				Short Form		OMB No. 1545-1150					
	Fom	gg	10-EZ	Return of Organization Exempt From Income	Tax	0047					
	rom	70	te foundations	2017							
		$\int \hat{c}$	165	► Do not enter social security numbers on this form as it may be made p	ublic.	Open to Public					
SCANNED			of the Treasury	► Go to www.irs.gov/Form990EZ for instructions and the latest information	ation. 1808	Inspection					
	A F	or the	2017 calend	ar year, or tax year beginning Seat / , 2017, and ending	Avu	31 ,2018					
	Bc										
2		Address o	change	WCC Faculty Council AFT Local 609	3Ø- Ø	521842					
	_	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone						
Ü	_	Initial retu	m n/terminated	PO Box 1808	630	466 2565					
~	_	rinar retur Amended		City or town, state or province, country, and ZIP or foreign postal code	F Group Ex	emption					
MAR	_		n pending	Aurora, IL 60507-1808 UD	Number	<u>> 2 478 7</u>					
	G A	Account	ting Method:	☐ Cash ☐ Accrual Other (specify) ►	ł Check ▶ 🔀	of the organization is no					
ĊΦ	I W	Vebsite	:▶		required to a	ttach Schedule B					
را محد	J T	ax-exen	npt status (che	ck only one) — ☐ 501(c)(3) Ø 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 990, 9	90-EZ, or 990-PF)					
2019	KF	orm of	organization:	☐ Corporation ☐ Trust ☐ Association ☐ Other							
Ç				7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot							
	_			y) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$					
	Pa	art l		e, Expenses, and Changes in Net Assets or Fund Balances (see the							
			<u> 1</u>								
γ .	?;	1									
	7	2	<u>2</u>								
$X \cap$		3	Membersh	p dues and assessments	<u>3</u>	74,714.39					
$()_{\sim}$		4	Investment	1 1	<u>4</u>	29.02					
J		5a	Gross amo								
		b		or other basis and sales expenses							
		С		s) from sale of assets other than inventory (Subtract line 5b from line 5a)	<u>5c</u>	<u> </u>					
		6	_	d fundraising events	ł						
		a	.	ss income from gaming (attach Schedule G if greater than							
	Ž		•								
	Revenue	b		me from fundraising events (not including \$ of contribution)	วทร						
	æ			aising events reported on line 1) (attach Schedule G if the							
				h gross income and contributions exceeds \$15,000)							
				t expenses from gaming and fundraising events 6c							
		d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and si		-					
		_	line 6c) .		· · · 6d						
				s of inventory, less returns and allowances							
				of goods sold							
		C	7c	ļ							
		8		nue (describe in Schedule O)	F 1 8	311 011 0 11					
		9		1007 / CG III/CS 1, 2, 0, 4, 00, 00, 70, 21 CG		74,743 41					
		10		similar amounts paid (list in Schedule O)	គ្រាំ០ ល្បា						
		11		id to or for members	019 : 212	TOART					
	8	12 13			13	5,208.56					
	Expenses	14		al fees and other payments to independent contractors	13						
	ä	15		blications, postage, and shipping	15	 					
			, many, pt	::::::::::::::::::::::::::::::::::::::	13	1					

19 * Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

end-of-year figure reported on prior year's return)

Other changes in net assets or fund balances (explain in Schedule O) .

Net assets or fund balances at end of year. Combine lines 18 through 20

Other expenses (describe in Schedule O) 2 .

Total expenses. Add lines 10 through 16 .

17

18

20

21,028,37

694.11

16

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Part II		or Part III				
	Balance Sheets (see the instructions f Check if the organization used Schedule	•	ny question in this	Part II		
	Check is the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year	i i	(B) End of year
22 Cas	h, savings, and investments			21,028.31	22	21 222 4
				FU028.31	23	£1.112.7
	d and buildings				24	
	er assets (describe in Schedule O)			7,1078.31	25	21772 11
	al assets			21028.31	26	4112.9
	al liabilities (describe in Schedule O)				++	
	assets or fund balances (line 27 of column			21,028.31	27	21. 772.0
Part III	Statement of Program Service Accom	•		<u> </u>	ĺ	F
···	Check if the organization used Schedule				(000	Expenses guired for section
/hat is the	organization's primary exempt purpose?	Faculty U	n'on Pepres	entation		(c)(3) and 501(c)(4)
escribe th	he organization's program service accomplis	shments for each o	f its three largest	program services.		anizations, optional
s measur	ed by expenses. In a clear and concise m	anner, describe the	e services provide	d, the number of	othe	ers.)
	enefited, and other relevant information for ea		•			
28 A.	I ministered a collective	herasia in	a agreem	97+		
	overing employees m		31 / 4/0	110:00	l	
	overing exposes	71.00	<i>p</i> .y			1
? (Gran	te \$ \ \ If this amount	includes foreign gra	ints check here	▶ □	28a	
g Oc		Microues roreign gra	- 7	10 (10)		1
P.	ouded representation			Aprisonel	l	1
$-\frac{\alpha}{2}$	nd involved in grieve	anus u	nd other	puso, 10	1	
	roblem 5	·		······		
(Gran		includes foreign gra	ants, check here	· · · ▶ <u></u>	29a	1
וכן סו	istributed information	0 to 00	ridain ill	<u> </u>	i	
1	rembers on educat	261 1000	ves +	Union	ł	1
	Dosition5					1
(Gran	ts \$) If this amount	includes foreign gra	ants, check here .	▶ □	30a	
31 Other	program services (describe in Schedule O)					
(Gran	ts \$) If this amount	includes foreign gra	ants, check here .	▶ 🗍	31a	1
<u> </u>				_ ·		
32 Total	program service expenses (add lines 28a f	through 31a)			32	
	program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key			▶		
Part IV	List of Officers, Directors, Trustees, and Key	/ Employees (list eac	h one even if not con	npensated—see the in		
		Control to a	h one even if not con	npensated—see the in Part IV	nstru	ctions for Part I
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	/ Employees (list eac	n one even if not company question in this	npensated—see the in Part IV	nstruc	ctions for Part I
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Control (b) Average	n one even if not con ny question in this	ppensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc	ctions for Part I
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a (b) Average hours per week	n one even if not conny question in this (c) Reportable ? compensation (Forms W-2/1099-MISI	ppensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc	ctions for Part I
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	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Stenson - President Sickley - Via President Westmar Secretary Lindelin-Lack by tep	O to respond to a (b) Average hours per week	n one even if not con ny question in this (c) Reportable ?: compensation (Forms W-2/1099-MISI (if not paid, enter -0-	ppensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc	ctions for Part I
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Form 990	FEZ (2017)			age
Part \		s in th	ie .v	r
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part		<u> </u>
	Out the second of the second of the second of the IDC2 if "Vee " evenues a		Yes	N
	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		X
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		×
	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		٧
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	L	4
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved]	
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	1		
	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		<u> </u>	_
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	1		
	40c reimbursed by the organization			
	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 ▶			
	The organization's books are in care of ▶ Telephone no. ▶			
	min. 4 h			ġ
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	×
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	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		. I	>
			Yes	1
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		Z
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u> </u>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
_	explanation in Schedule O	44d		5
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		_
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45h	1	ן ו

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46	Did the organization engage, directly or in						Yes	No					
Part.	to candidates for public office? If "Yes," of Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only				*	or lin	es					
	Check if the organization used Sc	hedule O to respond	to any question in	this Part VI	<u> </u>	<u></u>							
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election		luring the ta	ax 47	Yes	No					
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E												
49a	Did the organization make any transfers t	· ·	-			49a	-	├					
ь 50	If "Yes," was the related organization a section 527 organization?												
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, compen	o employee and deferred	(e) Estimate other con							
						•							
						·							
51	Complete this table for the organization \$100,000 of compensation from the organization	inization. If there is no				received Compensation		than					
							<u>.</u>						
								•					
													
			\$400.000										
52	Total number of other independent contra Did the organization complete Schedu completed Schedule A			nizations m		a ►∐ Yes		No					
	enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than					wiedge and	belief,	it is					
Sign Here	Signature of officer Tim Morias: Type or print name and title	my- Tresu	res	Date	1/7	120	19						
Paid Prepa	Print/Type preparer's name	Preparer's signature	D	ate	Check :	PTIN ed							
Prepa Use C		ly Firm's name ►											
May th	e IRS discuss this return with the preparer	shown above? See i	nstructions		e no.	☐ Yes		No					

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

201**7**

Open to Public Inspection

Name of the organization	Faculty Counc	1 AFT	-11	604	30-052/842	
WLC	TACUTY LOUNG	:-1 / ' <u>/</u>	10(4)		130 4371042	
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	Ka, nbow	HIN	٠, ل		\$ 756.64	
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	Total:				\$18 61/12 -11	
	1041.				\$68,840,74	

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Schedule O (Form 990 or 990-EZ) (2017) Name of the organization									Page 2 Employer identification number							
Name of	the organiz	ration		1 407	- ,	1 4	- / .									
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