Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

Α	For th	e 2018 ca	lendar year, or tax year l	peginning			, and	endin	ia		<u> </u>	_
В	Check if	applicable	C Name of organization	AFSCME Co	uncil 65	-			_	Employer ider	ntification number	_
	Address	change	Doing business as							. ,		
\equiv		-	Number and street (or P O	box if mail is no	ot delivered to sti	reet address)	Room/suite		41-0	854876		
Ш	Name ch	nange	118 Central Avenue			•				Telephone num	nber	_
	Initial ret	urn	City or town			State	ZIP code			•		
\equiv			Nashwauk			MN	55769		218-	885-3242		
ш	Final return	n/lerminated	Foreign country name	Foreig	n province/state/		Foreign pos	tal code	_			
	Amended	d return		J	,	,	g., p.22			Gross receipts	\$ 7,475,788	Ω
\equiv			E Name and address of							Jiosa receipts		
Ш	Application	on pending	F Name and address of princ	•				H(a)	Is this a gro	oup return for sul	bordinates? Yes X No	,
			Mark Reger 118 Centra	l Avenue, Na	ashwauk, MN	55769	4/	Н(ь)	Are all su	ibordinates inc	cluded? Yes No	,
1	Tax-exem	npt status	501(c)(3) X 501(c)	(5)	◀ (insert no)	4947(a)(1) or 527	וה	If "No," a	ttach a list (se	ee instructions)	
.1.3	Website	e· ▶ afsc	me65 org			1	 	4				
						- 		H(C)	Group ex	emption numb	er ► 1381	_
<u>K</u>	Form of o	rganization	Corporation Tru	ıst X Assoc	iation Oth	ner 🕨 🔪	LY	ear of fo	rmation	1965	VI State of legal domicile MN	٧
F	Part I	Sur	nmary			1						_
	1	Briefly de	escribe the organization	's mission or	most signific	cant activitie	s Co	uncil 6	55 works	to improve	the pay and	-
ဗ								eciatio	nn		2.110.603.0110	
an			conditions of its members and is committed to winning respect and appreciation strong contracts for the public employees of Greater Minnesota. This is done using									
Governance												· -
8	2		nis box 🕨 🔛 if the org				or dispose	d of m	ore thai	า 25% of its	s net assets	
٥	3		of voting members of th		• •					3	13	3
ŝ	4		of independent voting m							4	13	3
ŧ	5	Total nur	mber of individuals empl	oyed in cale	ndar year 20	18 (Part V, I	ine 2a)			5	56	3
Activities &	6	Total nur	mber of volunteers (estir	nate if neces	ssary)					6	10	<u> </u>
¥	7a	Total unr	elated business revenue	e from Part \	/III, column (C), line 12				7a	C	<u> </u>
	b	Net unre	lated business taxable i	ncome from	Form 990-T,	line 38		\155	$\overline{}$	7b		5
<u> </u>	1	-					RECE	AFI	Prior	Year	Current Year	_
<u>-</u> ⊃ •	8	Contribu	tions and grants (Part V	III, line 1h)		1 -			S	116,032	2 118,272	5
Revenue	9		service revenue (Part \			141	APR 1	201	g (O	7,479,39		_
2 🗟	10	_	ent income (Part VIII, co		es 3 4 and 7	(p. 8644	APR 1	<u> 201</u>	12	352,694		
ა წ	11	Other res	vonue /Part VIII. column	(A) lines 5	64 80 00 1	Oc and the	\	_		5,35		_
	12	Total rove	enue—add lines 8 through	11 /must oa	ou, oc, sc, i	oluma (A) tu	CARDE	Nt. L	}T	7,953,478		_
7		Carte	andeadd intes o tinough	(Dod IX col	lairait VIII, U	olulilli (A), ili	TE SPOL	-				_
	13		nd similar amounts paid			•		-			0	<u>'</u>
	14		paid to or for members			•	5 40)			`	0	<u>)</u>
Expenses	15		other compensation, emp	•	•		s 5–10)	<u> </u>		3,997,605		<u> </u>
28	16a		onal fundraising fees (Pa					<u> </u>			0	<u>)</u>
ŹΫ	b		draising expenses (Part				(0				_
ŽШ	17		penses (Part IX, column							3,295,779		<u>, </u>
,	18	Total exp	enses Add lines 13-17	(must equal	Part IX, colu	ımn (A), line	25)	L.		7,293,384	4 6,285,581	_
	19	Revenue	less expenses Subtrac	t line 18 fron	n line 12					660,094	1,190,207	-
Net Assets or Fund Balances		•						Beg	inning of	Current Year	End of Year	-
ets	20	Total ass	ets (Part X, line 16)							4,738,888	5,929,095	,
Ass	21		ilities (Part X, line 26)							C)
S. S.	22		ts or fund balances Sut	otract line 21	frain line 20					4,738,888	5,929,095	-
	rt II		nature Block	•				1		.,,		-
Unde	er penaltie		I declare that I have examined	this return, inclu	uding accompan	ving schedules	and statement	s and to	o the best	of my knowled	lae	-
			t, and complete Declaration of									
<u> </u>			4	1						4/8/1	9	
Sig			Signature of office			1 .			\	Date		-
He	re		Signature or office	Very S	OCON. V	PSGIN	Exec	osti.	(b.)	Jeact	40 T	
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Pai		Gary	W Paulson, CPA	4	eanh	Tall.	m, CPA		4/2/201	9 self-em	i	
	parer		name ► Gary W Paul	son CPA		/	1			EIN ► 41-1		•
US	e Only				NA/ Nachasa	ack MAN 50	452					-
			address ► 4962 Black S						Phone	no 320-	-630-9166	-
May	the IR	S discuss	this return with the prep	arer shown	above? (see	instructions	i)				X Yes No	

Statement of Program Service Accomplishments Check of Schedule O contains a response or note to any line in this Part III Belly describe the organization's mission Council 55 works to improve the pay and working conditions of its members and is committed to winning respect and agreeation through strong contracts for the public employees of Greater Minescolar This is done using standard negotation, grevance and arbitration procedures Did the organization undertake any significant program services during the year which were not listed on the pinor Form 990 or 990-EZ? If "Yes," describe these ever vervices on Schodulo O Did the organization cases conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these evervices on Schodulo O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required for report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code (Form 990 (2018)		AFSCME Council 65	41-0854876	Page 2
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BUDTO

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art	IV Checklist of Required Schedules	×41-0854876		Page
			Yes	N
1.	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	+-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	×	\top
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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, Pan		×	\top
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or deb negotiation services? If "Yes," complete Schedule D, Part IV	t g		×
0	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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 Schedule D, Part VI	11a		⊥×
	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	
	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	11 <u>c</u>		<u> </u> x
	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		×
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part	t X 11e	-	 ×
T	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	ĺ	×
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," comp. Schedule D, Parts XI and XII		x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Ye			\top
_	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	445		
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
7	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) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		×
8	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X
9	Uid the organization report more than \$15,000 or gross income from gaining activities on Fart VIII, line 3d.	19		l x

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

21

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

20a

20b

21

Form **990** (2018)

	990 (2018) AFSCME Council 65	41-0854876	P	age 4
Par	t IV Checklist of Required Schedules (continued)			
22.	Did the ergographic report more than \$5 000 of a contract.		Yes	No
22.	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		ł	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	 	X
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	22		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	├
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		1	
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a	ĺ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	 ^
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	 		
	to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1 1		1
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Ļ
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			
27	disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
41	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	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			â
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		·	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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, Part	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	20		
	If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes, " complete Schedule R, Part II,	33		 ^
34	III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			١
	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			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	
Par			1	
	Check if Schedule O contains a response or note to any line in this Part V	····		ᆜ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	8	No. of Control	ingda.
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		, and the second	
	gaming (gambling) winnings to prize winners?	1c		

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)	41-0854876	Page 5
	. Ottombilance (continued)		
2a.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes No
	Statements, filed for the calendar year ending with or within the year covered by this return	56	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s? 2h	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	32	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over,	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial a lf "Yes," enter the name of the foreign country	account)? 4a	X
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (I		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	(T	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	5a on? 5b	- X X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c 5c	- ^ -
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	55	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or	
_	gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_
•	required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	tract? 7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained I sponsoring organization have excess business holdings at any time during the year?	-	
9	Sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8	
э a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
0	Section 501(c)(7) organizations. Enter		
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	,]	
1	Section 501(c)(12) organizations. Enter		
	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O		
	Enter the amount of reserves the organization is required to maintain by the states in which		
	the organization is licensed to issue qualified health plans		
-	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C	14a 14b	X
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneral		
	excess parachute payment(s) during the year	15	l x
	If "Yes," see instructions and file Form 4720, Schedule N		کا رہے
	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come? 16	Х
	If "Yes," complete Form 4720, Schedule O		
	ii 100, complete i omi 4720, comodo c	Form \$	90 (2018)

Form **990** (2018)

Part VI

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

	and the state of t				
Sect	ion A. Governing Body and Management				_
			-	Yes	No
1a	3	_1a	13		
	If there are material differences in voting rights among members of the governing body, or		i		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O				
þ	Enter the number of voting members included in line 1a, above, who are independent	<u>1b</u>	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with			1 inc
	any other officer, director, trustee, or key employee?		2	L	X
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 will		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint		<u> </u>	ļ · · · ·
	one or more members of the governing body?	- P P - 11 11	7a	×	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members		··-	<u> </u>	
-	stockholders, or persons other than the governing body?	1	7b	l x	
8	Did the organization contemporaneously document the meetings held or written actions undertake	a durina	10		
Ū	the year by the following	rading			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	80	-^-	-
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ached	9		X
S a a 1	ion B. Policies (This Section B requests information about policies not required by the	Internal Boyenu		\	1.^_
Seci	ion B. Foncies (This Section Direquests information about policies not required by the	internal Revenu	e Code	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	X	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hanters	100	<u> </u>	
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•	10ь	Х	
11.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	•	11a	^-	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	re ming the form.	IIa		^
b			120		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	uua riaa ta aanflista'	12a 12b		 ^-
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '		120	-	
С	describe in Schedule O how this was done	163,	120	ľ	
			12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?	al bu	14		X
15	Did the process for determining compensation of the following persons include a review and appro	-			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation.	and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official				
р	Other officers or key employees of the organization		15b	X	عضو
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	40-		V
	with a taxable entity during the year?		16a		$\stackrel{X}{=}$
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the following the organization of the second state of the following the second state of the following the second state of the second state				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg	Juaro	4Ch		
	the organization's exempt status with respect to such arrangements?		16b		
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,	and 990-T (Section	n 501/c\		
18			11 30 1(0)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app		21		
		plain in Schedule (d	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	onnici oi interest p	oncy, an	J	
	financial statements available to the public during the tax year	ooke and records	_		
20	State the name, address, and telephone number of the person who possesses the organization's b	218-885-324	2		
	Linda Kresal 118 Central Avenue, Nashwalik, MN 55769	210-000-324			
	LIA CEDUCALAMENTE IMASOMALIK IMIN DOLOM				

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Part VII

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Page 7

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

X

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per	box,	unle er an	Pos heck ss pe	rson	e than o	an ee\	(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	
(1) Mark Reger	2 00								-		
President	0 00	X		X				2,703	0	0	
(2) Peggy Kınsler	1 00			l						-	
Vice-President '	0 00	X		Х	L		<u> </u>	1,634	0	0	
(3) Jessica Hoshal											
Recording Secretary	0 00	X	<u> </u>	X				990	0	0	
(4) Kristine Hamm	2 00										
Treasurer	0 00	X	上	Х				780	0	0	
(5) Deb Tauer	0 50										
Board Member	0 00							345	0	0	
(6) Michelle Johnson	0 50										
Board Member	0 00	Х						1,340	0	0	
(7) Amanda Due	0 50	ļ									
Board Member	0 00	Х	<u> </u>					1,165	0	0	
(8) Kevin O'Laughlin							Ì				
Board Member	0 00	_X	<u> </u>					1,802	0	0	
(9) Todd Larson	0 50										
Board Member	0 00	Х						816	0	0	
(10) Eric Anderson	0 50	i									
Board Member	0 00	X						755	0	0	
(11) Christopher Worth	0 50										
Board Member	0 00	Χ						0	. 0	0	
(12) John Jones	0 50			- 1	-						
Board Member	0 00	X						0	0	0	
(13) Cheryl Jones					Ī						
Board Member	0 00	Х					┙	48	0	0	
(14) Kelly Engle - non voting	0 25										
Trustee	0 00		Х					0	0	0	

more than \$100,000 of compensation from the organization

P	art Vil Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,	and	iH b	ghes	t C	ompensated Em	plovees (contin	ued) Page C
,	(A) Name and title	(B) Average hours per	(do r	not cl unle: er an	Pos neck ss pe d a d	C) intion more erson lirecte	e than o	one 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	Alan Rassier - non voting		į.								
	Dawn Cullifer - non voting	0 00		X			_	_	0	0	
Trus	tee	0 00	1	х	L				0	0	o
	Serena Vergin										
	cutive Director - effective 7-1	0 00				X			131,808	0	45,692
	Shannon Douvier stant Director										
	Linda Kresal	0 00 40 00				X			121,908	0	44,174
Offic	e Manager	40 00				х			77,707	0	38,174
									77,707		30,174
			L.,								
(21)											
(22)											
(23)									,		
(24)										-	<u> ,- , , , , , , , , , , , , , , , , ,</u>
(25)											
1b	Sub-total							•	343,801	0	128,040
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A						•	0 343,801	0	0 128,040
2	Total number of individuals (including but not lir					/ho	recei	ved			120,010
	reportable compensation from the organization	•			3						
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>	· ·	•	•	oye	e, oı	r high	est	compensated		Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater that all	•	-						•)	
5	Individual Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye									ıdual	4 X X
Sec	tion B. Independent Contractors	,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			540.			·		<u> </u>
1	Complete this table for your five highest compe compensation from the organization Report co year										ax
	(A) Name and business addr	ess							(B) Description of serv	ices C	(C) ompensation
											0
	None										0
											0
											0
	Total number of independent contractors (include	ling but not limite	ed to f	hos	e lis	sted	abov	/e) \	who received		

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII									
					(A)	(B)	(C)	(D)		
					Total revenue	Related or	Unrelated	Revenue		
						exempt function	business revenue	excluded from tax under sections		
ULTERNY	1a				NAMES AND THE PERSONS AND THE	revenue		512-514		
ats	b	Federated campaigns	12							
Grants		Membership dues	11							
ts.	G A	Fundraising events	10					Ger de la company		
Cortributions, Gifts, Grants and Other Similar Aπ.cunts	u	Related organizations Government grants (contributions	10							
Cortributions, and Other Sim	ı	All other contributions, gifts, gran		0						
trut.	•	similar amounts not included abo		4411						
i i	_	Noncash contributions included in li								
ပ္က	h	Total. Add lines 1a–1f	пез та- п — ф	_	440.070					
-		rotal. / tad lines fa 11		Business Code	118,272					
Program Service Revenue	2a	Member dues		900099	7,543,574	7 5 4 2 5 7 4				
Zev.	b	Convention registration fees		900099	4,750	7,543,574				
9	c	oom on togot attor toos		300033	4,730					
erv	ď				0					
S E	e				0					
gra	f	All other program service revenue	-		0					
Po	a	Total. Add lines 2a–2f	•	•	7 548 324		中央部署外第四十四十四十四			
	3	Investment income (including div	idends, interes		7,540,524	新記されたはBBからおお用いたこれには、たれが相称で	出版的工作。《光·斯·斯·克·克·克·斯斯	ASSESSMENT TO PROPERTY OF THE		
		other similar amounts)	,	•	-193,846			-193,846		
	4	Income from investment of tax-ex	cempt bond pro	ceeds	0			,		
	5	Royalties		•	0					
•		•	(i) Real	(II) Personal				árskí ní		
	6a	Gross rents								
	b	Less rental expenses								
	С	Rental income or (loss)		0						
	đ	Net rental income or (loss)			0					
	7a	Gross amount from sales of	(i) Securities	(ii) Other						
		assets other than inventory		0 0						
	h	Less cost or other basis					à (
İ		and sales expenses								
	С	Gain or (loss)		0	STORE TO SOME THAT IS NOT THE WARRENCH THE W					
	d	Net gain or (loss)		•	O	acamanananananananananananananananananan	BRIGH, MANGE CHARGAS COMMENTAL SE	State of Fall Committee and the		
	_									
ž	8a	Gross income from fundraising	0							
ē		events (not including \$	0				e grifi			
æ		of contributions reported on line 1								
Other Revenue	_	See Part IV, line 18 Less direct expensés	` à b	- 0						
5	b	Net income or (loss) from fundrai	_	<u> </u>	0		Unimponioniman populari pontra de 1995 (1995)			
	9a	Gross income from gaming activi	-	ſ						
	Ja	See Part IV, line 19	а	0						
	b	Less direct expenses	, b	U						
	c	Net income or (loss) from gaming		>	0	TURE TO STREET WITH THE PROPERTY PROPERTY PROPERTY AND ADDRESS OF THE PROPERTY PROPE				
		Gross sales of inventory, loss	,							
		returns and allowances	а							
	b	Less cost of goods sold	b	0						
ľ	С	Net income or (loss) from sales o	f inventory	>	0					
		Miscellaneous Revenue		Business Code						
Ī	11a				0					
ļ	b				0					
	С				0					
	d	All other revenue		L	3,038	3,038	1 - 40 M. C. A. (1) - 42 S. A. (1) - 45 S. (1) - 10 S.	IAZ SEGUNISA DEL DURANTE SUBURA EL DURA		
	е	Total. Add lines 11a-11d		•	3,038		· 医大龙油的河面			
	12	Total revenue. See instructions		<u> </u>	7,475,788	7,551,362	0]	-193,846		
_								Form 990 (2018)		

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete al	Columns All other of	organizations must d	complete column (A)
`	Check if Schedule O contains a response or note	to any line in this P	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		<u> </u>		
	domestic governments See Part IV, line 21	0	1		
2	Grants and other assistance to domestic				C. The Control of the
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		ļ		
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			第三次第三次第三次
5	Compensation of current officers, directors,				
_	trustees, and key employees	343,801	ļ.———	0	
6	Compensation not included above, to disqualified				Ì
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,839,656			
8	Pension plan accruals and contributions (include	1,039,030	 		
O	section 401(k) and 403(b) employer contributions)	267,902			1
9	Other employee benefits	927,692	 	 	
10	Payroll taxes	179,405			
11	Fees for services (non-employees)				
а	Management	1 0			
b	Legal	15,443		†	
С	Accounting	17,337			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0	MANAGEMENT OF THE PARTY OF THE		
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)	34,469		0	
12	Advertising and promotion	0			
13	Office expenses	195,205			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	31,431		<u> </u>	
17	Travel	212,630	 _		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	122,879			
20	Interest	122,079			
21	Payments to affiliates	2,009,504			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	43,832			
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)			这种的现在分词是	
а	Scholarship awards	4,811			
b	Contributions / memorials	33,447			
С		0			
d		0 137			
e	All other expenses	6,137	0	0	0
25	Total functional expenses. Add lines 1 through 24e	6,285,581			<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs		ii		
	from a combined educational campaign and	{		ĺ	
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	1		[·
	The state of the s				Form 990 (2018)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part	X		
			(A)		(B)
	4	Coch non interest houses	Beginning of year	<u> </u>	End of year
	1	Cash—non-interest-bearing	31,810	1_	2,442,142
	2	Savings and temporary cash investments	2,187,599	2	1,178,843
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	O	4	O
	5	Loans and other receivables from current and former officers, directors,			
	ļ	trustees, key employees, and highest compensated employees			
	۱ ـ	Complete Part II of Schedule L	O seessa saakki yoo ah maanna seessa saakki yoo ah	5	Bintunianininaninsumaninae- sakit, ar an ta akit sii
	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			
ets	_	organizations (see instructions) Complete Part II of Schedule L	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	О	9	naliumnasenenesiauninnunkaniinssearevannundseniisse
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a (
	b	Less accumulated depreciation (10b)	<u> </u>	10c	0
	11	Investments—publicly traded securities Investments—other securities See Part IV, line 11	0 2 540 470	11	0 222 112
	12	Investments—program-related See Part IV, line 11	2,519,479	12	2,308,110
	13 14	Intangible assets	0	13	0
	l	Other assets See Part IV, line 11	0	14 15	0
	15 16	Total assets. Add lines 1 through 15 (must equal line 34)	4,738,888	16	5 000 005
	17	Accounts payable and accrued expenses	4,730,666	17	5,929,095
	18	Grants payable Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	
s	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
bil		disqualified persons Complete Part II of Schedule L	0	22	manningson and in the second of the second o
Lia	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24) Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here > X and			
es		complete lines 27 through 29, and lines 33 and 34.			
SE	27	Unrestricted net assets	4,663,117	27	3,445,687
3al	28	Temporarily restricted net assets	75,771	28	2,483,408
or Fund Balances	29	Permanently restricted net assets	0	29	
5		Organizations that do not follow SFAS 117 (ASC958), check here			
7		complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds	O	30	managangganggan, sangganggangganggangganggang
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	·
Ž	32	Retained earnings, endowment, accumulated income, or other funds	0	32	
Ş	33	Total net assets or fund balances	4,738,888	33	5,929,095
_	34	Total liabilities and net assets/fund balances	4,738,888	34	5,929,095

Par	t XI Reconciliation of Net Assets		1-0054070	Ра	ige IZ
	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		7.47	5,788
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,581
3	Revenue less expenses Subtract line 2 from line 1	3			0,207
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			8,888
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		5 000	
Part	XII Financial Statements and Reporting	10		5,928	9,095
	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				<u> </u>
	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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			,	
	reviewed on a separate basis, consolidated basis, or both		. 5,	6 .	
	Separate basis Consolidated basis Both consolidated and separate basis		* , '	, i .	17
b	Were the organization's financial statements audited by an independent accountant?		2b	·	×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		, ,	' '	· ·
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis			- '	٠, ١
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	ıf		,-,	
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	" x	, '
	If the organization changed either its oversight process or selection process during the tax year, explain in		, -,		
	Schedule O		1	,	,
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		<u> </u>
			Form	990 ((2018)

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

201

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

•	Section 501(c)(4), (5), or (6) c	organizations Complete Part III			
Nai	me of organization			Employe	er identification number
AF	SCME Council 65				41-0854876
Pa		the organization is exempt und			
1	Provide a description of t	the organization's direct and indirect μ	political campaign	activities in Part IV (see ins	structions for
	definition of "political cam	, ,			
2		y expenditures (see instructions)		▶ \$	149,203
3		cal campaign activities (see instructio		4) 15	80
		the organization is exempt und		````	
1	-	excise tax incurred by the organization			
2	Enter the amount of any	excise tax incurred by organization m	nanagers under se	ction 4955 ► \$	
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year	7	Yes No
48	Was a correction made?				Yes No
t	If "Yes," describe in Part	IV			
Pa	art I-C Complete if t	the organization is exempt und	ler section 501	(c), except section 501	(c)(3).
1	Enter the amount directly	expended by the filing organization t	for section 527 exe	empt function	
	activities			▶ \$	117,500
2	Enter the amount of the f	iling organization's funds contributed	to other organizat	ions for section	
	527 exempt function activ	vities		▶ \$	31,700
3	•	penditures Add lines 1 and 2. Enter h	ere and on Form		
	line 17b			▶ \$	149,203
4	Did the filing organization	file Form 1120-POL for this year?			Yes X No
5		ses and employer identification numb			
		ents. For each organization listed, en			
		ntributions received that were prompt d fund or a political action committee			
	as a separate segregated	Tund of a political action committee	(FAC) II additiona	T space is needed, provide	I I I I I I I I I I I I I I I I I I I
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds If none enter -0-	promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
(1)	Minnesota DFL	AAN		12,000	
	MALDEL Haves Covers	MN		13,000	
(2)	MN DFL House Caucus	MN		3.000	,
	Blaha for MN State Auditor	IVIIV		3,000	
(3)	biaria idi wila State Additor	MN	1	1,000	
	Walz for MN Governor		·		
(4)		MN		4,000	C
	Sutton for SD Governor				
(5)		SD		500	C
<u></u>	See Part IV - Supplemental				<u> </u>
(b) l	nformation			l o	1

						Page 2
Р	art II-A Complete if the organize under section 501(h)).	zation is exempt	under section 5	01(c)(3) and filed	l Form 5768 (ele	ction
Δ	Check ► if the filing organization	on belongs to an a	affiliated group (a	nd list in Part IV a	ach offiliated are	un mombor's
•	name, address, EIN,	expenses, and sh	annated group (a	nu list ili Fait IV e Shving evnenditur	ach annateu gro	up members
В	Check ▶ if the filing organizaţi	on checked box A	and "limited cont	rol" provisions ap	ply	
	Limits on	Lobbying Expendit	tures		(a) Filing	(b) Affiliated
	(The term "expenditure	s" means amounts	paid or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence	e public opinion (gra	ss roots lobbying)			0
b	Total lobbying expenditures to influence	• • • • • • • • • • • • • • • • • • • •	(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 (ac	•			0	0
f	Lobbying nontaxable amount Enter th	e amount from the fo	ollowing table in bot	h		
,	columns	T =	<u> </u>	····	O	O
ļ	If the amount on line 1e, column (a) or (ng nontaxable amou	ınt is:		
- 1	Not over \$500,000 Over \$500,000 but not over \$1,000,000		mount on line 1e			
ŀ	Over \$1,000,000 but not over \$1,000,000		us 10% of the excess			
ŀ	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess of			
-	Over \$17,000,000	\$1,000,000		4.10.01,000		
g	Grassroots nontaxable amount (enter	25% of line 1f)			0	0
h	Subtract line 1g from line 1a If zero or				0	0
i	Subtract line 1f from line 1c If zero or	less, enter -0-			0	0
j	If there is an amount other than zero o	n either line 1h or lin	e 1i, did the organiz	zation file Form 472	0 reporting	
	section 4911 tax for this year?					Yes No
	-		Period Under Sed			
	(Some organizations that mad	• •		•	of the five columns	below.
	S	ee the separate ins	tructions for lines	2a through 2f.)		
	Lo	bbying Expenditure	es During 4-Year A	veraging Period		
	Calendar year (or fiscal year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
	beginning in)	, ,	, ,	, ,	, ,	
					· · · · · · · · · · · · · · · · · · ·	
2a	Lobbying nontaxable amount	0	0	o	ol	0
b	Lobbying ceiling amount					
	(150% of line 2a, column(e))		能表。由此对于新世界至3月间最近新品品的公司的 是 数字字	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	SACTOR REPORTS ALL PROGRAMME CONTROL OF THE	
С	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	0	0	0	0

Sched	dule Ç (Form 990 or 990-EZ) 2018	41-0004	676			<u>Page</u>
Pai	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT filed	i For	m 576	8	rage
	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed	(6	a) I	<u> </u>	(b)	
des	cription of the lobbying activity	Yes	No	A	moun	t
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?					
b c d e f	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?					
g h i j 2a	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	I DAN WAR OF THE STATE OF THE S				
b c d Par	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? **TII-A** Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	or s	ection	W.W	
	501(c)(6).					
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 pit 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 "Nanswered "Yes."	501(c)(5)				X X 3, is
1 2	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).		1			
a b c 3	Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2a 2b 2c 3			
4	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?	:	4			
5 Pari	Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information		3			
Provi 2 (se	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated go instructions), and Part II-B, line 1. Also, complete this part for any additional information I-C, Line 5 SD Secr of State SD Paid from organization's funds \$200 Political contributions.	group list), F	Part II-	A, lines	1 and	j
recei	ved and delivered \$0,					
Part	I-C, Line 5 SD House and Senate candidates SD Paid from organization's funds \$1,000 Political					
contr	ibutions received and delivered \$0,					
Part	I-C, Line 5 MN House and Senate candidates MN Paid from organization's funds \$9,000 Political					
contr	ibutions received and delivered \$0,					

Part II-A Line 1 - The political objective was to have members vote for Council 65 endorsed

	Page 4
Part IV Supplemental Information (continued)	
candidates. The legislative agenda was to pass legislation to help the members - such as funding	
for public services, job security, right to organize, etc	
1	
	• • • • • • • • • • • • • • • • • • • •

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	CME Council 65	41-0854876
Par		nds or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(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 donor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control	? Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant is	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for all	
	conferring impermissible private benefit?	
	Conservation Easements.	Yes No
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education) Preservatio	n of a historically important land area
	Protection of natural habitat Preservatio	n of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	n 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 easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	20
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	
•	the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection,	handling of
•	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	
•		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing consi	ervation easements during the year
•	► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
Ū	and section $170(h)(4)(B)(li)$?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue	
3	balance sheet, and include, if applicable, the text of the footnote to the organization's fina	
	organization's accounting for conservation easements	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets.
1 (4.1	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re	evenue statement and balance sheet
14	works of art, historical treasures, or other similar assets held for public exhibition, educati	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that	
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reven	
	works of art, historical treasures, or other similar assets held for public exhibition, educati	
	public service, provide the following amounts relating to these items	- · · · · · · · · · · · · · · · · · · ·
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	► \$ ► \$
2	If the organization received or held works of art, historical treasures, or other similar asse	
4	following amounts required to be reported under SFAS 116 (ASC 958) relating to these its	
_	Revenue included on Form 990, Part VIII, line 1	► \$
	Assets included in Form 990, Part X	▶ \$
n	ASSESS DIGUOGO DE LOUIS DOU. LOUIS	· •

	AFSCME Council 6			41-085	4876 Page 2
Par	t III . Organizations Maintaining C	ollections of Art, Histo	rical Treasures, o	Other Similar Asset	s (continued)
3	Using the organization's acquisition, ac	cession, and other records,	check any of the follow	wing that are a significant	use of its
	collection items (check all that apply)	<u></u>	7		
а	Public exhibition	d	Loan or exchange p	orograms	
b	Scholarly research	e	Other		
С	Preservation for future generations				
4	Provide a description of the organization		now they further the or	ganization's evenot nuro	ose in Part
	XIII		ion and, ratarior and or	gamzation o exempt parp	osc iiii ait
5	During the year, did the organization so	licit or receive donations of	art historical treasure	s or other similar	
	assets to be sold to raise funds rather the	han to be maintained as par	t of the organization's	collection?	Yes No
Part					
	Complete if the organization ai		990 Part IV line 9	or reported an amoun	t on Form
	990, Part X, line 21		000, 1 4.11, 11.10 0,	or reported an amoun	CONTONIN
	Is the organization an agent, trustee, cu	istodian or other intermedia	ry for contributions or	other assets not	
•	included on Form 990, Part X?		i y ioi continuations of	omer assets not	Yes No
b	If "Yes," explain the arrangement in Par	t XIII and complete the follo	wing table		
	, , ,		9		Amount
С	Beginning balance			1c	0
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	0
2a	Did the organization include an amount	on Form 990. Part X. line 2	1. for escrow or custo	dial account liability?	Yes X No
b	If "Yes," explain the arrangement in Par				
Part		- Control of the Oxpi	idilation nad eden pro	VIGOG OTT GIT XIII	
rait	Complete if the organization ai	nswered "Ves" on Form (000 Part IV line 10	1	
	Complete if the organization at		or year (c) Two yea		k (e) Four years back
1a	Beginning of year balance	0	0	0	0 0
b	Contributions				
c	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
2	Provide the estimated percentage of the	e current year end balance (line 1g, column (a)) h	eld as	
а	Board designated or quasi-endowment	> %			
b	Permanent endowment	<u>%</u>			
С	Temporarily restricted endowment	%			
	The percentages on lines 2a, 2b, and 2c			16.4	
3a	Are there endowment funds not in the p	ossession of the organization	on that are held and a	dministered for the	Yes No
	organization by				Yes No
	(i) unrelated organizations				3a(ii)
h	(ii) related organizations If "Yes" on line 3a(ii), are the related org	ianizations listed as required	d on Schedule R2		3b
b 4	Describe in Part XIII the intended uses				
Part			THO THE TURNED		
ı arı	Complete if the organization ar		990 Part IV line 11	a See Form 990. Part	X. line 10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	Description of property	(investment)	(other)	depreciation	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1a	Land	0	(0
b	Buildings	0	(0	0
c	Leasehold improvements	0		0	0
d	Equipment	0	(0	0
e	Other	0	(0
	. Add lines 1a through 1e (Column (d) m	ust equal Form 990, Part X,	column (B), line 10c)	>	0

Schedule D (Form 990) 2018

AFSCME Council 65

Part VII Investments—Other Securities		Dat 1/4 0 5 000 D 1/4
(a) Description of security or category		Part IV, line 11b See Form 990, Part X, line 12
(including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other Mutual Funds		
(A) Preferred Stock	124,217	
(B) Bonds and other	88,097	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H) Iotal. (Column (b) must equal Form 990, Part X, col (B) line 1.	2 200 110	
		TANDAN MANDAN MARKAN MARKAN MARKAN MARKAN MANDAN MANDAN MANDAN MARKAN MARKAN MANDAN MANDAN MANDAN MANDAN MANDA Tandan mandan manda
		Dort IV line 41e Coe Fermi 200 Bart V Line 42
		Part IV, line 11c See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 1:	3) ▶ 0	
Part IX Other Assets.		
Complete if the organization answ	wered "Yes" on Form 990,	Part IV, line 11d See Form 990, Part X, line 15
	(a) Description	(b) Book value
(1)		
_(2)		
(3)		
(4)		
(5)		
_(6)		
		-
(8)		
(9) Total. (Column (b) must equal Form 990, Part X, col (R) (no. 15.)	•
Part X Other Liabilities.	b) line 13)	
	wered "Ves" on Form 990	Part IV, line 11e or 11f See Form 990, Part X,
line 25	wered tes on tomin 550,	raitiv, line the of the occi offin 330, rait X,
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	(0,555), 1212	
(2)	Ŭ	
(3)		
(4)		
(5)	_	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25		
2. Liability for uncertain tax positions. In Part XIII, provide	le the text of the footnote to the o	rganization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	ule D (Form 990) 2018 AFSCME Council 65			11-0854876	Page 4
Pai	Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Ret	urn.	
1	Complete if the organization answered "Yes" on Form 990, Pai Total revenue, gains, and other support per audited financial statements	rt IV, line	<u>12a</u>		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		.	1	10,570,947
- a	Net unrealized gains (losses) on investments	الما	5	1.	
b	Donated services and use of facilities	2a			
C	Recoveries of prior year grants	2b 2c			
d	Other (Describe in Part XIII)	2d	3 005 150		
е	Add lines 2a through 2d	_ Zu	3,095,159	2e	2 005 150
3	Subtract line 2e from line 1		-	3	3,095,159 7,475,788
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			1,413,100
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	350 <u>28</u>		
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	1	Γ	5	7,475,788
Par	XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per R	eturn.	·
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line	12a		
1	Total expenses and losses per audited financial statements			1	9,380,740
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			
C	Other losses	2c			
d	Other (Describe in Part XIII)	2d	3,095,159	1	
e	Add lines 2a through 2d		-	2e	3,095,159
3	Subtract line 2e from line 1	1 1	· ·	3	6,285,581
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 4- 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			0
C	Add lines 4a and 4b Total expenses Add lines 3 and 4a (This must equal Form 000, Red I, line 19) \	<u> -</u>	4c	0 205 504
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		3	6,285,581
	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Port IV I	nos 1h and 2h. Bort	V line 4 Par	t V line
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p				it A, iiiie
art .	KI Line 2d - Offset of per capita taxes paid from the "Dues Trust Fund" to the				·· · ·
0-0	rating and Political Funds"				
Obe	rating and Political Funds"				
on '	(II Line 2d - Offset of per capita taxes paid from the "Dues Trust Fund" to the				
ait.	the End 2d Chast of per suprid taxes pare from the Case Hast Faria to the				
One	ating and Political Funds"				
Opc	ding and romodif and				
			_		
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SCHEDULE J (Form 990)

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

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

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

OMB No 1545-0047

Open to Public Inspection

41-0854876

Name of the organization **AFSCME Council 65**

Department of the Treasury

Internal Revenue Service

Employer identification number

Par	Questions Regarding Compensation				
1a	Check the appropriate box(es) if the organization provided a	any of the following to or for a person listed on Form		Yes	No
	990, Part VII, Section A, line 1a Complete Part III to provide	e any relevant information regarding these items			
		Housing allowance or residence for personal use			
		Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			Fig. 18.
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
		·			
b	If any of the boxes on line 1a are checked, did the organizat or reimbursement or provision of all of the expenses describ	tion follow a written policy regarding payment			
	explain	oca above in 140, complete rait in to	1b		
2	Did the organization require substantiation prior to reimbursi	ing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive 1a?	e Director, regarding the items checked on line			
	ia'		2		
3	Indicate which, if any, of the following the filing organization				
	organization's CEO/Executive Director Check all that apply				
	related organization to establish compensation of the CEO/E	•			
	<u> </u>	Written employment contract			
		Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII,	, Section A, line 1a, with respect to the filing			
	organization or a related organization				
a b	Receive a severance payment or change-of-control payment Participate in, or receive payment from, a supplemental non-		4a 4b		
C	Participate in, or receive payment from, a supplementar norm		4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the		Prim		
	Only posting 504(a)/2) 504(a)/4) and 504(a)/20) arganiza	tions must sample to lines E. O.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiza For persons listed on Form 990, Part VII, Section A, line 1a,				
	compensation contingent on the revenues of	, , , ,			
а	The organization?		5a 5b		
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III		30		
6	For persons listed on Form 990, Part VII, Section A, line 1a,	did the organization pay or accrue any			
а	compensation contingent on the net earnings of The organization?		6a		
b	Any related organization?		6b		
	If "Yes" on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section A, line 1a,	did the organization provide any nonfixed			
′	payments not described on lines 5 and 6? If "Yes," describe	ın Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or a	accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations sec	tion 53 4958-4(a)(3)? If "Yes," describe	8		
	ın Part III				HOL:
9	If "Yes" on line 8, did the organization also follow the rebuttal	ble presumption procedure described in	MARKET SERVICE	NS. 25 17	entrine di di
-	Regulations section 53 4958-6(c)?	·	9		

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

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

		(B) Breakdown of W	W-2 and/or 1099-MISC compensation	SC compensation	bec toomostoo (9)	oldevetool (O)	1	(E) Company
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(m) Other reportable compensation	compensation	(b) vontaxable	(B)(I)-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
Serena Vergin	ε	124,608	7,200	0	17,445	28,247	177,500	
1 Executive Director - effective 7-1	€	0		0	0	0		0
Shannon Douvier	ε	121,908	7,200	0	16,059	28,115	173,282	
2 Assistant Director	⊞	0		0		0		
c	€ €							
2					٥			
4	€ E 							
	ε				,			
2	Ξ							
	(1)							
9	(ii)			1				
	()							
7	(ii)							
	(i)							
80	Ξ							
	ε	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
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	Ξ	1	1					
11								
7	≘ €							
4	3						!	
13	Ξ							
	ε							
14	(E)			1 1 1 5 5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Ξ							
15	Ξ							
	€		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
16	╗							

Schedule J (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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 (0)1 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number **AFSCME Council 65** 41-0854876 Form 990, Part VI, Section A, Line 6 - The Organization has 13,200 members as of 12-31-18 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 VII, 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