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SCANNED MAR 1 1 2010

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No_1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For the	e 2008 calendar year, or tax year beginning UUL 1, 2008 and ending	g J	UN 30, 2009	
В	Check if	Please C Name of organization		D Employer identific	ation number
	applicabl	INDEXIS NORWALK FEDERATION OF TEACHERS			
	Addre:	ss abel or LOCAL # 1723, AFT / AFL-CIO			
	Name chang	type		06-63	107600
ſĒ	Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room	/suite	E Telephone number	,
Ē	Termir	Constitution		203-	854-4814
F	ation Amend			G Gross receipts \$	1,031,173.
=	return Applic	1 1 7		H(a) Is this a group re	
_	Ition pendir			for affiliates?	Yes X No
		9 MOTT AVE, UNIT 302, NORWALK, CT 06850		H(b) Are all affiliates incl	
_	- .				list (see instructions)
				H(c) Group exemption	
		te: ► N/A organization: Corporation Trust X Association Other ► L	Vacr		
_			. Year (DI TOTTIALION. 1907 N	State of legal domicile: CT
P	art I	Summary	men	MENTE OF THE	WODKING
ě	1	Briefly describe the organization's mission or most significant activities: THE BET			WORKING
Activities & Governance	1	CONDITIONS OF MEMBERS IN THE EDUCATION PROF			
ern	2	Check this box If the organization discontinued its operations or disposed of	more	than 25% of its assets	· _
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	
ಲ ಇ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
es	5	Total number of employees (Part V, line 2a)		5	19
Ϋ́	6	Total number of volunteers (estimate if necessary) RECEIVED		6	40
Ć	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		. 7a	0.
•	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		S FEB 1 7 2010 \G\		Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		864,580.	908,284.
Revenue	9	Program service revenue (Part VIII, line 2g)			· · · · · · · · · · · · · · · · · · ·
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,555.	12,289.	
æ	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,109.	85,580.
		·	-	880,244.	1,006,153.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	400.	50.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	\vdash	400.	
		Benefits paid to or for members (Part IX, column (A), line 4)	\vdash	170 003	216 262
ë	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	\vdash	178,083.	216,263.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_		
ă	· b	Total fundraising expenses (Part IX, column (D), line 25)	.	650 405	
ш	177	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	_	658,137.	726,894.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	836,620.	943,207.
		Revenue less expenses. Subtract line 18 from line 12		43,624.	62,946.
Net Assets or	3			Beginning of Year	End of Year
sets	20	Total assets (Part X, line 16)		674,574.	865,801.
SS.	21	Total liabilities (Part X, line 26)		43,635.	171,916.
E S	22	Net assets or fund balances Subtract line 21 from line 20		630,939.	693,885.
	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, a	and to the best of my knowledge	ge and belief, it is true, correct,
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any kno	wiedge	0 11	1 -
Sig	'n	Mande		2-11.	-/0
		Signature of officer		Date	
He	16	ALEX ROSSNER, TREASURER			
		Type or print name and title			
		Doto	Cho		er's identifying number
Pai	id	Preparer's Signature Dohl J. Bowson 2/9/10	sel	' 	structions) 112_12_17_1701
Pre	parer's		I siu	Ployed ► [] EIN ► 06-	<u> 113-42-7794</u> 1443759
Us	e Only	yours if RAHAM, SIEIGER & COMPANI, F.C.		EIN ► 06-	1443 <i>133</i>
	-	self-employed), address, and CTINKERD CTI 0.00 F 0.337		Dhara - A	2021222 5717
_		ZIP+4 STAMFORD, CT 06905-0227		j Pnone no. ► (203)327-5717
<u>M</u> a	y the I	RS discuss this return with the preparer shown above? (see instructions)		 	Yes No
832	001 12-	18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separa	te ins	tructions.	Form 990 (2008)

Form	m 990 (2008) LOCAL # 1723, AFT / AFL-CIO 06-61	L07600	Page 2
	art III Statement of Program Service Accomplishments (see instructions)		· -3• -
1	Briefly describe the organization's mission: THE BETTERMENT OF THE WORKING CONDITIONS OF MEMBERS IN THE EIPROFESSION.	OUCATIO	N
			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
_	If "Yes", describe these new services on Schedule O		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes", describe these changes on Schedule O.	Yes	L& No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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	(Code:)(Expenses \$ 5,850. including grants of \$)(Revenue \$ SCHOLARSHIPS TO STUDENTS AT TWO NORWALK HIGH SCHOOLS, AND AWASTUDENTS AT ONE ALTERNATIVE HIGH SCHOOL AND FOUR NORWALK MIDE SCHOOLS, BASED ON SPECIFIC CRITERIA.		
4b	(Code) (Expenses \$ 422,762. including grants of \$) (Revenue \$ DUES PAID TO STATE AND NATIONAL ORGANIZATIONS ON BEHALF OF ME	EMBERS.)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O) (Expenses \$ 50 • including grants of \$) (Revenue \$)		
4e	420,000		
		Form 99	(2008)

2

Page 3

NORWALK FEDERATION OF TEACHERS Form 990 (2008) LOCAL # 1723, AFT / AFL-CIO
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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
-	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any accounts where 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19]	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20_		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Х
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 questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u> </u>
		_	በበበ //	2000

35

Is any related organization a controlled entity within the meaning of section 512(b)(13)?

If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

Yes_ No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV Х 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV Х 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N. Part II X 32 . . 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X 34

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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

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Form 990 (2008)

X

35

36

Page 5

Form 990 (2008) LOCAL # 1723, AFT / AFL-CIO
Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a`	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		163	140
	U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
	(gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3</u> b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country		j	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
_	Tax Shelter Transaction?	<u>5c</u>		7.5
	Did the organization solicit any contributions that were not tax deductible?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	.	:	
7	were not tax deductible?	6b		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have		- 1	
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		- 1	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		j	
11	Section 501(c)(12) organizations. Enter: N/A			
	Gross income from members or shareholders		f	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them) Section 4047(aV4) page exempt obstiteble truste. Is the graph attention filing Form 900 in liquid from 10412	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	12a		
D	in res, enter the amount of tax-exempt interest received of accided during the year 11/14 120	Form.	990 (2008)

Form 990 (2008) LOCAL # 1723, AFT / AFL-CIO 06-6107600 Pa

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

	Internal nevertue Code)			
Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	'		
b	Enter the number of voting members that are independent			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	х	
-	Does the organization have members, stockholders, or other persons who may elect one or more members of the	-		
<i>,</i> a	governing body?		x	
		7a	X	
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<u>7b</u>	Α.	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b_	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	•		
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
_	to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	<u> </u>		
C	In Schedule O how this is done	12c		
12			Х	
13	Does the organization have a written whistleblower policy?	13		
14	Does the organization have a written document retention and destruction policy?	14_	Х	
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		l l	
а	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	Х	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			_
	taxable entity during the year?	16a		<u>X</u> _
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
10	·	vd 6	noic!	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, are extensive excellent to the public	ій тіпа	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizar	ion. 🕨	·	
	ALEX ROSSNER - (203)854-4814		_	
83200	9_MOTT AVENUE UNIT #302, NORWALK, CT 06850			

Form 990 (2008) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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.

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	institutional trustee			Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BRUCE LEVINE MELLION PRESIDENT	80.00			х				127,489.	0.	0.
SUE ANN DELONG	80.00		├	^	┢	 	├─	141,403.		
1ST VICE PRESIDENT	11.00			x	_			24,448.	0.	0.
ELLEN GABER	· l					Ι.	ļ			
2ND VICE PRESIDENT	4.00			X	<u> </u>	<u> </u>		11,248.	0.	0.
DONNA RIDDELL 3RD VICE PRESIDENT	10.00			x				8,196.	0.	0.
ALEX ROSSNER										
TREASURER	12.00			X				10,900.	0.	0.
JAYNE SARDELLA									0.	
SECRETARY JOHN ALTIERI	8.00			X	 			8,327.		0.
EXECUTIVE SECRETARY	13.00			x	<u> </u>			14,679.	0.	0.

Form 990 (2008)

LOCAL # 1723, AFT / AFL-CIO

Par	T VII Section A. Officers, Directors, Tru	ustees, Key E	<u>mple</u>	oyee	es, a	<u>ınd</u>	<u>High</u>	est	Compensated Employ	ees (continued)				
	(A)	(B)			(6	C)			(D)	(E)			(F)	
•	Name and title	Average	1			rtion			Reportable	Reportable				
		hours	(c	heck	all	that	app	ly)	compensation	compensation		ar	nount	
		per	횽						from	from related			other	
		week	l e	_			量		the organization	organization (W-2/1099-MI		ı	pensa rom th	
			tee 0	ustee			25		(W-2/1099-MISC)	(44-2) 1033-1411	30,	I	anızat	
			Individual trustee or director	institutional trustee	Officer	loyee	Highest compensated employee		(1. 2, 1000 111100)				d relat	
			Mdg	iitotlo	<u>5</u>	emb/	Plest	Ē				org	anızatı	ons
			물	Ĕ	튱	Kej	물통	ᅙ	i					
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			L											
<u>1b</u>	Total	••	<u></u>				<u> </u>		205,287.		0.			0.
2	Total number of individuals (including those	e ın 1a) who re	ceiv	ed n	nore	tha	ın \$1	00,0	000 ın reportable					
	compensation from the organization								<u> </u>					1
													Yes	No
3	Did the organization list any former officer,	, director or tru	stee	, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4	For any individual listed on line 1a, is the si	um of reportab	le c	omp	ensa	atio	n and	d otl	her compensation from	the organization			İ	
	and related organizations greater than \$15	0,000? If "Yes,	, co	mpl	ete :	Sch	edul	e J f	or such individual			4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	y uni	elat	ed organization for serv	ices rendered to				
	the organization? If "Yes," complete Scheo									-		5		Х
Sec	tion B. Independent Contractors					-								
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	cont	racto	ors t	hat received more than	\$100,000 of con	npens	ation f	from	
•	the organization. NONE	•	•								•			
	(A)								(B)			((
	Name and business	address							Description of s	ervices	C		nsatio	n
											ı			
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	Table and a second and a second as a secon			41	<u> </u>				#100 000 in	nonostis =				
2	Total number of independent contractors (_	e in	ı) W	IO F	ecei	ivea	iiior	e man prou,ood in com	pensation				
	from the organization	0			-								000 /	2008)

Pa	rt VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues .	. 1ь 8	86,684.				
B,E		Fundraising events	1c					
it is		Related organizations	1d	21,600.				
S, C		Government grants (contribut						
S S		All other contributions, gifts, gran						
e per	•	similar amounts not included abo	1 1					
팔	_							
SE	_	Noncash contributions included in lines Total. Add lines 1a-1f	s 1a- 1r \$		908,284.			
-	- 11	Total. Add lines 1a-11		Business Code	200,204.			
.				Dusiness Code				
Š	2 a							
ile Š	b							
E S	C							
Rea	d							
Program Service Revenue	е			-				
_		All other program service reve	enue .					
		Total. Add lines 2a-2f	duudondo intere					
	3	Investment income (including other similar amounts)	dividends, intere	esi, and	12,309.			12,309.
		, ,			14,309.	. ,		12,303.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties	(2 D1	(3.D				
	_	0 5 .	(i) Real	(ıi) Personal				
	6 a	Gross Rents						
	b	•						
		Rental income or (loss)						
		Net rental income or (loss)		_				
	7 a	Gross amount from sales of	(i) Securities	(II) Other		:		
ļ		assets other than inventory	25,000.					
ĺ	Ь	Less cost or other basis	04 000	20				
		and sales expenses	24,990.	30.				
ľ		Gain or (loss)	10.	<30.	1			İ
		Net gain or (loss)	-	_ _	<20.	> <20.	>	
e	8 a	Gross income from fundraisin						1
Other Revenue		including \$						
- B		contributions reported on line	1c). See	1				I
ē			а					I
8		Less. direct expenses	b			1		I
1		Net income or (loss) from fund	-					
	9 a	Gross income from gaming ac	ctivities See					
1		Part IV, line 19	a					1
- 1		Less: direct expenses	в	L				I
		Net income or (loss) from gam		_ _				
	10 a	Gross sales of inventory, less	returns					1
		and allowances	a .			ı		1
		Less: cost of goods sold	ь .	L				1
H	<u> </u>	Net income or (loss) from sale						
-		Miscellaneous Revenu		Business Code	85,580.	85,580.		
		SEE STMT. # 1 A		900099	05,500.	05,500.		
	b							
	C	All other revenue						
ļ		All other revenue Total, Add lines 11a-11d			85,580.	,		
- [4 E 84 74 0: 0: 1:	oc and 11e	1006153.	85,560.	0.	12,309.
83200	12 %	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 60, 7d, 8c, 9c, 10	uc, and the	1 1000133.	00,000	<u> </u>	Form 990 (2008)
02-02	-U8							. 5 555 (2000)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	50.	50.		
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			··· · · 	
•	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				_
•	trustees, and key employees	174,410.		174,410.	
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	25,014.		25,014.	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits		· · · · · ·		
0	Payroll taxes	16,839.		16,839.	
11	Fees for services (non-employees)				
а	Management				
b	Legal .	129,078.		129,078.	
c	Accounting	14,475.		14,475.	
d	Lobbying			-	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	13.		13.	
g	Other				
12	Advertising and promotion				
13	Office expenses	4,700.		4,700.	
14	Information technology				
15	Royalties				
16	Occupancy	8,408.		8,408.	
17	Travel	13,488.		13,488.	
8	Payments of travel or entertainment expenses			-	
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	42,109.		42,109.	
20	Interest		·		
21	Payments to affiliates	422,762.	422,762.		·
 22	Depreciation, depletion, and amortization	5,967.	, , , , , , ,	5,967.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
9	OFFICER'S SALARY REIMBU	58,943.		58,943.	
h	LIFE INSURANCE PAYMENTS	8,000.		8,000.	
~	TELEPHONE	7,116.		7,116.	
<u>ر</u>	SCHOLARSHIP FUND	5,850.	5,850.	.,,	
u	MEMBER RETIREMENT GIFTS	1,730.	3,030.	1,730.	
f	All other expenses	4,255.		4,255.	
25	Total functional expenses. Add lines 1 through 24f	943,207.	428,662.	514,545.	(
<u>:5</u>	Joint Costs. Check here Jif following	2 2 3 7 2 0 7 8			
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	(b) joint oboto nom a combined				

Form 990 (2008)
Part X Balance Sheet

,					(A) Beginning of year		(B) End of year				
_	1	Cash · non·interest-bearing				1					
	2	Savings and temporary cash investments			319,792.	2	464,674.				
	3	Pledges and grants receivable, net	•	• •••	9,867.	3	8,133.				
	_	Accounts receivable, net	•		2,001.	4	0,133.				
	4	• •		· · · · · -	 -	4					
	5	Receivables from current and former officers, dir		• •		_					
		employees, or other related parties Complete Part II of Schedule L									
	6	Receivables from other disqualified persons (as o									
		4958(f)(1)) and persons described in section 495	8(0)(3)(B) Complete							
	_	Part II of Schedule L				6_					
ets	7	Notes and loans receivable, net			·	7					
Assets	8	Inventories for sale or use		-	424	8	245				
	9	Prepaid expenses and deferred charges			434.	9	347.				
	ŀ	Land, buildings, and equipment. cost basis	10a	261,264.							
	b	Less. accumulated depreciation. Complete					000 405				
		Part VI of Schedule D .	10b	57,827.	209,324.		203,437.				
	11	Investments - publicly traded securities			93,815.	11	95,510.				
	12	Investments · other securities See Part IV, line 1			12	·					
	13	Investments - program-related. See Part IV, line 1			13_						
	14	Intangible assets			14						
	15	Other assets See Part IV, line 11	41,342.	15	93,700.						
	16	Total assets. Add lines 1 through 15 (must equa	l line	34)	674,574.	16	865,801.				
	17	Accounts payable and accrued expenses			42,705.	17	165,305.				
	18	18	· · · · · · · · · · · · · · · · · · ·								
	19	Deferred revenue				19					
Liabilities	20	Tax-exempt bond liabilities				20					
	21	Escrow account liability Complete Part IV of Sch	edule	D		21					
	22	Payables to current and former officers, directors	s, trus	tees, key employees,							
		highest compensated employees, and disqualified	d per	sons. Complete Part II							
3		of Schedule L		L		22					
	23	Secured mortgages and notes payable to unrela	ted th	ard parties		23					
	24	Unsecured notes and loans payable		·		24					
	25	Other liabilities. Complete Part X of Schedule D			930.	25	6,611.				
	26	Total liabilities. Add lines 17 through 25		" '	43,635.	26	171,916.				
		Organizations that follow SFAS 117, check he	re D	and complete							
ຜ		lines 27 through 29, and lines 33 and 34.		and dompieto							
ဥ	27	Unrestricted net assets				27					
alar	28	Temporanly restricted net assets		• • •		28					
ĕ	29	Permanently restricted net assets				29	·-·				
Ĕ	25	•	ook t	rere ▶ X and		2.5					
ű.		Organizations that do not follow SFAS 117, ch complete lines 30 through 34.	CUK I	icie 🚩 LALI dillu							
S	20	•			630,939.	30	693,885.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq		· · · ·	030,939.	31	033,883.				
¥	31	Retained earnings, endowment, accumulated inc			0.	32	0.				
Š	32	• • • • • • • • • • • • • • • • • • • •	ome,	or other lurius .	630,939.		693,885.				
	33	Total net assets or fund balances				33					
Da	<u>34</u> rt XI	Total liabilities and net assets/fund balances		• • • • • • • • • • • • • • • • • • • •	674,574.	34	865,801.				
Pai	LAI	Financial Statements and Reporting					Yes No				
			-	. 📆	l a		162 140				
1		ounting method used to prepare the Form 990.		ash X Accrual	Other						
2a		the organization's financial statements compiled		• •	ccountant?		2a X				
b		the organization's financial statements audited b	•	•			2b X				
С	If "Y€	es" to lines 2a or 2b, does the organization have a	comr	nittee that assumes respons	sibility for oversight of the	audit	,				
		w, or compilation of its financial statements and s		-	* *		. 2c_				
За	As a	result of a federal award, was the organization rec	Juired	to undergo an audit or audi	rts as set forth in the Sing	le Auc					
	Act a	and OMB Circular A-133?					3a X				
<u>b</u>	If "Ye	es," did the organization undergo the required aud	nt or a	audits?	·		3b				
83201	1 12-18	3-08					Form 990 (2008)				

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

● Sec	tion 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
Name o	f organization NORWALK	FEDERATION OF T	TEACHERS	Empl	oyer identification number
	LOCAL #	1723, AFT / AFI	-CIO		06-6107600
Part	I-A To be completed b	y all organizations exem	pt under section	501(c) and section 52	27 organizations.
	See the instructions for S	Schedule C for details			
1 Pro	ovide a description of the organiz	zation's direct and indirect politic	cal campaign activities	in Part IV	
2 Po	Irtical expenditures	•		▶ \$	
	lunteer hours		•		
			• •	•	
Part	I-B To be completed b	y all organizations exem	pt under section	501(c)(3).	
	See the instructions for S	•	•		
1 En	ter the amount of any excise tax		der section 4955	▶ s	
	ter the amount of any excise tax	•			
	he organization incurred a section				Yes No
	as a correction made?			•	Yes No
	Yes," describe in Part IV				
Part	I-C To be completed b	y all organizations exem	pt under section	501(c), except sectio	n 501(c)(3).
	See the instructions for S	-	•	\ <i></i>	(// /
1 En	ter the amount directly expended		ection 527 exempt filing	etion activities	
	ter the amount of the filing organ		· · · · · · · · · · · · · · · · · · ·		
	empt function activities	inzation's failed contributed to o	ther organizations for s	► \$	
	tal of direct and indirect exempt	function expenditures. Add lines	s 1 and 2 and enter her		
	4400 001 1 471	·	s i and 2 and enter ner	e and on ► c	
	• •			🏲 🔻	Yes No
	the filing organization file Form	•			. — —
	ate the names, addresses and er ter the amount paid and indicate			-	
	omptly and directly delivered to a	•		•	
-	idditional space is needed, provi		sucii as a separate se	gregated fund of a political a	action committee (FAC)
				T	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter -0	promptly and directly
				lands. If field, eliter 5.	delivered to a separate
					political organization.
					If none, enter -0
		,			
		•		i e	1

NORWALK FEDERATION OF TEACHERS

Schedule C (Form 990 or 990 EZ) 2008 Part II-A To be completed b	LOCA	L # 17	23, AFT / A	FL-CIO	06-6	107600 Page 2			
(election under sec					at mea i onn or o	•			
A Check if the filing organiza				100010 0 101 001010		<u> </u>			
		•	nd "limited control" pr	ovisions apply					
Limi	ts on Lobi	bying Exper			(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to infl	uence pub	lic opinion (grassroots lobbying)						
b Total lobbying expenditures to infl	b Total lobbying expenditures to influence a legislative body (direct lobbying)								
c Total lobbying expenditures (add I	ines 1a an	d 1b)							
d Other exempt purpose expenditur	es .				<u> </u>				
e Total exempt purpose expenditure	es (add line	es 1c and 1d	1)						
f Lobbying nontaxable amount. Ent	er the amo	unt from the	e following table in bot	h columns.		-			
if the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:	,	× ,			
Not over \$500,000		20% of	the amount on line 1e	·	,	¢.			
Over \$500,000 but not over \$1,00	0,000	\$100,00	O plus 15% of the exc	ess over \$500,000.	*	, ,			
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	O plus 10% of the exc	ess over \$1,000,000.		, ,			
Over \$1,500,000 but not over \$17	,000,000	\$225,00	O plus 5% of the exce	ess over \$1,500,000.		, , ,			
Over \$17,000,000		\$1,000,0	000.		12.3	* * * * * * * * * * * * * * * * * * * *			
g Grassroots nontaxable amount (er		-							
h Subtract line 1g from line 1a. Ente		-	• • •						
i Subtract line 1f from line 1c Enter									
j If there is an amount other than ze		er line 1h or	line 1i, did the organiz	ation file Form 4/20	Г	¬,, ¬,,			
reporting section 4911 tax for this	year?					Yes No			
•		at made a s		Section 501(n) n do not have to com through 2f of the ins					
	Lobi	oying Exper	nditures During 4-Ye	ar Averaging Period					
Calendar year (or fiscal year beginning in)	(a)	2005	(b) 2006	(c) 2007	(d) 2008	(e) Total			
2a Lobbying non-taxable amount									
b Lobbying ceiling amount			:						
(150% of line 2a, column(e))									
c Total lobbying expenditures									
d Grassroots non-taxable amount									
e Grassroots ceiling amount									
(150% of line 2d, column (e))									
.,,									
f Grassroots lobbying expenditures									

NORWALK FEDERATION OF TEACHERS

Schedule C (Form 990 or 990-EZ) 2008 LOCAL # 1723, AFT / AFL-CIO 06-6107600 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768

nd 2 are answered "	through 1i)? (c)(3)? (c)(3)? (c)(4), so on 501(c)(4),	Yes	No	Ar	mount
ported on lines 1c through or a legislative body? res, or any other means? abed in section 501(c)(3)? anagers under section 491 rm 4720 for this year? mpt under section 5 ails. le by members? of \$2,000 or less? benditures from the prior year mpt under section 5 ad 2 are answered "	through 1i)? (c)(3)? (c)(3)? (c)(4), so on 501(c)(4),	section			
ported on lines 1c through or a legislative body? res, or any other means? Abed in section 501(c)(3)? anagers under section 491 rm 4720 for this year? mpt under section 5 ails. Also be members? of \$2,000 or less? penditures from the prior year under section 5 ails.	through 1i)? (c)(3)? (c)(3)? (on 4912 (r? tion 501(c)(4), so prior year?	section			
ported on lines 1c through or a legislative body? res, or any other means? Abed in section 501(c)(3)? anagers under section 491 rm 4720 for this year? mpt under section 5 ails. Also be members? of \$2,000 or less? penditures from the prior year under section 5 ails.	through 1i)? (c)(3)? (c)(3)? (on 4912 (r? tion 501(c)(4), so prior year?	section			
or a legislative body? res, or any other means? abed in section 501(c)(3)? anagers under section 491 rm 4720 for this year? mpt under section 5 alls. le by members? of \$2,000 or less? penditures from the prior year mpt under section 5 and 2 are answered "	(c)(3)? ion 4912 ir? tion 501(c)(4), so	section			
or a legislative body? res, or any other means? abed in section 501(c)(3)? anagers under section 491 rm 4720 for this year? mpt under section 5 alls. le by members? of \$2,000 or less? penditures from the prior year mpt under section 5 and 2 are answered "	(c)(3)? ion 4912 ir? tion 501(c)(4), so	section			
or a legislative body? res, or any other means? abed in section 501(c)(3)? anagers under section 491 rm 4720 for this year? mpt under section 5 alls. le by members? of \$2,000 or less? penditures from the prior year mpt under section 5 and 2 are answered "	(c)(3)? ion 4912 ir? tion 501(c)(4), so	section			
res, or any other means? abed in section 501(c)(3)? anagers under section 491 and 4720 for this year? mpt under section 5 alls. be by members? of \$2,000 or less? cenditures from the prior year mpt under section 5 and 2 are answered "	eans? (c)(3)? on 4912 ar? tion 501(c)(4), so prior year? tion 501(c)(4), so	, section			
res, or any other means? abed in section 501(c)(3)? anagers under section 491 and 4720 for this year? mpt under section 5 alls. be by members? of \$2,000 or less? cenditures from the prior year mpt under section 5 and 2 are answered "	eans? (c)(3)? on 4912 ar? tion 501(c)(4), so prior year? tion 501(c)(4), so	, section			
res, or any other means? abed in section 501(c)(3)? anagers under section 491 and 4720 for this year? mpt under section 5 alls. be by members? of \$2,000 or less? cenditures from the prior year mpt under section 5 and 2 are answered "	eans? (c)(3)? on 4912 ar? tion 501(c)(4), so prior year? tion 501(c)(4), so	section			
res, or any other means? abed in section 501(c)(3)? anagers under section 491 and 4720 for this year? mpt under section 5 alls. be by members? of \$2,000 or less? cenditures from the prior year mpt under section 5 and 2 are answered "	eans? (c)(3)? on 4912 ar? tion 501(c)(4), so prior year? tion 501(c)(4), so	, section			
res, or any other means? abed in section 501(c)(3)? anagers under section 491 and 4720 for this year? mpt under section 5 alls. be by members? of \$2,000 or less? cenditures from the prior year mpt under section 5 and 2 are answered "	eans? (c)(3)? on 4912 ar? tion 501(c)(4), so prior year? tion 501(c)(4), so	, section			
abed in section 501(c)(3)? 2 2 2 2 2 2 2 2 2 2 2 2 2	(c)(3)? on 4912 ur? tion 501(c)(4), so prior year? tion 501(c)(4), so	, section			
anagers under section 491 anagers under section 491 and 4720 for this year? mpt under section 5 ails. be by members? of \$2,000 or less? cenditures from the prior year and 2 are answered "	prior year?	, section			
anagers under section 491 anagers under section 491 and 4720 for this year? mpt under section 5 ails. be by members? of \$2,000 or less? cenditures from the prior year and 2 are answered "	prior year?	, section			
anagers under section 491 anagers under section 491 and 4720 for this year? mpt under section 5 ails. be by members? of \$2,000 or less? cenditures from the prior year and 2 are answered "	prior year?	, section			
anagers under section 491 m 4720 for this year? mpt under section 5 alls. le by members? of \$2,000 or less? cenditures from the prior y mpt under section 5 ad 2 are answered "	prior year?	, section			
m 4720 for this year? mpt under section 5 ails. le by members? of \$2,000 or less? cenditures from the prior y mpt under section 5 aid 2 are answered "	prior year?	, section			
mpt under section 5 alls. le by members? of \$2,000 or less? cenditures from the prior y mpt under section 5 and 2 are answered "	tion 501(c)(4), so prior year? tion 501(c)(4), so	, section			
alls. le by members? of \$2,000 or less? penditures from the prior y mpt under section 5 nd 2 are answered "	prior year? tion 501(c)(4), se		501(c)	(5) or se	ction
le by members? of \$2,000 or less? penditures from the prior y mpt under section 5 ad 2 are answered "	tion 501(c)(4), s		001(0)	(O), OI 3C	<i>J</i>
of \$2,000 or less? Denditures from the prior y The section 5 The section 5 The section 5	tion 501(c)(4), s			Yes	N
of \$2,000 or less? Denditures from the prior y The section 5 The section 5 The section 5	tion 501(c)(4), s		1		
penditures from the prior y mpt under section 5 nd 2 are answered "	tion 501(c)(4), s		2		1
mpt under section 5 nd 2 are answered "	tion 501(c)(4), s	••	3		
nd 2 are answered "		. section			
details.					
			1		
s (do not include amount	mounts of political	ical			
•	•				
			2:	,	
•			•		
		•			
	n 162(e) dues		1 14		
		`aee	3		
unt on line 3, what portion	portion of the exces		3		
•	portion of the exces				
unt on line 3, what portion	portion of the exces		4 5		
	include a	answered "No" OR	e answered "No" OR if Part III	e answered "No" OR if Part III-A, que include amounts of political 22 21 20 21 20 3	2a 2b 2c able section 162(e) dues 3 e 3, what portion of the excess

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

NORWALK FEDERATION OF TEACHERS

LOCAL # 1723, AFT / AFL-CIO

Employer identification number 06-6107600

Schedule D (Form 990) 2008

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		<u> </u>
2	Aggregate contributions to (during year)		
3	Aggregate grants from (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds may b	e used only
	for charitable purposes and not for the benefit of the donor of		· — —
Pai	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p		stoncally important land area
	Protection of natural habitat	Preservation of certif	-
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a cor	servation easement on the last day
	of the tax year		•
	•		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	2d
3	Number of conservation easements modified, transferred, re		e organization during the taxable
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, violations, a	ınd
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year > \$	B
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
þ	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	r research in furtherance of public servic	e, provide the following amounts relating to
	these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		. • \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre-		al gain, provide
	the following amounts required to be reported under SFAS 1		•
а	Revenues included in Form 990, Part VIII, line 1		. \$
b			. • \$
		•	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

	NORWALK F	EDERATION OF	TEACH	ERS			
		723, AFT / A					L07600 Page 2
Pai	t III Organizations Maintaining Coll	ections of Art, His	torical Tre	easures, c	or Other	Similar Asse	ets (continued)
3	Using the organization's accession and other re-	cords, check any of the t	following that	t are a signif	icant use of	f its collection it	ems (check all
	that apply).						
а	Public exhibition	d 🗀	Loan or excl	nange progra	ams		
b	Scholarly research	е 🔲	Other				
c	Preservation for future generations						
4	Provide a description of the organization's collection	ctions and explain how ti	ney further th	ne organizati	on's exemp	t purpose in Pa	rt XIV
5	During the year, did the organization solicit or re						
•	to be sold to raise funds rather than to be maint					Г	Yes No
Pa	rt IV Trust, Escrow and Custodial A				ered "Yes"	to Form 990. Pa	
	reported an amount on Form 990, Part X		g				,
1a	Is the organization an agent, trustee, custodian		contribution	s or other as	sets not in	cluded	
10	on Form 990, Part X?	or out or intermedial, 10.				Г	Yes No
ь.	If "Yes," explain the arrangement in Part XIV and	I complete the following	table .		• • • •	–	
b	ii res, explain the analigement in rat Aiv and	2 complete the following	table				Amount
_	Reginning belance					10	Amount
C	Beginning balance			•	•	1c	- 11.
a	Additions during the year		• • •				
e	Distributions during the year					1e	· · · · · · · · · · · · · · · · · · ·
1	Ending balance						7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Did the organization include an amount on Form	1990, Part X, line 217		• •	•		∐ Yes
	If "Yes," explain the arrangement in Part XIV T V Endowment Funds. Complete if or	annation annuated "Ve	o" to Form O	100 Dort IV	lino 10		
Га	***				ı	Th h1	
		a) Current year (b) F	nor year	(c) Two year	rs dack (d)	inree years back	(e) Four years back
1a	Beginning of year balance					······································	
b	Contributions			<u> </u>			-
С	Investment earnings or losses					<u> </u>	
d	Grants or scholarships				-		
е	Other expenditures for facilities						
	and programs .						
f	Administrative expenses						·
g	End of year balance .						
2	Provide the estimated percentage of the year en	nd balance held as:					
а	Board designated or quasi-endowment	%					
b	Permanent endowment >	%					
С	Term endowment ▶%						
За	Are there endowment funds not in the possession	on of the organization the	at are held a	nd administe	ered for the	organization	
	by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations			• •	• •		3a(ii)
b	If "Yes" to 3a(ii), are the related organizations lis		dule R?				3b
4	Describe in Part XIV the intended uses of the org	<u>.</u>				• ••••	
Pa	rt VI Investments - Land, Buildings,			Part X, line	10		
	Description of investment	(a) Cost or other	(b) Cost	i		reciation	(d) Book value
	boompton of involutions	basis (investment)	basis ((5) Σορ		(3) 200 (4.00
10	Land	 		4,650.		<u> </u>	114,650.
	Buildings			$\frac{1}{6},400.$		5,334.	81,066.
U	Dananigo			-,		<u> </u>	

7,721. 203,437. Schedule D (Form 990) 2008

52,493.

d Equipment

e Other

c Leasehold improvements

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))

60,214.

Schedule D (Form 990) 2008 LOCAL # 17	23, AFT / AFL-CI	0 06	-6107600 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			a
			
	 		
	<u> </u>		
		·	
T + 1 (0 1 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		······································	,
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	Day 5 200 Day V Lag 40		
Part VIII Investments - Program Related.		(c) Method of valua	tion:
(a) Description of investment type	(b) Book value	Cost or end-of-year mark	
	 		
	· ·		
			<u> </u>
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)	•		
Part IX Other Assets. See Form 990, Part X, III			
(8	a) Description		(b) Book value
DUES RECEIVABLE			5,520.
MISCELLANEOUS RECEIVABLES			87,500.
INTEREST RECEIVABLE			680.
			
Total. (Column (b) should equal Form 990, Part X, col (B)	line 15 l		93,700.
Part X Other Liabilities. See Form 990, Part 3			33,100.
(a) Description of liability	(b)	Amount	
Federal income taxes			
PAYROLL TAXES PAYABLE		6,611.	
		•	
Total. (Column (b) should equal Form 990, Part X, col (B)	line 25) ▶	6,611.	
1- Dest VIV assemble the text of the features to the exposure		بالأراجان والمصافحين ومعور وطاؤ والموجود	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

NORWALK FEDERATION OF TEACHERS LOCAL # 1723. AFT / AFL-CIO

Sche	edule D (Form 990) 2008 LOCAL # 1723, AFT / AFL-CI	[0	•		06-6	5107600	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	o Fina	ncial Stat	emen			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,006	,153.
2	Total expenses (Form 990, Part IX, column (A), line 25)	_		2			207.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			946.
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net). Add lines 4-8	_		9			
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10		62	946.
Pai	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents V	Vith Rever	nue p	er Return		
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				1 1		
а	Net unrealized gains on investments	2a	<u> </u>				
b	Donated services and use of facilities	2b					
С	Recovenes of prior year grants	2c					
d	Other (Describe in Part XIV)	_2d					
е	Add lines 2a through 2d				. 2e		
3	Subtract line 2e from line 1				. 3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_				
b	Other (Describe in Part XIV)	. <u>4b</u>	L				
С					4c		
5 Do	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) rt XIII Reconciliation of Expenses per Audited Financial Statem	aonte l	Mith Evno		por Potus	~~~	
		ients i	with Expe	11562		11	
1	Total expenses and losses per audited financial statements				· 1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a					
a		2b					
b		2c	<u> </u>				
C		2d					
d	4.44	20			2e		
е 3	Subtract line 2e from line 1	•			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			•			
a	1	4a					
	80 (5)	4b					
	Add lines 4a and 4b	45	<u> </u>		4c		
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	•			5		
_	rt XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III. lines	1a and 4: Pa	art IV. lır	nes 1b and 2	b: Part V. line	4. Part
	art XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	•	·	,		, ,	•
-							
							

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

NORWALK FEDERATION OF TEACHERS LOCAL # 1723, AFT / AFL-CIO

Employer identification number 06-6107600

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
MISCELLANEOUS CONTRIBUTIONS TO :
ROBERT PETRONELLA FUND = 50.00
EXPENSES \$ 50. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 6: THE FEDERATION HAS APPROXIMATELY
1,200 DUES PAYING MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A: THE FEDERATION'S APPROXIMATE 1,200
MEMBERS HAVE THE RIGHT TO PARTICPATE IN THE ELECTION OF THE MEMBERS OF THE
GOVERNING BOARD.
FORM 990, PART VI, SECTION A, LINE 7B: THE FEDERATION'S APPROXIMATE 1,200
MEMBERS HAVE THE RIGHT TO PARTICIPATE IN THE VOTING TO APPROVE ANY
SIGNIFICANT DECISIONS OF THE GOVERNING BOARD.
FORM 990, PART VI, SECTION A, LINE 10: A COPY OF FORM 990 IS PROVIDED TO
BRUCE LEVINE MELLION, PRESIDENT OF NORWALK FEDERATION OF TEACHERS, TO
REVIEW AND APPROVE ALL DISCLOSURES AND FINANCIAL INFORMATION REPORTED ON
THE FORM.
FORM 990, PART VI, SECTION B, LINE 15: THE FEDERATION HAS A BUDGET
COMMITTEE THAT APPROVES THE COMPENSATION AMOUNTS PROPOSED BY THE TREASURER,
AND THE GENERAL MEMBERSHIP VOTES ON THE FINAL APPROVAL OF SUCH AMOUNTS.

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

NORWALK FEDERATION OF TEACHERS LOCAL # 1723, AFT / AFL-CIO

Employer identification number 06-6107600

FORM	990	, PART	VI,	SECTI	ON C	, LINE	18:	UPON	REQUE	EST O	<u>RGANI</u>	<u>ZATION</u>	MAKES	ITS
FORM	9 <u>9</u> 0	AVAII	ABLE	FOR T	HE PU	JBLIC	INSP	ECTIO	N		<u></u> -			
·	<u>.</u>													
<u>FORM</u>	990	, PART	VI,	SECTI	ON C	, LINE	19:	UPON	REQUE	EST O	RGANI	ZATION	MAKES	ITS
GOVE	RNING	DOCU	MENT	S, CON	FLIC	r of i	NTER:	EST P	OLICY,	AND	FORM	990 A	VAILAB	LE TO
THE :	PUBL	IC.									<u> </u>			
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								-		_	_			

Schedule R (Form 990) 2008 2008 Open to Public Inspection **Employer identification number** OMB No 1545-0047 Direct controlling Direct controlling 06-6107600 entity entity End-of-year assets status (if section Public charity Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) Total income Exempt Code section 501(C)(5) 0 9 Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) 0 ▼ See separate instructions. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. NATIONAL ORGANIZATION FOR OF TEACHERS Primary activity Primary activity AFL-CIO TEACHERS UNIONS FEDERATION 1723, AFT Identification of Related Tax-Exempt Organizations AMERICAN FEDERATION OF TEACHERS, AFL-CIO Identification of Disregarded Entities 36-0725240, 555 NEW JERSEY AVE. N.W. NORWALK LOCAL # Name, address, and EIN of related organization Name, address, and EiN of disregarded entity WASHINGTON DC 20001 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part

NORWALK FEDERATION OF TEACHERS LOCAL # 1723, AFT / AFL-CIO Schedule R (Form 990) 2008

Page 2

06-6107600

Part III Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner? Yes No		
(I) (J) Disproportion- are allocations? 20 of Schedule partner Yes No K-1 (Form 1065) Yes No K-1 (Form 1065) Yes No K-1 (Form 1065) Yes No K-1 (Form 1065) Yes No No K-1 (Form 1065) Yes No K-1 (Form 1065) Yes No No No No No No No N		
(H) Disproportionate allocations?		
(G) Share of end-of-year assets		
(F) Share of total income		
(E) Predominant income (related, investment, unrelated)		
(D) Direct controlling entity		
(C) Legal domicile (state or foreign country)		
(B) Pnmary activity		
(A) Name, address, and EIN of related organization		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A)	(B)	()	(<u>a</u>)	(E)	(F)	(5)	£
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity Sh. (C corp., S corp., S corp., or trust)	Type of entity (C corp, S corp, or trust)	are of total income	Share of Po end-of-year o assets	Percentage ownership
							!
					_		-

Schedule R (Form 990) 2008

24

832162 12-23-08

06-6107600 Page 3

NORWALK FEDERATION OF TEACHERS Schedule R (Form 990) 2008 LOCAL # 1723, AFT / AFL-CIO

Transactions With Related Organizations Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Į	Yes	o N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	I in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		1b	_ q	×
c Gift, grant, or capital contribution from other organization(s)		1	×	
d Loans or loan guarantees to or for other organization(s)		bt.	-6	×
e Loans or loan guarantees by other organization(s)		<u>*</u>	1e	×
		<u> </u>	_	
f Sale of assets to other organization(s)		#	+	×
g Purchase of assets from other organization(s)		19		×
h Exchange of assets		1h		×
i Lease of facilities, equipment, or other assets to other organization(s)		=		×
j Lease of facilities, equipment, or other assets from other organization(s)		=	-	×
k Performance of services or membership or fundraising solicitations for other organization(s)		*	L	×
I Performance of services or membership or fundraising solicitations by other organization(s)		=	_	×
m Sharing of facilities, equipment, mailing lists, or other assets		타	E	×
n Sharing of paid employees		두	_	×
o Reimbursement paid to other organization for expenses		10		×
p Reimbursement paid by other organization for expenses		.	X	
q Other transfer of cash or property to other organization(s)		.	_	×
r Other transfer of cash or property from other organization(s)	•	1		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	relationships and transaction threshold	ds.		
	(B)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(C)	7
Name of other organization(s)	type (a-r)			3
(1) AMERICAN FEDERATION OF TEACHERS: REIMB DUE FOR LEGAL FEES	Δ		41,	250.
(2) AMERICAN FEDERATION OF TEACHERS - CT : REIMB DUE FOR LEGAL FEES	C4		41,	250.
(3) AMERICAN FEDERATION OF TEACHERS - CT : GENERAL GRANT FOR PAYROLL	U		21,	600.
(4)				
(9)				
(9)				
832163 12-23-08	Š	Schedule R (Form 990) 2008	rm 99() 2008

06-6107600 Page 4

NORWALK FEDERATION OF TEACHERS

Schedule R (Form 990) 2008 LOCAL # 1723, AFT / AFL-CIO

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(8)	(6)	0	ĝ	(3)	٩	(9)	į
			<u> </u>			2	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	amount in box 20	General or managing
			Yes No			OI Schedule N-1 (Form 1065)	
							-
					- 4		
							_
	-						_
							-
	-						
							_
					•		

Schedule R (Form 990) 2008

FOOTNOTES	STATEMENT 1
STATEMENT # 1	
AMOUNT REPORTED ON PART VIII, LINE 11A CONSISTS OF THE FOLLOWING ITEMS:	
LEGAL FEE REIMB: AFT (NATIONAL AFFILIATE) LEGAL FEE REIMB: AFT-CT (STATE AFFILIATE) CONTRIBUTIONS FOR SCHOLARSHIP FUND MISC INCOME - NEWSLETTER ADS	41,250. 41,250. 2,600. 480.
TOTAL	85,580.

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

▶ See separate instructions.

► Attach to your tax return.

Name(S	SIDWITOTTELLIT			Duani	ess or activity to wi	iidi diis idiii leiali		identifying number
	WALK FEDERATION OF							05 5107500
Par	AL # 1723, AFT / A		70 Note: If w		M 990 P		V bofom w	06-6107600
	··				stea property,	complete Part	1	
	aximum amount. See the instruction	•					2	250,000.
	otal cost of section 179 property pla	•			•		3	900 000
	nreshold cost of section 179 propert	•		••		•	4	800,000.
-	eduction in limitation. Subtract line 3		•	• •			5	
	ollar limitation for tax year Subtract line 4 from lin		-0- If married fi	1		4 > 5		
<u>6</u>	(a) Description of p	property		(b) Cost (busin	ness use only)	(c) Electe	d cost	
	·							
	<u> </u>			<u> </u>				
7 L	sted property. Enter the amount fror	n line 29			. 7			
8 To	otal elected cost of section 179 prop	erty. Add amounts	in column (c), lines 6 and	17	•	8	
9 Te	entative deduction. Enter the smalle	r of line 5 or line 8					9	
10 C	arryover of disallowed deduction fro	m line 13 of your 20	007 Form 45	662			10	
11 Bu	usiness income limitation. Enter the	smaller of business	income (no	t less than ze	ro) or line 5		. 11	
12 S	ection 179 expense deduction Add	lines 9 and 10, but	do not ente	er more than li	ne 11	· · · · · · · · · · · · · · · · · · ·	. 12	
13 C	arryover of disallowed deduction to	2009. Add lines 9 a	nd 10, less	fine 12 <u>.</u>	▶ 13		l	
Note:	Do not use Part II or Part III below for	or listed property. Ii	nstead, use	Part V.				
Par	II Special Depreciation Allow	ance and Other D	epreciation	(Do not inclu	de listed prope	erty.)		
14 S	pecial depreciation for qualified prop	erty (other than list	ed property) placed in se	rvice during the	e tax year	14	
15 Pr	operty subject to section 168(f)(1) e	lection			•		15	
	ther depreciation (including ACRS)	•			•		16	5,967.
Parl		ot include listed pr	operty) (Se	e instructions	.)			
·	· · · · · · · · · · · · · · · · · · ·			ection A				
17 M	ACRS deductions for assets placed	in service in tax ve	ars beginnir	na before 200	8		17	
	ou are electing to group any assets placed in se	•	_	•	••			
	Section B - Asset					eral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation investment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property	-						
С	7-year property	⊣						
 _d	10-year property	╡		·				
<u>ч</u>	15-year property	-				 		
	20-year property	┥ }						
	25-year property	┥			25 yrs.		S/L	
<u>_g</u> _	23-year property				<u> </u>	MM	S/L	
h	Residential rental property	'			27 5 yrs.			
		- /			27.5 yrs.	MM_	S/L	
i	Nonresidential real property	/			39 yrs	MM_	S/L	
	0	/ / / / / / / / / / / / / / / / / / /	Di 000	0 T V II		MM	S/L	
	Section C - Assets	Placed in Service	During 200	8 lax Year U	sing the Alteri	native Depred		tem
<u>20a</u>	Class Irfe	}					S/L	
<u> </u>	12-year			 	12 yrs.		S/L	
C	40-year	/			40 yrs.	MM	S/L	
Par	· 			·			 -	
21 Li	sted property Enter amount from lin	ie 28					21	
22 To	otal. Add amounts from line 12, lines	14 through 17, line	es 19 and 2	0 ın column (g), and line 21			
Er	nter here and on the appropriate line	s of your return. Pa	irtnerships a	and S corpora	tions · <u>see inst</u>	<u>r </u>	. 22	5,967.
23 Fc	or assets shown above and placed in	service during the	current ve	ar, enter the				

portion of the basis attributable to section 263A costs

23

NORWALK FEDERATION OF TEACHERS

Form 4562 (2008) LOCAL # 1723, AFT / AFL-CIO

06-6107600 Page 2

Part V Listed Prope	rty (Include a	utomobiles.				lular tele		s, certain	compu	ers, and		tv used for		
recreation, or	amusement)											-		
Note: For any	vehicle for wi Section A, all	hich you are of Section :	using the	e standai ection Cu	rd mileag if applica	ge rate o shle	r deduc	cting leas	e expen	se, com	olete on	ily 24a, 2	4b, colui	nns (a)
Section A - Depreciation							imits fo	r passeno	ger auto	mobiles.	1		·	
24a Do you have evidence to						es [¬ '	24b lf "\				tten?	Yes [No
	(b)	(c)			Т.	(e)		(f)	1	(g)	100 111	(h)	Т.	(i)
(a) Type of property (list vehicles first)	Date placed in service	Busines investme use percen	ent ,	(d) Cost or other basi	l /bu	sis for depi siness/invi use onl	estment	Recovery period		ethod/ ethod/ evention		reciation duction	Ele section	cted on 179 ost
25 Special depreciation a	llowance for q	ualified liste	d proper	ty placed	ın servi	ce durin	a the ta	 ax vear ar	nd		1			
used more than 50% II										25	1			
26 Property used more th		_)			-						·	
			%											
			%											
			%											
27 Property used 50% or	less in a quali	fied busines	ss use:									_		
			%						S/L -					
			%			-			S/L -]	
			%						S/L -					
28 Add amounts in colum	n (h), lines 25	through 27.	Enter he	re and o	n lıne 21	, page 1				28				
29 Add amounts in colum	n (i), line 26 E	nter here ar	nd on line	7, page	1							29		
			Section	B - Info	rmation	on Use	of Veh	icles						
Complete this section for v										•				
If you provided vehicles to	your employe	es, first ans	wer the q	uestions	in Sect	on C to	see if y	ou meet	an exce	ption to	complet	ting this s	section f	or
those vehicles					,									
				(a)	((b)		(c)		(d)		(e)	(1)
30 Total business/investmen	t miles driven di	uring the	Ve	hicle	Vel	hicle	Ve	ehicle	Ve	hicle	Ve	hicle	Veh	ıcle
year (do not include com	imuting miles)	-	<u> </u>								<u>.</u>			
31 Total commuting miles	driven during	the year		.							ļ			
32 Total other personal (n	oncommuting) miles	İ						1					
driven		-												
33 Total miles driven durir	ng the year.													
Add lines 30 through 3	2 .		ļ	.,		1		1	ļ <u> </u>		<u> </u>		ļ ,	
34 Was the vehicle availal	ole for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
dunng off-duty hours?		•		<u> </u>	1	1	<u> </u>	ļ	ļ	-	ļ			
35 Was the vehicle used i	onmanly by a i	more									1			
than 5% owner or rela	ted person?	•	ļ	ļ		ļ		.	ļ		ļ	ļ		
36 Is another vehicle avail	able for perso	nal												
use?	·				<u>L</u> .	l	<u> </u>		l	<u> </u>		<u> </u>		
	Section C	 Questions 	s for Emp	oloyers V	Vho Pro	vide Ve	hicles f	or Use b	y Their	Employ	ees			
Answer these questions to	determine if y	ou meet an	exceptio	n to com	pleting	Section	B for ve	ehicles us	ed by e	mployee	s who a	are not m	ore than	5%
owners or related persons.				<u>-</u>										γ
37 Do you maintain a writt	en policy stat	ement that	prohibits	all perso	nal use o	of vehicl	es, ınclı	uding cor	nmuting	, by you	ır		Yes	No
employees?	-													
38 Do you maintain a writt	•		-				•			your				
employees? See the in					fficers, d	lirectors	, or 1%	or more	owners			•		
39 Do you treat all use of	-		•											
40 Do you provide more th					ınformat	tion fron	ı your e	mployee	s about					
the use of the vehicles					•				•				·	<u> </u>
41 Do you meet the requir							•						·	
Note: If your answer to	<i>37, 38, 39, 40</i>	0, or 41 is "\	es," do n	ot comp	lete Sec	tion B fo	or the co	overed ve	hicles.					J
Part VI Amortization			<i>(</i> L.)		(-)				— г	,	—			
(a) Description	of costs	D.	(b) ate amortization		(C) Amortizat	ole		(d) Code		(e) Amortuzz	iton	Ar	(f) nortization	
			begins		amount	<u> </u>		section		period or pe		fo	r this year	
42 Amortization of costs t	nat begins dui	nng your 20	บช tax ye	ar.			<u> </u>							
				+										
40 A			00.4	1							 			
43 Amortization of costs to	-	-	•			•			••	•	43			
44 Total. Add amounts in	column (t). Se	e the instru	CHORS FOR	wnere to	o report						44			

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If y	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box			\triangleright \mathbf{X}					
•	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)		-					
Do n	not complete Part II unless you have already been granted an automatic 3-month extension on a previously f		rm 8868						
Pai	rt I Automatic 3-Month Extension of Time. Only submit original (no copies needed)								
A cor	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor	nplete							
	lonly								
	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a	n exten	ision of time						
	e income tax returns.								
noted (not a you r	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensi d below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or comust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic for the submit and click on e-file for Chanties & Nonprofits.	ically if	(1) you want thated Form 990-	e additional					
Туре	e or Name of Exempt Organization	Emp	loyer identifica	tion number					
print	NORWALK FEDERATION OF TEACHERS								
-	LOCAL # 1723, AFT / AFL-CIO	0	<u>6-610760</u>	0					
File by due da filing y	Number, street, and room or suite no. If a P.O. box, see instructions 9 MOTT AVENUE UNIT # 302								
return instruc									
Cher	ck type of return to be filed (file a separate application for each return):								
	Form 990 Form 990-T (corporation) Form 4 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5 Form 990-EZ Form 990-T (trust other than above) Form 6 Form 990-PF Form 1041-A Form 8	227 069							
	ALEX ROSSNER		0						
Te • If • If	the books are in the care of 9 MOTT AVENUE UNIT #302 - NORWALK, CT (elephone No (203)854-4814 FAX No. the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the light is for part of the group, check this box and attach a list with the names and EINs of all	is is fo	r the whole gro						
Te ● If	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box and attach a list with the names and EINs of all If the	is is fo memb	r the whole grou						
Te ● If ● If box	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box and attach a list with the names and EINs of all If the exempt organization return for the organization named is for the organization's return for: calendar year or	is is fo memb	r the whole grou						
Te ● If ● If box	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box and attach a list with the names and EINs of all If the	is is fo memb	r the whole grou	on will cover					
Te If If box	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	is is fo memb	r the whole ground remains the extension The extension	on will cover					
Te if if box 1	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box	is is fo memb	r the whole ground remains the extension The extension	on will cover					
Te if if if box 1	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un FEBRUARY 15 , 2010, to file the exempt organization return for the organization named is for the organization's return for: calendar year or calendar year or tax year beginning JUL_ 1 , 2008, and ending JUN_ 30 , 2009 If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	is is fo memb til above	r the whole grounders the extension The extension Change in acco	on will cover					
Te if if if if if if if if if if if if if	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	is is fo memb til above	r the whole grounders the extension The extension Change in acco	on will cover					
Te if if if if if if if if if if if if if	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	above	r the whole grounders the extension The extension Change in acco	on will cover					
Te iff If If If If If If If If If If If If I	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un FEBRUARY 15, 2010 It is for the organization's return for: Calendar year Or X tax year beginning JUL 1, 2008 Initial return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	above	r the whole grounders the extension The extension Change in acco	on will cover					

Form 8868 (Rev. 4-2009)