	_ ·	4			•
			Short Form		OMB No 1545-1150
Form 990-EZ		n_F7	Return of Organization Exempt From Income Tax		
		949 iku iku	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coce (except private foundations)		20 48
			▶ Do not enter social security numbers on this form as it may be inade public.	\mathcal{D}	
		of the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest information.	J	
A F	or the	2018 calend	ar year, or tax year beginning ანლილი ა , 2018, and ending ტაც	N57	31 ,20 19
В	Check if ap	oplicable	C Name of organization D Emplo	oyer id	dentification number
	Address c	-	JOLIET JUNIOL COLSES FACUTY COMOL, AFT LOCAL 604 36	<u> </u>	1028193
$\overline{}$	Name cha Initial retui	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telep		
=		n/terminated			280-2213
	Amended			ıp Exe iber İ	
		n pending			if the organization is not
	veccum Vebsite	ting Method ··►		•	tach Schedule B
					0-EZ or 990-PF)
		organization			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		W0000
		, ,,	\$500,000 or more, file Form 990 instead of Form 990-EZ	▶ §	158 188 es
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	tions	s for Part I)
			the organization used Schedule O to respond to any question in this Part I	<u>.</u>	· · · · · · · · · · · · · · · · · · ·
\	1		ons, gifts, grants, and similar amounts received	1	\$9482.00
)	2		ervice revenue including government fees and contracts	3	1117 017
	3	Investment	ip dues and assessments	4	\$ 147 714,00
	5a		bunt from sale of assets other than inventory 5a 1		33, 111 1
	b		or other basis and sales expenses 5b		
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6		nd fundraising events	•	4
Revenue	a		ome from gaming (attach Schedule G if greater than	•	1
		\$15,000)	[Ga]		
χę	b		me from fundraising events (not including \$ of contributions		
ď			aising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000)		
			t expenses from gaming and fundraising events 6c 1445 -42		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	, ,	,
	-	line 6c)		6d	(-1275.42)
	7a	Gross sale	s of inventory, less returns and allowances 7a		
	b		of goods sold 7b		
	С		it or (loss) from sales of inventory (Subtract line 7b frem-line /a)	7c	
	8		nue (describe in Schedule O) RECEIVED	8	
	9		nde. Add lines 1, 2, 3, 4, 30, 6d, 70, and 5	9_	\$ 157543.13
	10		d similar amounts paid (list in Schedule O) and to or for members ther compensation, and employee benefits	10	\$ 154636.08
	11		aid to or for members	11	
ses	12 13	Salaries, o	ther compensation, and employee benefits	13	
)en	14	Occupance	al fees and other payments to independent contractors OGDEN, UT y, rent, utilities, and maintenance	14	
ž	15	•	ublications, postage, and shipping	15	\$ 88.00
Ž	16		enses (describe in Schedule O)	16	\$ 7886.06
\leq	17	•	enses. Add lines 10 through 16	17	157.600.14
VW et Assets NNV Expenses	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	(-1 57.01)
Sec.	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with		, , , , ,
≥ S		•	ar figure reported on prior year's return)	19	\$ 131342.51
₽.£	20	Other char	nges in net assets or fund balances (explain in Schedule O)	20	\$ 3788.45

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

For Paperwork Reduction Act Notice, see the separate instructions.



Cat No 10642I

Form 930-52 (2018)

Page 2 Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II. (A) Beginning of year (B) End of year 135073,95 Cash savings, and investments 131342.51 22 23 Land and buildings 23 24 Other assets (describe in Schedule O) 24 131342.51 d 135073, 25 Total assets 25 Total liabilities (describe in Schedule O) \$131342,51 8 135073,75 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Expenses (Required for section What is the organization's primary exemption pose? SCHEDOLS 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations, optional for others) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title 28 ADMINISTERED A COLLECTUR BARGAHUK AGRESMENT CONEZUAL EMPLOYEES REPRESENTED BY THE UNION.) If this amount includes foreign grants, check here 29 PROVIDED REPORTSMENTATION TO MEMBERS INVOLUTED IN CRISHAPCES AND OTHER PERSONNEL POUBLEMS) If this amount includes foreign grants, check here DISTONOUSED INFORMATION TO MEMBERS ABOUT EDUCATIONA 1550 ES AND THE CANDIS POSTATION.) If this aniount includes foreign grants, check here 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here **▶** □ 31a 32 Fotal program service expenses (add lines 28a through 31a) 32 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (a) Average (e) Estimated amount of compensation ontributions to employe (a) Name and title Fo.ms W-2/1099-MISC) benefit plans, and other compensation peroted to position (if not paid, enter -0-) deferred compensation ROSSILT MORCHIX, PRESIDENT 6 NO.45 Jun Colsman, VICE - President WHYOM P. HOURY, TOSOWIST SUSAN PROKAPIAK, SECRETARY 2,5 JORIE KULCZAK ATLACKA SXCOUNT BOOKS MEMBER DUALY STONICH) MENT COOLER INVISA - FUNDER Kyle righardsom, 2025 2400 AT LARGE EXECUTIVE BOOKS MEMBER -----

ノ
Page

	0-EZ (2018)			age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		٧.	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		
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			/
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)?	34		
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	35a 35b		
c	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	<u></u> -	
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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b		<u></u>
30 <i>a</i>	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involveo 38b	1000		
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9	-		
ь 40а	Gross receipts, included on line 9, for public use of club facilities 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 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!	40b		
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.			-
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	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 b	The organization's books are in care of Located at Loca	60°		No - 521
	If "Yes," enter the name of the foreign country ▶	12.0		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office cutside the United States? If "Yes," enter the name of the foreign country	42c		V
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 43			₩ 🔲
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	Yes	No .
b	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		
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If 'No," provide an explanation in Schedule O	44c		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	45a : 45b		· ·

 0	20.5% (0.40)					,	
Form 9	90-EZ (2018)					Page	
46	Did the organization engage, directly or to candidates for public office? If "Yes,"			behalf of or in opposi	tion (46	Yes No	
ær.	Section 501(c)(3) Organization All section 501(c)(3) organization 30 and 51.	ns Only ns must answer que	estions 47-49b and			or lines	
	Check if the organization used Sc	chedule O to respond	d to any question in t	his Part VI		[
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) election	on in effect during the	tax 47	Yes No	
48 40a b 50	Is the organization a school as described in sect on 170(b)(1)(A)(ii)? If "Yes," complete Schedule ED d the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, to						
	employees) who each received more that (a) Name and title or each employed.	(L) Average hours put week devoted to position	(c) Reportable compensation (Founs W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation		
		n					
f 51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization.	s five highest compo		contractors who each	received	more tha	
	(a) Name and business address of each independent	dent contractor	(b) Type of serv	ice (c	(c) Compensation		
			-				
					· · · · · · · · · · · · · · · · · · ·		
52	Total number of other independent control Did the organization complete Schedule A	-		▶	a ▶∐ Yes	□ No	
	enaltics of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other than			as any knowledge		·· · · — · · · · · · · · · · · · · · ·	
Sign	Signature of officer			Date Date	٠, ٦	020	

Preparer's signature

Type or print name and title

| Firm's address ▶ |
| May the IRS discuss this return with the preparer shown above? See instructions

Frint/Type preparer's name

Firm's name ▶

Here

Paid Preparer Use Oniy

▶ ☐ Yes ☐ No

PTIN

Check if self-employed

Firm's EIN ▶

Phone no

Date

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

Employer identification number

OMB No 1545-0047

Johet Junior College Faculty Council, AFT Local 604 36-4028193 Line 10 Grants and similar amounts paid = \$ 154,626 08 § 145,726 08 dues paid to AFT Local 604 § 8,900 00 in scholarships awarded to outstanding student applicants (Joseph Crump \$ 750, Thomas Gonzalez \$ 200, Alfreda Hogan \$ 750, Jacob Hulbert \$ 400, Jamie Kaiser \$ 400, Mandy Kaiser \$ 400, Rebecca Keller \$ 750, David Lozano \$ 750, Angelina McNulty \$ 750, Jenna Morgan \$ 400, Nicole Murphy \$ 750, Charles Muszynski \$ 200, Kendra Neill 8 750. Nicole Nelson 8 750, Taylor Nelson 8 700, Jordan Scholtes 8 200) Line 16. Other Expenses = \$ 2,886 06 § 1,059 37 for pizza parties for the membership \$ 1,164.54 for gifts for retiring members (includes wrapping and cards) § 272 15 for retiree luncheon expenses (includes invitations, programs, decorations, and cake) \$ 300 00 in memorial donations when members lost loved ones \$ 65.00 annual fee at Stofan-Agazzı Investments where our scholarship fund was kept \$ 25 00 fee for teller checks for union scholarships Line 20. Other changes in net assets or fund balances = \$3,788.45. This is our net unrealized gain on our investments. Invesco Money Market account increased from \$ 24730.56 to \$ 25165 11 for an unrealized carn of \$ 434 55 Investor OFI Global Strategic Income account increased from \$ 45564 09 to \$47969 59 for an unrealized gain of \$ 2405 50 We have a standard brokerage account at Wintrust Investments (which took over the account from Stofan-Agazzi Investments of Joliet during this past year). This account increased from \$12136.61 to \$13872.24. We must also account for the fact that we deposited \$8082 in contributions (included in line 1) and earned income of \$ 270 23 from dividends and money market/sweep funds (included in line 4) but withdrew § 7500 for scholarships (included in line 10) and there an automatic deduction of § 65 for the annual fee (included in line 16) § 13872 24-\$ 12136.61 = § 1735.63 \$ 1735 63+\$ 65+\$ 7500--\$ 8082--\$ 270.23 = \$ 948 40 so we had an unrealized gain of \$ 948.40 on this investment Our net unrealized gain for all investments was +8 434.55 + 8 2405 50 + 8 948 40 - +8 3788 45 Part III What is organization's primary exempt purpose? To secure economic advantages and better working conditions for its members through organization and collective bargaining Part IV. This is just an estimated average. In some weeks, the number of hours was much much higher (It was a contract negotiation year)

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2018)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.