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SCANNED NOV 1 1 2021

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	<i>ا</i> ـــ		1	Short Form			OMB No 1545-0047
Ca	QC	90-EZ Return of Organization Exempt From Income Tax					
1011			Under section 501(c), 527, or 494	_			2019
				(-)(·)			
			► Do not enter social se	curity numbers on this forr	n, as it may be made p	ubligg	
		of the Treasury nue Service	► Go to www.irs.gov/f	Form990EZ for instructions	and the latest informa	tion.	Unspection.
			ar year, or tax year beginning	SEPTEMBER	2019, and ending	AUG-US	3 \ 20 Z C
	Check if ap		C Name of organization			D Employe	er identification number
	Address o	change	JOLIET JUNIOR COLLECT!	. 140001 00010101	ift local 604		4028193
	Name cha	•	*Number and street (or P O box if mail i	is not delivered to street address	Room/suite	E Telephoi	_
	lnıtıal retu Fınal retur	m/terminated	1215 HOUBULT RO	<u> </u>			-280-22131
===	Amended		City or town, state or province, country		20		Exemption
		on pending	30L187 7L	60431	<u> </u>	Numbe	1441
		ting Method.	Cash Accrual Other (specify)	^H		If the organization is not
	Vebsite		eck only one) 501(c)(3) . X501	1(c) () ◀ (insert no) ☐ 4	947(a)(1) or 527		attach Schedule B 990-EZ, or 990-PF)
			Corporation Trust		Other	(1 01111 330,	330-L2, 01 330-1 1)
			7b to line 9 to determine gross rece			al assets	
			\$500,000 or more, file Form 990 irist	· · · · · · · · · · · · · · · · · · ·	, · · · · - · · · · · · · · ·	. •	\$
Р	art I	Revenu	e, Expenses, and Changes	in Net Assets or Fund	Balances (see the	instruction	ons for Part I) 🔝
		Check If	the organization used Schedu	ule O to respond to any o	question in this Part	l <u></u>	Xi y
) 1	1		ons, gifts, grants, and similar am			. [_1	8381,00'
12	2	_	ervice revenue including govern	ment fees and contracts			2
	3		ip dues and assessments			· · <u>-</u> 3	
?,	4	Investment				4	558.09
	5a		ount from sale of assets other the		5a		
	b		or other basis and sales expens ss) from sale of assets other tha		5b		
	6 6	•	id fundraising events:	in inventory (Subtract line :	ob irom ime oaj	5	<u> </u>
	a	Gross inco	ome from gaming (attach Sc	chedule G if greater that	an .		
Revenue					6a		
ķ	b		me from fundraising events (not		of contribution	ns	
ď			aising events reported on line 1 th gross income and contribution		1 1		
			et expenses from gaming and ful		6b 6c		
	l .		e or (loss) from gaming and full			btract	
3	"	line 6c) .				6	d
•	7a	•	s of inventory, less returns and a	allowances	7a		<u></u>
•	b	Less. cost	of goods sold		7 _b		
	С	Gross profi	it or (loss) from sales of inventor	ry (oubtract time Fb) Iron w	ne 7a)	7	с
٠.	8	Other rever	nue (describe in Schedule O).		[.]	٠ ٤	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d,		1:1001:	. ▶ 9	
	10		similar amounts paid (list in Sch	hedge O) JAN. 1.2 For	سَاسَا السَّالِينَ السَّلِينَ السَّالِينَ السَ	10	
/ 0	11	Benefits pa	aid to or for members	as Harding BOEN I	JT・	· · 1	
ses	12 13	Professions	ther compensation, and employeal fees and other payments to in	ee penellis 165.		· 1	
en en	14		n rent, utilities, and maintenance		.	1 1	
Expenses	15		ublications, postage, and shipping			1	
-	16		nses (describe in Schedule O)	<u>*</u>		10	
	17	•	nses. Add lines 10 through 16	_		. ▶ 1	
S	18		deficit) for the year (subtract line				
set	19		or fund balances at beginning		lumn (A)) (must agre	e with	
As		-	r figure reported on prior year's			19	
Net Assets	20		ges in net assets or fund balance			20	
	71	Not accete	or fund balances at and of year	Combina linge 18 through	n ツハ	▶ 9	コルベミノのコ ツコ

7	Par		Balance Sheets (see the instructions f					
			Check if the organization used Schedule	O to respond to ar	ny question in this			
						(A) Beginning of year	<u> </u>	(B) End of year
	22		n, savings, and investments			135073.95		135197,77
	23		and buildings				23	
	24		er assets (describe in Schedule O)				24	
	25		ıl assets			135073.95		138197,77
	26	Tota	I liabilities (describe in Schedule O)			72.08	26	14 4 10 7 77
I	27 31	Net	assets or fund balances (line 27 of column	(B) must agree with	line 21)	1'550 +0,513	27]	135197.77
	Part		Statement of Program Service Accom	-				Expenses
:		·	Check if the organization used Schedule			Part III 🗵	(Red	quired for section
			organization's primary exempt purpose?	SEE SCH				(c)(3) and 501(c)(4)
	Desci	ribe th	e organization's program service accomplis	shments for each of	f its three largest p	program services,		anizations, optional for ers)
			ed by expenses. In a clear and concise manefited, and other relevant information for ea		e services provided	d, the number of	""	,
Esti			master EDED & COLLEGE		0124-V- 0/05	4 0 < 257	 	
HEI			WING EMPLOYEES REPRES					
		<u> </u>	THE CONTROLLS KIDS CO	ייייי אייייייי	B2 010101			
	?	(Grant	s \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	includes foreign gra	nts. check here .	• 🗂	28a	
			HIDED REPRESENTATION TO			7		
	:		124 LIGHT O CHA SISHAL PSRS					
				W. (*).				
	•	(Grant	s\$) If this amount	includes foreign gra	nts, check here .	▶ □	29a	a
			OITAMANI GITUGARTIO					
ኃ		5 t	DOCATIONAL ISSUES ANT	OIND BAT (N'S ROSITIO	٠ که		
		(Grant	s\$) If this amount	includes foreign gra	nts, check here .	▶ 🔲	30a	3
	31	Other	program services (describe in Schedule O)					-
		(Grant	s \$) If this amount	ıncludes foreign gra	nts, check here .	▶ □	318	9
	32	Total	program service expenses (add lines 28a i				32	
	Part	TV.	List of Officers, Directors, Trustees, and Key					
			Check if the organization used Schedule	O to respond to ar				<u> </u>
			(ITS)	(b) Average	(c) Reportable compensation	contributions to employ	/ee (e)) Estimated amount of
			(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	- -	other compensation
					(if not paid, enter -0-)	deferred compensation	-	
		(60)	DERT MARCHY, PRESIDENT	.6	2) 2.14	3404		NONZ
					2407	1010	-	
		2/67	COLEMAN, YIEL-PRISIDENT	. 2.5	1005	3404		MONE
			0 11 1 700/050		7045	PURZ	+	<u> </u>
	<u> </u>	بالمارين	an P. Howar, TREASURER	4	3404	NONE		MONE
		٤.,	100 11 000V (5100V	7	- ROPG	PORZ		
		703A	N Proposedy, Seestany	2.5	JUON	2005		NONE
•	<u> </u>	20.00	2 STONICH	,	PURU	1.01.22	+	
		\ -	LABER EXECUTIVE GOOD MIMBER	2	NONS	3404	٠	NOYE
		V 4.	E CICHARD SON	7	1908	100,0		<u> </u>
•			-LARGE EXTERNI BOMOMINON	2	NONZ	3404		NONE
•	1.	42.44	180 0, COHUST				_	
	Y	ν.154 -	- LANGE EXECUTIVE BORRD MEMBER	~	NOWS	3404		NGNE
		13.)	C C C C C C C C C C C C C C C C C C C			-	_ _	
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				1	I	1	- 1	

For	ਜੋਜੇ:990-EZ (2019)		F	age 3	
P	Other Information (Note the Schedule A and personal benefit contract statement requiremen				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	is Part			
33			Yes	No	,
34	detailed description of each activity in Schedule O	33	•		7
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			i	
35	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		V	•
	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			
	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			
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		~	7
37	7a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a				
38	 b 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			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	49.55 . 34.5	V Control Los	3
39	b If "Yes," complete Schedule L, Part II, and enter the total amount involved				•
,	a Initiation fees and capital contributions included on line 9				
	b Gross receipts, included on line 9, for public use of club facilities				
40	Da 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 I	40b	18 18 301	54	?
	c 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,				ر ر د
	4955, and 4958 :				
	40c reimbursed by the organization				
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	1. 40e			_
41					
42	Telephone no. ▶ 8 Located at ▶ 1215 Hougast RORD, Jouret IL ZIP + 4 ▶ 6	10 - 04 7		0 -	くてい
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	e de la composition della comp		
**	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
	Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? .	42c			
	If "Yes," enter the name of the foreign country ▶	420	لــــــ		
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	• •		<u></u>	
⁻ .44	lat. Did the lorganization maintain any donor advised funds during the year? If-"Yes," Form 990 must be completed instead of Form 990-EZ	A (10) 2.23	Yes	77.7	,
	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				
	c Did the organization receive any payments for indoor tanning services during the year?	44c	(<u>1</u>)	<u> </u>	•
	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			_
45		45a		1	•
	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	45b			-

Page	4

					Yes No	1
46	Did the organization engage, directly or in					-
P 7:354	to candidates for public office? If "Yes," of		Parti		46 L	
Part	All section 501(c)(3) organization 50 and 51.	s must answer que				_
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI]
					Yes No	_
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	tll			47	
48	Is the organization a school as described in					
49a b	Did the organization make any transfers t If "Yes," was the related organization a se					
50	Complete this table for the organization's				L	 2V
	employees) who each received more than					,
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and deferre compensation		_
						_
						_
						_
						_
						_
51 	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			.n
	(a) Name and business address of each independent	dent contractor	(b) Type of serv	rice	(c) Compensation	
	,		-			
			_			
			<u> </u>			
			1			
d	Total number of other independent contra	actors each receiving	over \$100,000	>		_
52	Did the organization complete Schedicompleted Schedule A	ule A? Note: All se	ection 501(c)(3) orga	nizations must atta	ach a ▶∐ Yes ☐ No	
Under p	enalties of perjury, I declare that I have examined this rrect, and complete Declaration of preparer (other that	return, including accompan n officer) is based on all info	ying schedules and stateme ormation of which preparer l	ents, and to the best of my nas any knowledge	y knowledge and belief, it is	
	In selfa-			3041	1004 B, 2020	2
Sign <u>Here</u>	Signature of öfficer	HOGAN	TREASIR	Date		
	Type or print name and title					
Paid Prep	Print/Type preparer's name	Preparer's signature	Da	Check self-em		
Use	l =			Firm's EIN ▶		_
	Firm's address ▶			Phone no		_
May th	ne IRS discuss this return with the prepare	r shown above? See	instructions	· · · · · ·	. 🕨 🗋 Yes 🗌 No	_

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization

Joliet Junior College Faculty Council, AFT Local 604

Employer identification number 36-4028193

Line 10 Grants and similar amounts paid = \$155,382 62
\$145,882 62 dues paid to AFT Local 604
\$9,500 00 in scholarships awarded to outstanding student applicants
(Frimpong Boateng \$325, Jiyan Cen \$400, Royce Chandler \$925, Hayden Crymes \$325, Lily Hochhalter \$500, Jamie Kaiser \$500
Mandy Kaiser \$500, Rebecca Keller \$500, Bryson Laken \$500, David Lozano \$600, Daniel McNulty \$500, Guadalupe Medina \$325,
Brandon Mszal \$325 Payton Mszal \$325 Kendra Neill \$325, Nicole Nelson \$400, Olivia Palumbo \$400,
Pauline Robinson-Stevens \$500, Simone Robinson-Stevens \$500, Elaine Segundino \$325, Graciana Trillo-Ruggles \$500)
Line 16 Other Expenses = \$958 51
\$377 51 for a pizza party for the membership
\$450 00 in memorial donations when members lost loved one
\$65 00 annual fee at Wintrust Wealth Management where our scholarship fund was kept
\$66 00 in fees for teller checks for union scholarships
Line 20 Other changes in net assets or fund balances = \$1,572.36 This is our net unrealized gain on our investments
Invesco Money Market account increased from \$25165 11 to \$25374 26 for an unrealized gain of \$209 15
Investco OFI Global Strategic Income account increased from \$47969 59 to \$48354 70 for an unrealized gain of \$385 11
We have a standard brokerage account at Wintrust Investments This account decreased from \$13872 24 to \$13797 70
We must also account for the fact that we deposited \$7981 in contributions (included in line 1) and earned income of
\$231 36 from dividends and money market/sweep funds (included in line 4) but withdrew \$9200 for scholarships (included
in line 10) and there an automatic deduction of \$65 for the annual fee (included in line 16)
\$13797 70-\$13872 24 = (-\$74 54)
(-\$74 54) + \$65 + \$9200-\$7981-\$231 36 = \$978 10 so we had an unrealized gain of \$978 10 on the Wintrust investment
Our net unrealized gain for all investments was +\$209 15 + \$385 11 + \$978 10 = +\$1572 36
Parl 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. (There was much adjustment needed to how our
contract was interpreted and applied as all classes became remote learning due to the COVID-19 pandemic)