INTERNAL AUDIT COMMITTEE AUDIT REPORT COVER SHEET

Local Name: Lane Community College Employee Federation Local 2417

State: OR

Fiscal Year End Date: 12/2018

Period Covered:

Beginning Date: January 1, 2018 End Date: December 31, 2018

Number of Members: Varies each month. Always below 500.

Submitted by: Dacia Smith Title: Audit Committee Chair

We have examined the financial records of Lane Community College Employees Federation for the period January 1, 2018 through December 31, 2018, and found them to be in good order. This examination was performed by a committee made up of members of the Lane Community College Employees Federation and was not conducted in accordance with generally accepted accounting principles.

Based upon our examination, we consider the attached financial statements for the period January 1, 2018 through December 31, 2018, to be an accurate summary of transactions conducted during that period.

Sincerely,

Dacia Smith

Audit Committee Chair

Don Patton

Audit Committee

Nikki Li

Audit Committee

2018 Financial Audit Detail

Review of Internal Controls

- Checkbook and financial records are kept in secure location.
- Two officers sign every check. Check states two signatures are required.
- Voided checks are marked "void" and placed in envelope in front of checkbook binder.
- Blank checks are not pre-signed by any officers.
- Checks are only written to individuals/companies; never to "Cash".
- Financial Reports were provided to EC every month (every other EC meeting). No more than one quarter lapsed without an update.
- Annual budget was developed and presented to EC for approval on 2/13/18.
- Items not originally included in budget were voted on in EC and a budget adjustment was made to accommodate the new expense.
- Is adequately insured: Workers Comp and Fidelity Bond. No other policies required.
- Instructions for Treasurer processes are hosted on the LCCEF Google drive under the Treasurer folder.

Review Cash Receipts

- Timeliness of Deposits Deposits are made through Mobile Deposit and deposited directly into the Selco checking account only. Delays between the date the check is written and the day the check is deposited; is due to processing delays cited during our 2017 review.
- Semi-Monthly payroll reports were reviewed for dues deductions amounts. The amounts being deducted match the amount the local requested to be deducted at each salary level.
- Dues deductions checks received from the College appear accurate based on a random selection of disbursement documents.
 - RECOMMENDATION: Have college provide an excel file (rather than a paper copy) of the names and amounts associated with each check. This will make the verification process easier.
- Percaps payments to AFT and ART-OR were reviewed and accurate based on monthly membership and annual salary.
- No revenue was mis-categorized.

Review Cash Disbursements (Expenditures)

- All expenses are paid by check or in cases of employee payroll and taxes, EFT.
- Checks are signed by Treasurer, President or VP. Two signatures on all checks.
- Checks were written for correct amounts. Checks were written to correct payee.
- All checks were accounted for; voided checks are voided in Quickbooks and physically put in front of check book binder in an envelope, after writing "VOID" on the check.
- Canceled checks are attached to each reconciliation report and maintained on the Treasurer drive.

Balance the Checkbook (and other accounts)

- Refer to Bank Reconciliation Reports.
- Bank balances match Quickbooks Register balances

Examine Supporting Documents

- All income items have supporting documentation
- All expense items have supporting documentation.
 - No payments were duplicated.
- All required signatures were present.

Verify the Accuracy of Financial Statements

- Financial Statements have been reviewed and are accurate to the best of our knowledge, skills and ability.
- Quickbooks reports match tax returns and bank statements.
- Used Quickbooks Accounting Overview to search for "common errors" and none existed. This looks for uncategorized income, uncategorized expenses, uncategorized assets, undeposited funds, as well as, negative asset and liability accounts.

LCCEF 2417

STATEMENT OF ACTIVITY

January - December 2018

	TOTAL
Revenue	
Dues Revenue	
- Fairshare Revenue (deleted)	53,789.26
- Members Revenue (deleted)	187,997.36
Total Dues Revenue	241,786.62
Interest Earned	144.06
Total Revenue	\$241,930.68
GROSS PROFIT	\$241,930.68
Expenditures	
Affiliate Percaps	
- Fairshare (deleted)	29,543.63
- Leave/Layoff (deleted)	358.00
- Member Dues	166,358.16
- OR AFL-CIO Fee	6,671.15
Total Affiliate Percaps	202,930.94
Business License	50.00
Insurance	
- Fidelity Bond	85.00
- SAIF (Workers Comp)	251.01
Total Insurance	336.01
Meetings	
- Business Meetings	805.83
- Conference Registration Fees	910.00
- Membership Meetings	531.00
Total Meetings	2,246.83
Member Benefits	
- Cards/Gifts/Flowers	179.89
- Events & Entertainment	200.00
- Member AD&D Insurance	949.25
Total Member Benefits	1,329.14
Office Expenses	
- Communications (phone) (deleted)	23.00
- Postage/Shipping	1,157.67
- Print/Copy Charges	453.99
Total Office Expenses	1,634.66
Office Rent	689.00
Organizing M&S	1,200.00
Payroll Expenses	
- Payroll Tax	1,630.61
- Wages	14,145.45
Total Payroll Expenses	15,776.06
Service Fees	

	TOTAL
- Accounting	943.00
- Consulting	750.00
Total Service Fees	1,693.00
Technology (IT)	375.00
Travel	
Conference Travel	
- AFT National Convention	
Lodging	2,996.50
Per Diem	702.00
Transportation	1,524.90
Total - AFT National Convention	5,223.40
- AFT-OR Convention	
Lodging	403.56
Per Diem	224.00
Transportation	220.01
Total - AFT-OR Convention	847.57
- LERC PERC Conference	
Transportation	95.92
Total - LERC PERC Conference	95.92
- President's Conference	
Per Diem	132.00
Transportation	113.36
Total - President's Conference	245.36
- Winter School	
Lodging	1,755.24
Per Diem	603.75
Transportation	845.30
Total - Winter School	3,204.29
Total Conference Travel	9,616.54
Travel (non-conference)	220.73
Total Travel	9,837.27
Total Expenditures	\$238,097.91
NET OPERATING REVENUE	\$3,832.77
NET REVENUE	\$3,832.77

LCCEF 2417

STATEMENT OF FINANCIAL POSITION

As of December 31, 2018

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Checking - Selco	40,331.70
Clearing Account	0.00
Money Mkt - Key Bank	44,033.76
Money Mkt - Selco	41,643.46
Non-Person Shares - Selco	5.00
Total Bank Accounts	\$126,013.92
Accounts Receivable	
Accounts Receivable	0.00
Total Accounts Receivable	\$0.00
Other Current Assets	
Cash Advance (travel/expense)	0.00
Undeposited Funds	0.00
Total Other Current Assets	\$0.00
Total Current Assets	\$126,013.92
TOTAL ASSETS	\$126,013.92
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	0.00
Total Accounts Payable	\$0.00
Other Current Liabilities	
Payroll Liabilities	123.58
Total Other Current Liabilities	\$123.58
Total Current Liabilities	\$123.58
Total Liabilities	\$123.58
Equity	
Opening Balance Equity	125,082.29
Retained Earnings	-3,024.72
Net Revenue	3,832.77
Total Equity	\$125,890.34
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LCCEF 2417

TRIAL BALANCE

As of December 31, 2018

	DEBIT	CREDIT
Checking - Selco	40,331.70	
Clearing Account	0.00	
Money Mkt - Key Bank	44,033.76	
Money Mkt - Selco	41,643.46	
Non-Person Shares - Selco	5.00	
Accounts Receivable	0.00	
Cash Advance (travel/expense)	0.00	
Undeposited Funds	0.00	
Accounts Payable (A/P)		0.00
Payroll Liabilities		123.58
Opening Balance Equity		125,082.29
Retained Earnings	3,024.72	
Dues Revenue:- Fairshare Revenue (deleted)		53,789.26
Dues Revenue:- Members Revenue (deleted)		187,997.36
Interest Earned		144.06
Affiliate Percaps:- Fairshare (deleted)	29,543.63	
Affiliate Percaps:- Leave/Layoff (deleted)	358.00	
Affiliate Percaps:- Member Dues	166,358.16	
Affiliate Percaps:- OR AFL-CIO Fee	6,671.15	
Business License	50.00	
Insurance:- Fidelity Bond	85.00	
Insurance:- SAIF (Workers Comp)	251.01	
Meetings:- Business Meetings	805.83	
Meetings:- Conference Registration Fees	910.00	
Meetings:- Membership Meetings	531.00	
Member Benefits:- Cards/Gifts/Flowers	179.89	
Member Benefits:- Events & Entertainment	200.00	
Member Benefits:- Member AD&D Insurance	949.25	
Office Expenses:- Communications (phone) (deleted)	23.00	
Office Expenses:- Postage/Shipping	1,157.67	
Office Expenses:- Print/Copy Charges	453.99	
Office Rent	689.00	
Organizing M&S	1,200.00	
Payroll Expenses:- Payroll Tax	1,630.61	
Payroll Expenses:- Wages	14,145.45	
Service Fees:- Accounting	943.00	
Service Fees:- Consulting	750.00	
Technology (IT)	375.00	
Travel:Conference Travel:- AFT National Convention:Lodging	2,996.50	
Travel:Conference Travel:- AFT National Convention:Per Diem	702.00	
Travel:Conference Travel:- AFT National Convention:Transportation	1,524.90	
Travel:Conference Travel:- AFT-OR Convention:Lodging	403.56	
Travel:Conference Travel:- AFT-OR Convention:Per Diem	224.00	
Travel:Conference Travel:- AFT-OR Convention:Transportation	220.01	

	DEBIT	CREDIT
Travel:Conference Travel:- LERC PERC Conference:Transportation	95.92	
Travel:Conference Travel:- President's Conference:Per Diem	132.00	
Travel:Conference Travel:- President's Conference:Transportation	113.36	
Travel:Conference Travel:- Winter School:Lodging	1,755.24	
Travel:Conference Travel:- Winter School:Per Diem	603.75	
Travel:Conference Travel:- Winter School:Transportation	845.30	
Travel:Travel (non-conference)	220.73	
TOTAL	\$367,136.55	\$367,136.55

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For the	2018 calendar year, or tax year beginning 01/01 , 2018, and er	nding	12/31	, 20 18	
В	Check if	applicable: C Name of organization American Federation of Teachers Lane Communit	v College Emp	D Employ	er identification n	umber
	Address		, , ,	1	51-0192347	
	Name ch	nange Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telepho	ne number	
	Initial ret	um PO Box 7275		1	541-463-3000	
	Final retu	rn/terminated City or town, state or province, country, and ZIP or foreign postal code				
	Amende	d return Springfield, OR, 97475-0012		G Gross r	eceints \$	241,931
\Box		ion pending F Name and address of principal officer: President Robin Geyer	H(a) le this s	group return for		241,001 S ✓ No
		PO Box 7275, Springfield, OR 97475-0012	1		es included? Tes	
	Tax-exe	mpt status: ☐ 501(c)(3)	16 ((2.1. 1)		see instructions)	, 140
J	Website			up exemption	·	
K		organization: Corporation Trust Association ✓ Other ▶ non-profit L Year of for			of legal domicile:	OR
	art I	Summary	137	J IN Class	or legal dornlolle.	- OK
	1	Briefly describe the organization's mission or most significant activities: Pro	widing effective	e collectiv	o bargaining	
ø		representation for members.	oviding enective	e conecus	e bai gailling	
Activities & Governance		, , , , , , , , , , , , , , , , , , ,				
ern	2	Check this box ▶ ☐ if the organization discontinued its operations or dispose	ad of more th	an 25% of	ite not accore	
ò	3				lis Het assets.	
જ	4	Number of independent voting members of the governing body (Part VI, line 12).				9
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)				6
<u>¥</u>	6	Total number of volunteers (estimate if necessary)		. 6		4
Ç	7a	Total unrelated business revenue from Part VIII, column (C), line 12				20
	b	Net unrelated business taxable income from Form 990-T, line 38		. 7a		0
Revenue		Tect difficiated business taxable income from Form 990-1, line 36	Prior	. 7b	Current Y	0
	8	Contributions and grants (Part VIII, line 1h)			Our ent 1	
	9	75 (1997)		269,613		241,787
	10	Investment income (Part VIII, line 2g)		0		. 0
æ	11			112		144
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue and lines 8 through 11 (must equal Part VIII eathers (A) lines 10)		0		0
_	13	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		269,725		241,931
	14	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0		0
	15	Benefits paid to or for members (Part IX, column (A), line 4)		0		1,329
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		15,165		15,776
eu		Professional fundraising fees (Part IX, column (A), line 11e)		0		0
Ä		Total fundraising expenses (Part IX, column (D), line 25) > 0				
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		263,630		220,993
	18 19	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		278,795		238,098
. 40	+	Revenue less expenses. Subtract line 18 from line 12	Desirely of	-9,070	E-1-404	3,833
sets or	20	Total access (Part V. line 16)	Beginning of (End of Ye	
Asse Bak	21	Total assets (Part X, line 16)		122,326		126,014
Net Ass Fund Bal	22	Total liabilities (Part X, line 26)		269		124
_	art II	Net assets or fund balances. Subtract line 21 from line 20		122,057		125,890
		- ·				
tru	ie, correct	tties of perjury, I declare that I have examined this return, including accompanying schedules and s , and complete. Declaration of preparer (other than officer) is based on all information of which prep	tatements, and to parer has any kno	tne best of i wledge.	my knowledge and	I belief, it is
_						
Sig	n	Signature of officer		Date		
He		18 -	,	Zale		
		Casandra Rhay, Chief Labor Delegate Type or print name and title				
_		Print/Type preparer's name Preparer's signature	Date	-	PTIN	
Pa			Date	Check	if	
	epare			self-em	pioyea	
Us	e Onl			rm's EIN ▶		
N.A.	4h - 17	Firm's address	PI	none no.		
ivia	y the IF	S discuss this return with the preparer shown above? (see instructions)			Yes	s No

Part l	m	Statement of Program Service Accomplishments
	ded	Check if Schedule O contains a response or note to any line in this Part III
1	Brie	fly describe the organization's mission:
		or organizing
2	Did	the organization undertake any significant program services during the year which were not listed on the
	prio	r Form 990 or 990-EZ?
	If "Y	es," describe these new services on Schedule O.
3		the organization cease conducting, or make significant changes in how it conducts, any program
	serv	rices?
	If "Y	es," describe these changes on Schedule O.
4		cribe the organization's program service accomplishments for each of its three largest program services, as measured by
		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the '	total expenses, and revenue, if any, for each program service reported.
4a	(Cod	de:) (Expenses \$238,098 including grants of \$0) (Revenue \$241,931)
	all e	expenses incurred to carry out organization's mission to effectively represent members in collective bargaining & labor contract
	adn	ninistration.
4b	(Co	de:) (Expenses \$including grants of \$) (Revenue \$)
4.0	100	do: \/Furanzas A including grants of A \/Pagana A
4c	(Co	de:) (Expenses \$including grants of \$) (Revenue \$)
4d	Oth	er program services (Describe in Schedule O.)
TU		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
4e		al program service expenses 238,098

orm 99	90 (2018)		ı	Page \$
Part	Ⅳ Checklist of Required Schedules			
			Yes	No
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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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, Part III	5	/	
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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 debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	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		1
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.	33		
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		1
b	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		1
C	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	11c		1
d	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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	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		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	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		1
16	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		1
17	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)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20 -	If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Form **990** (2018)

Part	Checklist of Required Schedules (continued)			
			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	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	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 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		
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 disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, 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		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
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		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
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	1	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
4	Entar the number reported in Poy 2 of Form 1006 Enter 0 if not emiliable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	173

art	Statements Regarding Other IRS Filings and Tax Compliance (continued)	_		
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4	mi.	614	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	v	SUE O
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	OD		
Tu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	E-	1	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	-	1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		_
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		_
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		I E I
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	21		
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		b D	
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:			Ř
۱۱ ء	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		1	130
12a		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	FILE		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		9.3	
а	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.			M
b	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	AL 15		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
	If "Yes," complete Form 4720, Schedule O.	11 13		11/1

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9		15-11	V
	If there are material differences in voting rights among members of the governing body, or			B 11
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6	123		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	✓	
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 person? .	3.		√
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
h	stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	_
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			_
, ,	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Ė
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
С	describe in Schedule O how this was done	120		
13		12c		1
	Did the organization have a written whistleblower policy?	_		V /
14	Did the organization have a written document retention and destruction policy?	14		V
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ly de		
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			MI
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	`		
17	List the states with which a copy of this Form 990 is required to be filed ►OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•		• •
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of interest of the conflict of interest of the conflict of	erest	polic	v. and
	financial statements available to the public during the tax year.	3. 301	,,,,,,,	,,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords		
	Lin Li, (541)463-3000			

Form	990	(201	8)

		•
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	nd
	Independent Contractors	

Check if Schedule O contains a response or note to any line in this Part VII

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 relate	d orga	aniz			ompe	nsa	ted any currer	t officer, director	, or trustee.
				•	•					
(A)	(B)	(B) Position (do not check more than one				one	(D)	(E)	(F)	
Name and Title	Average hours per week (list any	box, office	(C) Position do not check more the cox, unless person is fificer and a directory	is both or/trus	an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
×	hours for related organizations	Individu or direct	Institutio	Officer	Key em	Highest employe	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization
	below dotted line)	al trustee tor	onal trustee		ployee	Highest compensated employee		(W 2/1000 MIGO)		and related organizations
Robin Geyer	12									
President	0		_	1	_			382	0	
Kenneth Ascheri	10			١,						
Vice President	0		_	√	_			0	0	
Dawn Rupp	10			_						
Grievance Chair	0		_	1	_			4,715	0	
Casandra Rhay	10			١,						
2018 Treasurer; 2019 Chief Labor Delegate	0		_	1	_			4,715	0	
Lin Li	10			,						
2019 Treasurer	0		-	✓	_			0	0	
Marsha Sills	. 5			,						
Recording Secretary	0		-	V			-	0	0	
Matthew Danskine	5									
Corresponding Secretary	0			1	_			0	. 0	
Rosa Maria Banuelos-Uribe	5									
Membership Chair	0			1				0	0	
VACANT	5			١.						
Cope Chair	0			✓				0	0	
· ·										
~										

	(A) Name and title	(B) Average hours per week (list any	box, (ot.ch unles	s pe d a d	ition more rson	than of the the than of the	n an tee)	(D) Reportable compensation from	(E) Reportable compensation fron related		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Kéy employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compen	sation the ation lated
						5						
												14
1b c	Sub-total	 VII, Sectio	 n A	*		*	6 B	►	9,812		0	0
d 2	Total (add lines 1b and 1c) Total number of individuals (including bu reportable compensation from the organ						abov	e) w	9,812 ho received m		000 of	0
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	nest compensa		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individ		1
	on B. Independent Contractors			_		_		_				
1	Complete this table for your five highest compensation from the organization. Repear.											n's tax
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensa	tion
None												
2	Total number of independent contractor received more than \$100,000 of compens							o th	hose listed ab	ove) who		

Part	VIII	Statement of Revenue Check if Schedule O contains	a res	ponse or note to	any line in this I	Part VIII		
18			4100	portion of file to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512–514
nts	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	241,787			HATTY -	
ls, (C	Fundraising events	1c	0				
Contributions, Gifts, and Other Similar Ar	d	Related organizations	1d	0				
ns,	е	Government grants (contributions)	1e	0				
er S	f	All other contributions, gifts, grants,						
혈통		and similar amounts not included above	1f	0				
ont nd (g	Noncash contributions included in lines 1a		0			# 5 J. 1 - 1 . W	
_	h	Total. Add lines 1a-1f		>	241,787		F. 10. 10. 1	
June 1				Business Code				
e	2a							
ě.	Ь							
Program Service Revenue	C			-				
Š	d	***************************************						
ä	e f	All other program service reven						
ပို	g	Total. Add lines 2a–2f			0			COLUMN COLUMN
	3	Investment income (including			0			
	_	and other similar amounts) .			144	144	0	0
	4	Income from investment of tax-exe		_	0	0	. 0	0
	5	Royalties	-	1	0	0	0	0
		(i) Rea		(ii) Personal		1 1 1 1 1 1 1	3.313.00	
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)	0	0			distribution of the	
	d	Net rental income or (loss) .		>				
	7a	Gross amount from sales of (i) Securit	ties	(ii) Other		TO THE PARTY OF		
		assets other than inventory					7 N N	
	b	Less: cost or other basis			Kara alika	5 5 5		
		and sales expenses						
	C	Gain or (loss)	0					
	d	Net gain or (loss)						
enne	8a	Gross income from fundraising	_					
Other Reve		events (not including \$ of contributions reported on line 1	<u>0</u>			4.5		
F		See Part IV, line 18						
the	b	Less: direct expenses				115, 24, 34, 34, 34, 34		
0	c	Net income or (loss) from fundra						
		Gross income from gaming activ		events .				
		See Part IV, line 19						
	b	Less: direct expenses						
	1	Net income or (loss) from gamir						
		Gross sales of inventory,						
		returns and allowances	. а					
	b	Less: cost of goods sold	. b		Haller E.	Land of the land		
		Net income or (loss) from sales		entory >				
		Miscellaneous Revenue		Business Code	/4 E5/7 = 18			
	11a							
	b							
	С							11 - 5
	d	All other revenue						
	е	Total. Add lines 11a-11d		🕨	0			
	12	Total revenue. See instructions		b	2/1 021	144	Δ.	0

	X Statement of Functional Expenses				(4)
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
Do 200	Check if Schedule O contains a response tinclude amounts reported on lines 6b, 7b,			(C)	(D)
	, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic	- 0			
_	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	О			
4	Benefits paid to or for members	1,329			Leady VIII B
5	Compensation of current officers, directors,				
	trustees, and key employees	9,812			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,333			
8	Pension plan accruals and contributions (include	4,333			
•	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	1,631			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
C	Accounting	943			
d	Lobbying	0			
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	U		,	
Ū	(A) amount, list line 11g expenses on Schedule O.)	750			
12	Advertising and promotion	0			
13	Office expenses	1,635			
14	Information technology	375			
15	Royalties	0			
16	Occupancy	689			
17 18	Travel	9,837			
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,247			
20	Interest	0			
21	Payments to affiliates	202,931			
22	Depreciation, depletion, and amortization .	0			
23	Insurance	336			
24	Other expenses. Itemize expenses not covered		1 254 1 5 4 1		
	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.)	And I seeming			
а	Business License/State Registry	50			
b	Member Organizing	1,200			
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	238,098	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X	2942	. 🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	36,788	1	40,332
	2	Savings and temporary cash investments	85,538	2	85,682
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,		1	
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
ts	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 organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0		0
As	8	Inventories for sale or use	0		0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or	Les Dignistra		
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0	10c	
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments-program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	122,326		126,014
	17	Accounts payable and accrued expenses	269		124
	18	Grants payable	0	_	0
	19 20	Deferred revenue	0	19	0
	21	Tax-exempt bond liabilities	0	20	0
S	22	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors,	0	21	0
Liabilities	22	trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L	0	22	^
Ë:	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	
	26	Total liabilities. Add lines 17 through 25	269	26	124
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	122,057	27	125,890
Ba	28	Temporarily restricted net assets	0	28	0
P I	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
əts	30	Capital stock or trust principal, or current funds		30	
1886	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	122,057	33	125,890
	34	Total liabilities and net assets/fund balances	122,326	34	126,014

Onn 98	0 (2010)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	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		24	1,931
2	Total expenses (must equal Part IX, column (A), line 25)	2		23	3,098
3	Revenue less expenses. Subtract line 2 from line 1	3			3,833
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12:	2,057
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		12	5,890
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	90 (90 (9)	K 9 30		
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	-		10	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in) i i	
	Schedule O.				3
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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 audit	ed on a			
	separate basis, consolidated basis, or both:			11.5	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for c		2c		
	of the audit, review, or compilation of its financial statements and selection of an independent acco		20	7.7	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	kpiain in			
За	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		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	audits.	3b		
			For	ո 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

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.

OMB No. 1545-0047

2018

Open to Public

Department of the Treasury Internal Revenue Service

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

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

• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.					
Name	of organization			Emp	loyer iden	tification numbe	r
Ameri	can Federation of Teachers	Lane Community College Employee	s Federation Local	2417		51-0192347	
Part	I-A Complete if the	e organization is exempt und	er section 501(d	c) or is a secti	on 527 c	organization.	
1		f the organization's direct and in-					ctions for
2	•	y expenditures (see instructions) .			. > \$		
3		cal campaign activities (see instruc					
Part		e organization is exempt und					
1		excise tax incurred by the organiza			. > \$		
2		excise tax incurred by organization					
3		ed a section 4955 tax, did it file For				Yes	No
4a						Tyes	☐ No
b	If "Yes," describe in Part	IV.					
Part	I-C Complete if the	e organization is exempt und	er section 501(d	c), except sec	tion 501	(c)(3).	
1		ly expended by the filing organiz			nction . 🕨 \$		
2		filing organization's funds contribution organization org					
3		expenditures. Add lines 1 and 2.					
4	Did the filing organization	n file Form 1120-POL for this year'	?			Yes	No
5	Enter the names, address	ses and employer identification nur	mber (EIN) of all se	ection 527 politic	al organi:	zations to which	the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the fili	ng organi	zation's funds. A	Also enter
		ontributions received that were pro-					
	as a separate segregated	fund or a political action committe	e (PAC). If addition	nai space is need	ea, provi	de information in	Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount pai filing organiza funds. If none, e	tion's	(e) Amount of p contributions rece promptly and c delivered to a s political organi If none, enter	eived and directly eparate zation.
(1)							
(2)							
(3)			1				
(4)	3						
(5)							
(6)							

_	0
Page	~

Part II-A		Complete if the organization section 501(h)).	n is exempt ι	ınder section 50	01(c)(3) and file	d Form 5768 (elec	ction under
A	Check ►	if the filing organization belor address, EIN, expenses, and	•			iliated group membe	er's name,
В	Check >	 if the filing organization chec 	ked box A and "	limited control" pr	ovisions apply.		
		Limits on Lob (The term "expenditures" m	oying Expendit)	(a) Filing organization's totals	(b) Affiliated group totals
	b Totalc Totald Othere Total	lobbying expenditures to influence lobbying expenditures to influence lobbying expenditures (add lines exempt purpose expenditures exempt purpose expenditures (adving nontaxable amount. Enternos.	e a legislative bo a and 1b) d lines 1c and 1	dy (direct lobbying			
	If the a	amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:		
	-	er \$500,000		nount on line 1e.			
		500,000 but not over \$1,000,000		15% of the excess	over \$500,000.		
		1,000,000 but not over \$1,500,000		10% of the excess			
	-	1,500,000 but not over \$17,000,000		5% of the excess o			
		17,000,000	\$1,000,000.				
	i Subtri j If the repor	me organizations that made a se	ess, enter -0- on either line ? ear Averaging l ection 501(h) ele	Period Under Sec	tion 501(h) e to complete all		Yes No
_		Lobbyin	g Expenditures	During 4-Year A	veraging Period		
	Ca	lendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
	2a Lobby	ying nontaxable amount					
		ying ceiling amount 6 of line 2a, column (e))					
	c Total	lobbying expenditures					
	d Grass	sroots nontaxable amount					
		eroots ceiling amount % of line 2d, column (e))					
	f Grass	sroots lobbying expenditures					

	(election under section 501(h)).					
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a			(b)	
aescr	iption of the lobbying activity.	Yes	No	Ar	nount	
1	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-				-
i	Other activities?					
J	Total. Add lines 1c through 1i					_
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	0 1	100			11
b	If "Yes," enter the amount of any tax incurred under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				-11 7%	1.01
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5).	or se	ction		
	501(c)(6).	7(-7)				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	1		1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					✓
rait	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C answered "Yes."				line 3	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of				
а	Current year		2a			
b	Carryover from last year	St. 720	2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	ying	1 30			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	4			
Pari			5			
Provid	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup lis	t); Pai	t II-A, I	ines 1	and

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

American Federation of Teachers Lane Community College Employees Federation Local 2417 51-0192347 Form 990, Part VI, Section A, Line 2 - Jan 2019 to Jul 2019, the Grievance Chair and the Cope Chair were married. Both officers were elected by the members. Cope Chair has since resigned from her officer appointment. Form 990, Part VI, Section A, Line 6 - The organization is a registered non-profit with members. Members have the right to participate in the organization's governance by electing the board; as well as participating in business meeting voting processes. Form 990, Part VI, Section A, Line 7a - Members deemed to be in Good Standing have the right to elect one or more members of the organization's governing body during our open election process every two years. Form 990, Part VI, Section A, Line 7b - The organizations responsibility for governance decisions and process for such is outlined in the Constitution and Bylaws document which is published on the organization's website. Form 990, Part VI, Section B, Line 11b - Form 990 was emailed to all members of the EC for review and given 1 week to provide feedback. Form 990, Part VI, Section C, Line 19 - There were no reportable changes to the organization's governing documents in 2017. Governing documents are available upon request, as well as on the organization's website at Iccef.org.