organization undertake any significant pro	ogram services during the year which we	ere not listed on		<del></del> .
-		Form 990 or 990-EZ?	gram services daming the year which we	sie not listed on	Yes	X No
	If "Yes,"	describe these new services on Schedule	e O			٠٠٠ سنا
3		organization cease conducting, or make s	ignificant changes in how it conducts, a	ny program		
	services				Yes	X No
		describe these changes on Schedule O				
4		e the organization's program service acco				
		es Section 501(c)(3) and 501(c)(4) organi expenses, and revenue, if any, for each p		nt of grants and allo	cations to others,	•
	the tota	expenses, and revenue, if any, for each p	orogram service reported			
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue		)
	The uni	on through employees, members and med	diation specialists negotiated approxima	itely 150	_	/
	contrac	s covering 13,500 members. The objective	e of these contract negotiations is to pre	ovide		
	membe	s with improved working conditions, job p	rotections, better benefits and higher w	ages The		
	union re	solved over 300 grievances of which 24 v	vere referred to the Council Arbitration S	4.4		
		r approval 16 of the grievances were appearances organizing campaigns. The union also d		oont.		
		ng and community outreach. Board memb				
		ventions to ensure involvement in govern				
	21011111					
	<del></del>	····				
4b	(Code	) (Expenses \$				
			••••			
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue	≥\$	)
				•		
		<b>.</b>		••		
	Other n	ogram services (Describe in Schedule C	))			
74	(Expen	· ·		ue \$	0)	
40		ogram service expenses	0			

# Part IV Checklist of Required Schedules

			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	4		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	<del></del>	<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Х	
•	candidates for public office? If "Yes," complete Schedule C, Part I			
4		3	_X	
. 4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		<del>- ^`</del>	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<del></del>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			11118
-	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	***** "	An an Ita	صابه بأسائي
_	Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	- ]		-
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	Ţ	-	_
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		- 1	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
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> </u>
		Form	990 (	2016)

## Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
21	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		_X_
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	İ	X
<u>2</u> 3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		$\neg \neg$	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
-	employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
b	24b through 24d and complete Schedule K. If "No," go to line 25a.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		
þ	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		- 1	
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	-		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		南西鄉	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		i. Hi	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		_X_
b	Schedule L, Part IV	28b	ļ	Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	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,	24		v
20	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		X
32	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	]	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
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	335		-
J0	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	197 Note. All Form 990 filers are required to complete Schedule O	38	990	2016

Form 990 (2016) AFSCME Council 65 41-0854876 Page 5 Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V Part V

	Check it Schedule O contains a response of note to any line in this Part V	• •	· ·	
4.	Fates the number concepted in Poy 2 of Form 1006 Enter 0 of not englished	4 Fr. 128	Yes	No Marik *
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			li.
b	The state of the s	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	FFE	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	# J. 20	油 第、云气	Carren.
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6	1		
٠b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	*****	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			i SarAb
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		<del>  ^-</del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1	+	+
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1	1	1
	account)?	4a	. [	X
ь	If "Yes," enter the name of the foreign country:	21 35	2 4 H 2 3 H	3 M
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)	in the second		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		T <del>X</del>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		<del>  ^</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1	+	<del>                                     </del>
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	, İ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1-	1
_	gifts were not tax deductible?	66	, ]	1
7	Organizations that may receive deductible contributions under section 170(c).	15°4		1 5. 4
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	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			T
	required to file Form 8282?	70		
d	If "Yes," indicate the number of Forms 8282 filed during the year	£.7		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7</b> €		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	$\overline{}$	<del> </del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79	_	↓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1.18		\$ 51000 \$ 224_1
	sponsoring organization have excess business holdings at any time during the year?	8		1 -0 5 1 400
9	Sponsoring organizations maintaining donor advised funds.		ėLL	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		┼
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	AL MICANI	<sup>१</sup> रक्षार्थन्त्राः
10	Section 501(c)(7) organizations. Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	-13		
b		-13	對於這	
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	37	可能此	
a	Gross income from members or shareholders	1		
b	against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a (man)	2 (1. Sii) 6 in
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1334.3
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.		制度	
a	Is the organization licensed to issue qualified health plans in more than one state?	13	_	- N - N - N
u	Note. See the instructions for additional information the organization must report on Schedule O.	: 8-3		
b	Enter the amount of reserves the organization is required to maintain by the states in which	S. F.		
_	the organization is licensed to issue qualified health plans			IV.
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14	a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	<b>b</b>	

Form 9	90 (2016)	AFSCME Council 65	41-0	854876	F	age (
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through				
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang	es in Schedule O.	See ins	tructi	ons.
		Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>			X
Sect	ion A.	Governing Body and Management				
					Yes	No
1a		ne number of voting members of the governing body at the end of the tax year	1a	13		
		are material differences in voting rights among members of the governing body, or		4	7	
		overning body delegated broad authority to an executive committee or similar				
		tee, explain in Schedule O		7.5		white
b		ne number of voting members included in line 1a, above, who are independent		13		
- 2		<ul> <li>officer, director, trustee, or key employee have a family relationship or a business relationship or a business relationship or director, trustee, or key employee?</li> </ul>	hip with	2		X
3		organization delegate control over management duties customarily performed by or under t				
	-	sion of officers, directors, or trustees, or key employees to a management company or othe	•	3		X
4		organization make any significant changes to its governing documents since the prior Form 990 wa		4		X
5	Did the	organization become aware during the year of a significant diversion of the organization's a	ssets?	5		X
6	Did the	organization have members or stockholders?		_6	X	
7a		organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?	appoint	7a	X	
b		governance decisions of the organization reserved to (or subject to approval by) members				
		olders, or persons other than the governing body?		7b	Х	
8		organization contemporaneously document the meetings held or written actions undertaker	n during			.dogs
		r by the following	J		M.	
а	The go	verning body?		8a	Х	
b	Each c	ommittee with authority to act on behalf of the governing body?		8b		
9		any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached			
	at the	rganization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		_X
Sect	ion B.	Policies (This Section B requests information about policies not required by the	<u>Internal Revenue</u>	Code.		
					Yes	No
10a		organization have local chapters, branches, or affiliates?		10a	<u> </u>	
þ		did the organization have written policies and procedures governing the activities of such c				
		s, and branches to ensure their operations are consistent with the organization's exempt put	•	10b	X	
11a		organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	. 977.6.5	X
þ		be in Schedule O the process, if any, used by the organization to review this Form 990				
12a		organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b		ficers, directors, or trustees, and key employees required to disclose annually interests that could g		12b		<u> </u>
С		organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes,"			
		e in Schedule O how this was done		12c		<u> </u>
13		organization have a written whistleblower policy?		13		X
14		organization have a written document retention and destruction policy?		14	· ~~ line	X
15		process for determining compensation of the following persons include a review and approve	•			
	•	ndent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?		المكتفعية ودديك	1
a		ganization's CEO, Executive Director, or top management official		15a	X	
b		fficers or key employees of the organization		15b	X Detailed	a Calent
40-		to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	with a t	organization invest in, contribute assets to, or participate in a joint venture or similar arrange axable entity during the year?		16a		X
b		did the organization follow a written policy or procedure requiring the organization to evaluate				
		ation in joint venture arrangements under applicable federal tax law, and take steps to safeg	uard			
		anization's exempt status with respect to such arrangements?	<del></del>	16b		
	<u>ion C.</u>	Disclosure				
17		states with which a copy of this Form 990 is required to be filed None	T (0-st 5044 )	O\ -		
18		6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	- i (Section 501(c)(	JS ONly	)	
		le for public inspection Indicate how you made these available. Check all that apply	oloin in Cohedule C			
40			plain in Schedule C		al .	
19		e in Schedule O whether (and if so, how) the organization made its governing documents, o	onnict of interest po	אנטאנע, an	u	
20		il statements available to the public during the tax year he name, address, and telephone number of the person who possesses the organization's b	noke and records	_		
20	State II	Linda Kresal	218-885-3242			
		118 Central Avenue, Nashwauk, MN 55769	210 000-0242			

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Part VII	Compensation of Officers, Directors, 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	, age
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"

compensated employees, and former such persons

- 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	( <b>B)</b> Average hours per	box,	unles	Pos neck ss pe d a d	rson	than on is both a or/trustee	an ≘)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation from the organization and related organizations	
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		
(1) Mark Reger	2 00										
President		X	L	Х				3,700	0	0	
(2) Peggy Kınsler	1 00									<del></del>	
President		Х	L	Х				3,051	0	0	
(3) Terri Hillman	1 00										
Recording Secretary		Х	L	Х	<u>L</u> .			0	0	0	
(4) Teresa Rick	2 00		ł								
Treasurer		Х		Х	<u></u>			1,219	0	0	
(5) Amanda Due	0 50										
Board Member		X	L.				_	977	0	0	
(6) Cheryl Jones	0 50					1 1					
Board Member	.,,,,,,	X					_	72	0	0	
(7) Todd Warne	0 50										
Board Member		X	L					1,511	0	0	
(8) Kathy Beckman	0 50										
Board Member		X			L.		_	456	0	0	
(9) Michelle Johnson	0 50								•		
Board Member		X	L		<u> </u>	$\perp$	_	1,475	0	0	
(10) Peggy Kınsler	0 50										
Board Member		X			<u> </u>			3,051	0.	0	
(11) Kevin O'Laughlin	0 50					1 1					
Board Member		X	Щ		_		_	1,686	0	0	
(12) Trent Steward	0 50	[			l						
Board Member		X	Ļ			<b> </b>		1,026	0	0	
(13) Todd Larson	0 50										
Board Member		Х			<u> </u>		_	1,410	0	0	
(14) Becky Brandt - non votiong	0 25										
Trustee		X			L			228	0	0	

Part VII

	(C) Position (A) (B) (do not check more than Name and title Average box, unless person is bo officer and a director/true				ıs bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15) Trus	Kristine Hamm - non voting	0 25	x						87	C	
(16)	Dawn Cullifer - non voting	0 25					<u> </u>		- 0,	<u> </u>	<u></u>
Trus	Stove Broble	40 00	X	-	$\vdash \vdash$			-	0		
~~	cutive Director - thru 6/30	40.00				Х			91,964	C	41,457
(18)	Serena Vergen	40 00									
	Shappen Deliver	40 00		_		Х		-	116,504	0	48,052
	Shannon Douvierstant Director	40.00				х			101,990	C	45,753
(20)					П						
(21)							-			<u> </u>	
(22)											
(23)											
(24)											
(25)											
1b	Sub-total .						L	<b></b>	330,407	0	135,262
C	Total from continuation sheets to Part VII, Se	ection A						•	0	0	<del></del>
_ <u>d</u> _	Total (add lines 1b and 1c)  Total number of individuals (including but not lir	nited to those lis	ted a	hov	e) w	ho		ved.	330,407	000 of	135,262
	reportable compensation from the organization	►			3			VCU			
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>		-	-	oyee	e, o	r high	nest	compensated		Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual	•								,	4 X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye									dual	5 X
	tion B. Independent Contractors		1 4 -							400 000 (	
1	Complete this table for your five highest compe compensation from the organization Report co year										tax
	(A) Name and business addr	ess							(B) Description of serv	ices	(C) Compensation
	None	<del></del>							<del> </del>		<u>C</u>
	110110										
											C
2	Total number of independent contractors (include more than \$100,000 of compensation from the		ed to	thos	se lis	sted	l abo	ve)	who received		C

Part VIII AFSCME Council 65

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
s .	1a	Federated campaigns	1.	a	0		# B 357 19	( - Y4 (	F (1838)
aut all	b	Membership dues	1	b	0				
ع ق	С	Fundraising events	1	С	0				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1.	d	0				
9 E	е	Government grants (contributions	s) 1	е	0				
To Is	f	All other contributions, gifts, gran		T					
혈		similar amounts not included abo	t t	lf	162,319				
혈	g	Noncash contributions included in la		\$	0				
اة ت	h	Total. Add lines 1a-1f		_	<b>&gt;</b>	162,319			
•					Business Code				
<b>8</b> .	2a	, Member dues		Ţ	900099	7,252,243	The water was a sure of the same and the same	Sandy Lands Allender Victor and	biotec i della con all'hillion
è	b	Convention registration fees		_	900099	4,218	4,218		
9	С					0			-
2	đ			Ī		0			
E	е					0	<del></del>	-	
Program Service Revenue	f	All other program service revenu	e	r		0			
P 0	g	Total. Add lines 2a-2f		-	<b>•</b>	7.256.461	AND BELLEVILLE	* 510, 32, 40, 40, 40	E March Colonial
1	3	Investment income (including div	st, a	and		27 No. 10-16 11R	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		other similar amounts)		<b>&gt;</b>	132,337			132,337	
	4	Income from investment of tax-exempt bond proce		осе	eds <b>&gt;</b>	0			.02,00.
	5	Royalties			•	0			
			(ı) Real		(ii) Personal	instant 1		A CONTRACTOR	
	6a	Gross rents							
1	b	Less rental expenses							
	С	Rental income or (loss)		0	0				
	d	Net rental income or (loss)			<b>&gt;</b>	0			
	7a	Gross amount from sales of	(i) Securities		(II) Other	1 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×			e jakar s
		assets other than inventory		0	0				
	b	Less cost or other basis			-				
		and sales expenses		0	0	WD.			
	С	Gain or (loss)		0	0	rasi II ika.	Land SAR Park Sand		
	d	Net gain or (loss)		_		0			
e l	8a	Gross income from fundraising							
e l		events (not including \$	0						
Ş		of contributions reported on line	1c)						
Other Revenue		See Part IV, line 18		a	0				
Ĕ	b	Less direct expenses	-	b [	0	يحد تقلاتها			
۱	С	Net income or (loss) from fundra		г		0		1.781.8 (237.6-58)	Correction of the Chillien
	9a	Gross income from gaming activ		_	•				
		See Part IV, line 19		a	0				
	b	Less direct expenses		p [	0				- The Later and State and
	c	Net income or (loss) from gaming	gactivities	Г			Stylenia vanie, Sp. 1889	Act and for the	Salaca at 1 17 mg
	10a	Gross sales of inventory, less	_		0				
Į		returns and allowances		a b	0	放於數學是			
	b	Less cost of goods sold	-	ם ר		0	37.37.27.23.1867	1425 (B)Newseast, 127	
	<u>c</u>	Net income or (loss) from sales of Miscellaneous Revenue	A HIVEIHOLY	Т	Business Code		ENGLISH HOUSE	\$ 1.30 P. 1.3.33	
	440	wiiscellaneous Revenue		+	_usiness code	0	1 - 21 - 185 1 - 2 - 185 4 - 185 6 - 2 - 1	1931 ISS 3 MAZY	
	11a			H			-	-	
	b			F		0			
	c C	All other revenue		十		554	554		
	ď	Total. Add lines 11a-11d		L	<b>-</b>	554	3 7 25		· · · · · · · · · · · · · · · · · · ·
	e 12	Total revenue. See instructions			•	7,551,671			132,337

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	rganizations must d	complete column (A)	)
	Check if Schedule O contains a response or note				
	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				SAY A FEE I
2	domestic governments See Part IV, line 21 Grants and other assistance to domestic	0			
4	individuals See Part IV, line 22	0			
.3	Grants and other assistance to foreign				
.0	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,			799 2 3 3 3 3 193	****
	trustees, and key employees	330,407		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	2,124,241			
8	Pension plan accruals and contributions (include	204.574			
9	section 401(k) and 403(b) employer contributions) Other employee benefits	264,571	<del></del>		<del></del>
9 10	Payroll taxes	928,242 183,290		<u> </u>	
11	Fees for services (non-employees)	103,290			
''a	Management -	0			
b	Legal	36,057	<del></del>		
c	Accounting	17,825			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0	a. The day of the	这类的"加"。	
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	41,651			
12	Advertising and promotion	0		<u> </u>	
13	Office expenses	208,689			<del></del>
14	Information technology	0			<del></del>
15	Royalties	18,064	<del>                                     </del>		
16 17	Occupancy Travel	95,241			
18	Payments of travel or entertainment expenses		<del></del>		
	for any federal, state, or local public officials	0		:	
19	Conferences, conventions, and meetings	152,740			
20	Interest	0			
21	Payments to affiliates	2,611,074			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	34,009	P/X:39mBo . ht' .56koob	\$#\$-000120\$1 (200 10 \$00.00	MALE NO. 107 NOT THE PERSON
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Legislative Assistant	6,000	A TOTAL DOS TOTAL DESIGNATION OF	SCHOOL SHIRES CO., A. A. C. C. CHOK, N. P. P.	200 (00 00 00 00 00 00 00 00 00 00 00 00
b	Contributions / memorials	46,136			
C	Day-on-the-Hill	4,798			
d	Scholarship awards	4,583			
е	All other expenses	22,775		ļ <u>-</u> -	
25_	Total functional expenses. Add lines 1 through 24e	7,130,393	0	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
	IONOWING COL SO E (100 000 120)	<del></del>		<del></del>	Form <b>990</b> (2016)

#### Balance Sheet Part X

		Check if Schedule O contains a response or note to any line in this Part	X		
			(A)		(B)
	_		Beginning of year		End of year
	1	Cash—non-interest-bearing	17,280	1	17,572
ļ	2	Savings and temporary cash investments	1,865,159	2	1,936,815
	3	Pledges and grants receivable, net	0	3	0
.	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
_		trustees, key employees, and highest compensated employees			
ì		Complete Part II of Schedule L		5	
	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		MI	
Assets	_	organizations (see instructions) Complete Part II of Schedule L		6	
ISS	7	Notes and loans receivable, net	0	7	0
`	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1181 117 Salt. 1984 (131) Silk alab	9	Wasted at the Miller of the September of the Community of
	10a	Land, buildings, and equipment cost or			
	<b>h</b>	other basis Complete Part VI of Schedule D  Less accumulated depreciation  10b		* 1214	
	ь 11	Investments—publicly traded securities	0 0	10c	0
ı	12	Investments—other securities See Part IV, line 11	1,775,077	12	2,124,407
	13	Investments—program-related See Part IV, line 11	1,773,077	13	2,124,407
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0		0
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,657,516		4,078,794
	17	Accounts payable and accrued expenses	3,000,000	17	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	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	23/90/37	21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and		VAPE.	
iab		disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	0		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		1	
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25		26	0
	20	Organizations that follow SFAS 117 (ASC 958), check here X and		AND AND AND AND AND AND AND AND AND AND	
S		complete lines 27 through 29, and lines 33 and 34.			
ည	0.7	Unrestricted net assets	3,601,880	27	4,020,373
<u>ala</u>	27 28	Temporarily restricted net assets	55,636		58,421
8	29	Permanently restricted net assets	00,000	29	- 00,12
Ĕ	23	·		-1111	
Ē		Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.			
S		•		20	
set	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	<del> </del>	30	
As	31 32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	3,657,516		4,078,794
_	34	Total liabilities and net assets/fund balances	3,657,516		4,078,794
					Form <b>990</b> (2016)

Form	990 (2016) AFSCME Council 65	2	11-0854876	Page <b>12</b>
Par	t XI Reconciliation of Net Assets			. ago . E
	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	-	7,551,671
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,130,393
3	Revenue less expenses Subtract line 2 from line 1	3		421,278
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,657,516
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,			
	column (B))	10	4	4,078,794
Part				
	Check if Schedule O contains a response or note to any line in this Part XII			X
				Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		<i> </i>   738	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			HE PRO
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	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			p'n aik
	separate basis, consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis		y	Kiris.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	f		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ
	If the organization changed either its oversight process or selection process during the tax year, explain in			TANKS.
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
•	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			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2016)

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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-A

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

(Pro	oxy Tax) (see separate instr	ructions), then			
• 5	Section 501(c)(4), (5), or (6) o	organizations Complete Part III			
Nan	ne of organization			Employe	er identification number
AFS	SCME Council 65		<del></del>		41-0854876
Pa		the organization is exempt und			
1	•	the organization's direct and indirect p	political campaign a	activities in Part IV (see ins	tructions for
	definition of "political carr	npaign activities")			
2	Political campaign activity	y expenditures (see instructions)		▶ \$	175,904
3			<del> </del>		320
Pa	rt I-B Complete if t	the organization is exempt und	ler section 501		
1	Enter the amount of any	excise tax incurred by the organization	on under section 49	<b>9</b> 55 <b>▶</b> \$	
2	Enter the amount of any	excise tax incurred by organization m	nanagers under se	ction 4955 <b>&gt;</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	IV			
_		the organization is exempt und	ler section 501	(c), except section 501	(c)(3).
1		expended by the filing organization t			
•	activities	enponded by the iming enganization		. <b>&gt;</b> \$	160,164
2		filing organization's funds contributed	to other organizati	ons for section	
_	527 exempt function activ		to out or organizati	. > \$	15,750
3	•	penditures Add lines 1 and 2 Enter h	ere and on Form 1	1120-POI	
•	line 17b	portune of the mines that a limit to		► S	175,914
4		n file Form 1120-POL for this year?		•	Yes X No
5		ses and employer identification numb	er (EINI) of all sect	ion 527 political organizatio	
9		ents For each organization listed, en			
		entributions received that were prompt			
		d fund or a political action committee			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(0) EIN	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
		;			political organization If
			Í		none, enter -0-
	Northeast Area Labor	<del> </del>			
(1) (	Council			5,000	o
	MN AFL-CIO Political				
(2)				500	О
	Senate District 5				
(3)				250	0
6	6th Senate District				
(4) `				500	0
<u>,,, l</u>	MN Senate & House				
(c)	Candidate Commitees			9,500	0
/C\					
(6)			[		

Р	art II-A Complete if the organi	zation is exempt	under section 5	01(c)(3) and filed	1 Form 5768 (ele	ction Page 2	
_	under section 501(h)).					<del></del>	
Α	Check ▶ if the filing organizat				•	up member's	
_	name, address, EIN,						
В	Check ► if the filing organizat	on checked box A	and limited cont	rol" provisions ap	ply		
_	Limits on (The term "expenditure	Lobbying Expendites" means amounts			(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence	ce public opinion (gra	iss roots lobbying)			0	
b	Total lobbying expenditures to influence	ce a legislative body	(direct lobbying)			0	
С	Total lobbying expenditures (add lines	1a and 1b)			0	0	
d	Other exempt purpose expenditures					0	
е	Total exempt purpose expenditures (a	dd lines 1c and 1d)			0	0	
f	f Lobbying nontaxable amount Enter the amount from the following table in both						
	columns				0	0	
	If the amount on line 1e, column (a) or	(b) is: The lobbyir	ng nontaxable amou	ınt is:			
	Not over \$500,000	20% of the a	amount on line 1e				
	Over \$500,000 but not over \$1,000,000	\$100,000 pl	us 15% of the excess	over \$500,000			
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	us 5% of the excess of	over \$1,500,000			
	Over \$17,000,000	\$1,000,000			LANGE OF THE		
g	Grassroots nontaxable amount (enter	·			0	0	
h	Subtract line 1g from line 1a If zero o				0	0	
i	Subtract line 1f from line 1c If zero or	•			0	0	
j	If there is an amount other than zero	on either line 1h or lin	e 1i, did the organi	zation file Form 472	0 reporting		
	section 4911 tax for this year? No						
	4-Year Averaging Period Under section 501(h)						
	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.						
	See the separate instructions for lines 2a through 2f.)						
Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d)</b> 2016	(e) Total	
2a	Lobbying nontaxable amount	0	0	0	0	0	
b	Lobbying ceiling amount (150% of line 2a, column(e))					0	
c	Total lobbying expenditures	0	0	0	0	0	
d	Grassroots nontaxable amount	0	0	0	0	0	
е	Grassroots ceiling amount (150% of line 2d, column (e))			************		0	
f	Grassroots lobbying expenditures				_	0	

Schedule C (Form 990 or 990-EZ) 2016

	fule C (Form 990 or 990-EZ) 2016	41-0854	18/6	n- 1
Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT file	d For	Page 3 m 5768
For	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed	(	a)	(b)
desc	cription of the lobbying activity.	Yes	No	Amount
1 - a . b	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?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c d e f	Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct context with logislators, their staffe, government officials, as a logislators had 2.			
g h i j	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i		id. k. k. k.	C
2a b c d	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	I the state of the		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5)	, or s	ection
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	501(c)(5)		
	answered "Yes."			
1 2 a	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2a 2b	
b C	Carryover from last year Total		20 2c	0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		3 4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	0
	Supplemental Information  de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated e instructions), and Part II-B, line 1 Also, complete this part for any additional information	group list), F	Part II-	A, lines 1 and

### SCHEDULE D (Form 990)

## Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

➤ 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 2016

Open to Public Inspection

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.

Name	of the organization		Employer identification number
AFS	CME Council 65		41-0854876
Par	Organizations Maintaining Don Complete if the organization answ	or Advised Funds or Other Similar vered "Yes" on Form 990, Part IV, line	Funds or Accounts.
		(a) Donor advised funds	(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 do	onor advisors in writing that the assets held	In donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, don		
	used only for charitable purposes and not for		
	purpose conferring impermissible private ber		Yes No
Par	Conservation Easements.		
		vered "Yes" on Form 990, Part IV, line	. 7
1	Purpose(s) of conservation easements held		
•	Preservation of land for public use (e.g., rec.		on of a historically important land area
	Protection of natural habitat	= -	• •
	Protection of natural nabitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contributi	on in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easi		_2b
С	Number of conservation easements on a cer	* *	_2c
d	Number of conservation easements included		}
	historic structure listed in the National Regist		
3	Number of conservation easements modified	l, transferred, released, extinguished, or tei	rminated by the organization during
	the tax year		
4	Number of states where property subject to o		***************************************
5	Does the organization have a written policy r		
	violations, and enforcement of the conservat		Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforcing	g conservation easements during the year
_	····		
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing con	servation easements during the year
_	<b>&gt;</b> \$	an line 2/d) above estatistic as a succession	470/h\/4\/D\/\\
8	Does each conservation easement reported	or line 2(d) above satisfy the requirements	
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization re	norte consequation accomente in its reveni	Yes No
9	balance sheet, and include, if applicable, the		
	the organization's accounting for conservation	•	lancial statements that describes
Par		ections of Art, Historical Treasures	or Other Similar Assets
r ai		vered "Yes" on Form 990, Part IV, line	
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other sim	<u>-</u>	
	of public service, provide, in Part XIII, the tex		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other sim	•	ation, or research in furtherance
	of public service, provide the following amou		<b>.</b> •
	(i) Revenue included on Form 990, Part VIII,	ine i	<b>*</b>
_	(ii) Assets included in Form 990, Part X	and the same of th	
2	if the organization received or held works of		
	following amounts required to be reported un		
а	Revenue included on Form 990, Part VIII, lin	ет	<b>S</b>
b	Assets included in Form 990, Part X		

Schedu	ile D (Form 990) 2016 AFSCME Council 65			41-085	54876 Page <b>2</b>
Part		Collections of Art, Hist	orical Treasures, c	or Other Similar Ass	ets (continued)
3	Using the organization's acquisition, acc	cession, and other records, o	check any of the follow	ring that are a significan	t use of its
	collection items (check all that apply)			ŭ	
а	Public exhibition	d	Loan or exchange	programs	
b	Scholarly research	e 🗌	Other		
С	Preservation for future generation	ns			
4	Provide a description of the organization XIII	n's collections and explain he	ow they further the org	janization's exempt purp	oose in Part
5	During the year, did the organization sol	icit or receive donations of a	art historical treasures	or other similar	
	assets to be sold to raise funds rather th	nan to be maintained as part	of the organization's	collection?	Yes No
Part				<del></del>	
	Complete if the organization a		990 Part IV line 9	or reported an amou	int on Form
	990, Part X, line 21		000, 1 41114, 11116 5,	, or reported an arriot	ant on rolli
1a	Is the organization an agent, trustee, cus	stodian or other intermediar	v for contributions or o	ther assets not	
	included on Form 990, Part X?		, , , , , , , , , , , , , , , , , , , ,		Yes No
b	If "Yes," explain the arrangement in Part	XIII and complete the follow	ving table		
			-		Amount
С	Beginning balance			1c	0
d	Additions during the year			1d	
е	Distributions during the year			1e	<u> </u>
f	Ending balance			1f	0
2a	Did the organization include an amount	on Form 990, Part X, line 21	I, for escrow or custod	lial account liability?	Yes X No
b	If "Yes," explain the arrangement in Part	XIII Check here if the expl	anation has been prov	ided on Part XIII	
Part	V Endowment Funds.			<del> </del>	<del></del>
	Complete if the organization a	answered "Yes" on Form	990. Part IV. line 1	0	
		(a) Current year (b) Prid			ck (e) Four years back
1a	Beginning of year balance	0	0	0	0 0
b	Contributions				
С	Net investment earnings, gains,				
	and losses				
d	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
g	End of year balance	. 0	0	0	0 0
2	Provide the estimated percentage of the	current year end balance (	ine 1g, column (a)) he	ld as	
а	Board designated or quasi-endowment	• <u> </u>			
þ	Permanent endowment	<u> </u>			
С	Temporarily restricted endowment	<u>%</u>			
	The percentages on lines 2a, 2b, and 2c		alora - bold od o		
3a	Are there endowment funds not in the po	ossession of the organization	n that are held and ad	iministered for the	Yes No
	organization by				<del></del>
	(i) unrelated organizations				3a(i)
	(ii) related organizations	ionizations listed as requires	Lon Schodulo D2		3a(ii)   3b
b	If "Yes" on line 3a(ii), are the related org Describe in Part XIII the intended uses of				30
4			nent iunus	·	
Part	VI Land, Buildings, and Equip Complete if the organization a		990 Part IV line 1	1a See Form 990 Pa	art X. line 10
	Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
	Description of property	(investment)	basis (other)	depreciation	,,
1a	Land	0	0	经人类,从两个人的特	0
b	Buildings	0	0		0
C	Leasehold improvements	0	0	<del>                                     </del>	0
d	Equipment	0	0	<del>                                     </del>	_ 0
e	Other	0	0	0	0
	. Add lines 1a through 1e (Column (d) m.	ust equal Form 990, Part X,	column (B), line 10c)	<b>&gt;</b>	0
					chedule D (Form 990) 2016

Scriedule D (1 offi				41-08548/6 Page <b>3</b>
Part VII	Investments—Other Secu		90, Part IV, line 11b See For	m 000 Dark V luce 40
(a) I	Description of security or category	(b) Book value	(c) Method of vi	
	(including name of security)	(2, 23% 14.00	Cost or end-of-year	
(1) Financial o		0		
	eld equity interests	0	<del> </del>	<del></del>
(3) Other Mu				
- (A) Preferre		214,787		<del> </del>
(B) Bonds		96,700	<del> </del>	
-				
(D) (E)				<del></del>
(F)				
(G)				
(H)				<del></del>
	nust equal Form 990, Part X, col. (B) line 12.)	2,124,407	4. 24 4 1 1 Was Service 49.0	
Part VIII	Investments—Program Re			
			90, Part IV, line 11c See Fori	m 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of va	
	(a) seemples of meetings.	(b) Book value	Cost or end-of-year i	
(1)				
_(2)				
_(3)				
(4)				
(5)				
(6)				<del></del>
(8)				
(9)	nust equal Form 990, Part X, col (B) line 13)	•		
Part IX	**	0		
Partix	Other Assets.	answered "Ves" on Form 00	90, Part IV, line 11d See Fore	m 000 Dort V line 15
<del></del>	Complete it the organization	(a) Description	o, Fait IV, line ITG See For	(b) Book value
(1)	-·	(a) Becomplien		(b) Book value
(2)				<u></u>
(3)	<del></del>			
(4)				
(5)		V-1		
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X	, col (B) line 15 )	<b>•</b>	0
Part X	Other Liabilities.			
		answered "Yes" on Form 99	90, Part IV, line 11e or 11f Se	ee Form 990, Part X,
	line 25		lo chia	
1.	(a) Description of liability	(b) Book value		
(1) Federal II	ncome taxes	0		
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)	<del></del>			
		<del>-  </del>		
(9)	ust equal Form 990, Part X, col (B) line 25)	<b>•</b>	The second of th	
	incertain tax positions In Part XIII, pr	ovide the text of the footnote to the	organization's financial statements	that reports the
	iability for uncertain tax positions und			
organization 3 i		(		

	ule D (Form 990) 2016 AFSCME COUNCIL 65			41-0854876	Page <b>4</b>
Par	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, P	ents Witl	h Revenue per	Return.	
1	Total revenue, gains, and other support per audited financial statements	art IV, III	16 124	1	12,192,840
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		, i	aline.	12,192,040
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
- d	Other (Describe in Part XIII )	2d	4,641,169		
е	Add lines 2a through 2d		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2e	4,641,169
3	Subtract line 2e from line 1			3	7,551,671
<sup>-</sup> 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			7,001,011
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b	<u> </u>		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	7,551,671
Par	XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	th Expenses pe	er Return.	1,100 1,01 1
	Complete if the organization answered "Yes" on Form 990, P	art IV, lin	e 12a		
1	Total expenses and losses per audited financial statements			1	11,771,562
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		,		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d	4,641,169		
е	Add lines 2a through 2d			2e	4,641,169
3	Subtract line 2e from line 1	1 1	ļ	3	7,130,393
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b		ditalian Sala	
С	Add lines 4a and 4b			4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	)		5	7,130,393
	XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro				rt X, line
	(I Line 2d - Offset of per capita taxes paid from "Dues Deduction Trust Fund" to t	•			
"Adm	inistrative and Political Funds"				
Part 2	KII Line 2d - Offset of per capita taxes paid from "Dues Deduction Trust Fund" to	the			
"Adm	inistrative and Political Funds"			. <b></b>	
			•		
			·		
			·		
<del>-</del> -			<del></del>		
					*
			- <b></b>		

#### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2016

Open to Public Inspection

Employer identification number

**AFSCME Council 65** 41-0854876 **Questions Regarding Compensation** Part I Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 1a Sala 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 Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) 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 explain 1b 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 on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing 4 organization or a related organization Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of 5a The organization? 5b Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of 6a The organization? а 6b Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 payments not described on lines 5 and 69 If "Yes," describe in Part III 7 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 in Part III

Regulations section 53 4958-6(c)?

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

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 aren't listed on Form 990, Part VII

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

Note: The sum of columns (B)(t)-(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	Insted	individual must equal t	he total amount of Fo	orm 990, Part VII, Sect	ion A, line 1a, applica	ble column (D) and (	(E) amounts for that in	dividual
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name and Title		(ı) Base compensation	(II) Bonus & incentive compensation	(uu) Other reportable compensation	other deferred compensation	benefits	(a)-(ı)(a)	in column (B) reported as deferred on prior Form 990
Serena Vergen	€	111 104	0	5.400	15,555	32.497	164.556	
	=		•					
1 Associate Director				D	0			
	€							
2	Ξ							
	ε							
ო	: <b>E</b>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Ξ							
4	Ξ	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ε							
ĸ	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Ξ							
9	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	1	
	Ξ							
7	Ξ							
	Ξ							
8	€							
	Ξ							
6	(E)							
	(E)							
10	(E)							
	(i)							
11	<b>(E)</b>							
	€			3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
12	( <u>ii</u> )							
	()							
13	<b>(III</b>							
	<b>(</b>							
14	(ii)							
	()							
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16	∄							

Schedule J (Form 990) 2016

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information

Attach to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Employer identification number

AFSCME Council 65	41-0854876
Form 990, Part VI, Section A, Line 6 - The Organization has 13,500 members as of 12-31-16	
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	