_{Fç™} 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

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

Open to Public

Salaries, other compensation, and employee benefits			nue Service	► Go to www.irs.gov/Form99	DEZ for instruction	is and the la	itest informat	ion./aUE	
Henry Ford Community College Adjunct Faculty Organization Americal Program with the program and the program of the program service revenue including government fees and contracts 1 2 148,209 3 3 373 Henry Ford Community College Adjunct Faculty Organization Americal address Notes Program service revenue including government fees and contracts 1 2 148,209 3 3 3 3 3 3 3 3 3	A F	or the	r the 2017 calendar year, or tax year beginning July 1 , 2017, and ending J					June	20 , 20 18
Number and street (or P.O. box, if mail is not delivered to sheet address)	Вс	heck if ap						D Employer	identification number
Determinant Signar Sign		Address c	hange	Henry Ford Community College Adjunct Fa	culty Organization	AMER	2		264059598
Final returnet metal Amended return College For Forming Country Satisfa or province, country, and ZiP or foreign postal code Forming Forming College Forming	<u></u> □ •	Name cha	nge	Number and street (or P.O box, if mail is not de	livered to street addre	rss)	Room/suite	E Telephone	number
City or town, state or province, country, and zilf or toreign postal code Accounting Method.	=		Didi Evelgieen Noad				(313) 845-9707	
Agenciation pending Dearthorn, Michigan 48122-1495 Orall Number 0787	=			City or town, state or province, country, and ZIF	or foreign postal code	е	~6	F Group E	xemption
Website: ► Tax-exempt status (check only one) - So1(c)(3)	=			Dearbom, Michigan 48128-1495			05	Number	▶ 0787
Tax-exempt status (check only one)	G A	ccount	ing Method.	☐ Cash ☑ Accrual Other (specify)	>		н	Check ▶ □	If the organization is not
Form of organization: Corporation Trust Association Zother Adjunct faculty union	i w	/ebsite	: >					required to a	attach Schedule B
Revenue, Expenses, and Changes in Net Asserts or Fund Balances (see the instructions for Part I) Contributions, gifts, grants, and similar amounts received 1 Contributions, gifts, grants, and similar amounts received 2 148,209 3 Membership dues and assessments 3 3 373 1 Investment income 4 373 3 Investment income 4 3 3 3 3 3 3 3 3 3	J Ta	ax-exen	npt status (che	ck only one) - 501(c)(3) 501(c) () ◀ (insert no.) 🗌	4947(a)(1) o	r 🔲 527	(Form 990, 9	990-EZ, or 990-PF).
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (6) below) are \$500,000 or more, file Form 990 mised of Form 990-EZ. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 1 2 Program service revenue including government fees and contracts 2 148,209 3 Membership dues and assessments 3 373 4 Investment income 4 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5b 5b Cain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 6 Gaming and fundraising events 7 Gaming and fundraising								y union	
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16 Other expenses (describe in Schedule O)	Ses v	ો2	Salaries, o	ther compensation, and employee ben	efits	. WAT U	4 2019	1.51	
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		21						. ▶ 21	Form 990-EZ (2017)

Form 9	990-EZ (2017)					Page 2
Pai	Balance Sheets (see the instructions			5		
)	Check if the organization used Schedule	U to respond to a	ny question in this	Part II		(B) End of year
	Cook courses and investments		-	130.153	22	164,217
22	Cash, savings, and investments			100,100	23	104,217
23	Land and buildings			7,108		
24 25	Total assets			137,261		164,217
25 26	Total liabilities (describe in Schedule O)			107,201	26	107,217
27	Net assets or fund balances (line 27 of column		line 21\	137,261		164,217
Par						······································
	Check if the organization used Schedule					Expenses
What	is the organization's primary exempt purpose?					ured for section c)(3) and 501(c)(4)
as m	ribe the organization's program service accompline in the sure of the service accompline in the service accompline in the service accompline in the service accomplished by the service in	nanner, describe the	f its three largest pe services provide	orogram services, d, the number of		nizations; optional for
28						
29	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ ⊔	28a	
30	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ ⊔	29a	
30						
	(Grants \$) If this amount	30a				
31	Other program services (describe in Schedule O) (Grants \$) If this amount	31a				
32	Total program service expenses (add lines 28a				32	
Par					nstruc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a			<u> </u>	🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		0	Estimated amount of ther compensation
Lynn	Boza, President	10	15,07	9		
Valar	ie Cullin, Vice President	10	15,50			
Cedn	c Knott, Treasurer (6 months)	12				
Lorer	na Bencsik, Treasurer (6 months)	12	5,02	2		
Sherr	y Morgan, Financial Records Secretary	12	4.98	0		
Edga	r Johns, Grievance Officer	12	4,99	8		
Marg	aret Green, Recording Secretary	12	4,95	6		
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Form 99	, . 0-EZ (2017)	,	\smile	<i>)</i> ⊳age 3
Part		s in th		age C
P	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			. 🗆
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		V
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		√
	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	-		ŀ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶	1		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Telephone no. ► Located at ► ZIP + 4 ►			
h	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
c	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		✓
b	completed instead of Form 990-EZ	44b		-
С	Did the organization receive any payments for indoor tanning services during the year?	44c		 •
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	L	✓

Form **990-EZ** (2017)

45b

_							r		/es	No	
46		the organization engage, directly or in									
Dod		andidates for public office? If "Yes," c		, Parti	• • •			46	i		
Part	VI	Section 501(c)(3) organizations		etione 47–49h a	nd 52 an	nd complete t	he tahi	loc foi	r line		
	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.									<i>;</i> 5	
		Check if the organization used Sch	nedule () to respond	I to any question	in this Pa	rt VI					
		Oneck if the organization used oci	icadie O to respond	to any question	111 (1113 1 a		<u> </u>	· · · · · · · · · · · · · · · · · · ·	es	No	
47	Did 1	the organization engage in lobbying	activities or have a	section 501(h) ele	ction in e	ffect during th	e tax Г			.10	
••		? If "Yes," complete Schedule C, Part					.	47			
48	-	e organization a school as described in				ule F	-	48			
49a		he organization make any transfers to					·	49a			
b		es," was the related organization a se					-	49b			
50		plete this table for the organization's							, and	d key	
		oyees) who each received more than								•	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contrib	Health benefits, outions to employe plans, and deferre compensation		timated a			
							 				
									_		
						·					
							<u></u>				
51	Com	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ	s five highest compe	ensated independe	ent contra	actors who ead	ch recei	ived m	ore	than	
	(a)	Name and business address of each independent	ent contractor	(b) Type of service (c) Compe			nsation				
					·						
									-		
						İ					
											
	·	•									
		***************************************	*****					•••••	-		
		······································									
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶						
52	Did	the organization complete Schedu	le A? Note: All se	ction 501(c)(3) or	rganizatio	ns must attac	ch a				
	comp	oleted Schedule A		<u> </u>	<u> </u>		.▶□	Yes	<u> </u>	lo	
		of perjury, I declare that I have examined this rule complete. Declaration of preparer (other than					knowledg	e and be	ekef, I	t is	
	T	& Shen muser	4/24/2019								
Sign Here											
Paid		Print/Type preparer's name	Preparer's signature		Date	Check I if PTIN					
Prepare	arer						loyed				
Use (Firm's name ▶				Firm's EIN ▶					
	——·	Firm's address ▶				Phone no					
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions				Yes		lo	

Form 990-EZ (2017)

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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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Inspection

Name of the organization	Employer identification number					
Henry Ford Comminity College Adjunct Faculty Organization	26-4059598					
Line 10 Per Capita Payments including Amercian Federation of Teachers \$26,424 American Federation of Teachers-Michigan \$31,449,						
AEL CIO Michigan \$4 025 AEL CIO Metro \$2.74 AET Lightlith Jacustones \$4.602 and Accidental Dog	th Insurance \$242 for a					
AFL-CIO Michigan \$1,935, AFL-CIO Metro \$2,71, AFT Liability Insurance, \$1,693, and Accidental Dea	in insurance, \$242, for a					
total of \$63,815						
Line 16. Adjunct Reimbursement Expense \$450, Contribution Expense \$1,350, Hospitality Expense \$440, Contribution Expense \$450, Co	, Office Supplies Expense \$540,					
Fill D. J.F	2500					
Fidelity Bond Expense, \$85,, Conference, Convention, Meeting Expense \$1,056, and Travel Expense	poan					
Voting, Surveys, \$1,570 for a total of \$5,685						
·	•••••					

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