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# **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

Form **990** (2008)

	A F	or the	2008 calendar year, or tax year beginning $\mathrm{JUL}1$ , $2008$ and ending $$	JUN 30, 2009	
	Вс	heck if	Please C Name of organization	D Employer identific	cation number
	a	pplicable	USE IRS HEALTH PROFESSIONALS & ALLIED EMPLOYEES		
	<u></u>	Address change	print or AFI AFI — CIO		
		Name change	type Doing Business As	<del></del>	378574
		]Initial retum	See Number and street (or P 0 box if mail is not delivered to street address) Room/suite		
	<u> </u>	∃Termin- ation ∃Amende	Instruc- IIU KINDERKAMACK ROAD		262-5005
		_return ☐Applica-	City or town, state or country, and ZIP + 4	G Gross receipts \$	8,369,758.
	L	tion pending	EMERBON, NO 07030 1034	H(a) Is this a group re	
			F Name and address of principal officer: ANN TWOMEY  C/O HPAE 110 KINDERKAMACK RD, EMERSON, NJ	for affiliates?	Yes X No
			C / O HPAE 110 KINDERKAMACK RD, EMERSON , NJ   mpt status: X   501(c) ( 05 )	H(b) Are all affiliates inc	
			: ► WWW.HPAE.ORG	H(c) Group exemption	list. (see instructions)
					State of legal domicile NJ
			Summary	V/10/11/40/11 2 2 2 1 1	Totato or legal definione 210
			riefly describe the organization's mission or most significant activities: TO PROMOTE	E AND SECURE	OPTIMAL
	uce.		ORKING CONDITIONS AND PROFESSIONAL DEVELOPMEN		
	Activities & Governance	2 0	theck this box   if the organization discontinued its operations or disposed of more	e than 25% of its assets	 S
<b>2</b>	OVe	3 N	lumber of voting members of the governing body (Part VI, line 1a)	3	43
2010	& G	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)	4	40
అ	ies	5 T	otal number of employees (Part V, line 2a)	5	164
<del></del> 1	ivit	6 T	otal number of volunteers (estimate if necessary)	6	0
	Act		otal gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
JUL		<b>b</b> N	let unrelated business taxable prome from Form 990-T, line 34		0.
			RECEIVED	Prior Year	Current Year
SCANNED	Revenue	8 C 9 P	rogram service revenue (Part VIII) Ine 1h)	7,309,078.	8,021,680.
Ž	Ş	10 lr	ivestment income (Part VIII, column (A), lines 3, 4, and 76)	48,899.	32,353.
8	æ	11 0	ther revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and e)	311,947.	315,725.
$\widetilde{S}$		12 T	otal revenue - add lines 8 through 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	7,669,924.	8,369,758.
		13 G	irants and similar amounts paid (Part IX, column (A), lines +3)	96,275.	7,000.
			enefits paid to or for members (Part IX, column (A), line 4)	•	
	S		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,081,279.	4,092,636.
	Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		
	χĎ	bΤ	otal fundraising expenses (Part IX, column (D), line 25)		
	ш	17 C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,094,226.	4,742,050.
			otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,271,780.	8,841,686.
	- 8	19 R	evenue less expenses. Subtract line 18 from line 12	398,144.	-471,928.
	ts o			Beginning of Year	End of Year
	Sse Bala	20 T	otal assets (Part X, line 16)	3,371,413.	3,095,984.
	Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)	1,198,404. 2,173,009.	1,162,417. 1,933,567.
	P		et assets or fund balances Subtract line 21 from line 20 Signature Block	2,173,009.	1,933,307.
			Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements.	and to the best of my knowledg	ge and belief, it is true, correct,
		i	and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	,	
	Sigr	,	Usn / bonney	05/1	7/10
	Here	e	Signature of officer	Date	
			· Ann Twomey Press Devit		<del></del>
		I	Type or print name and title		
	Paid		richater 2	if_ I (see ins	r's identifying number tructions)
		ا مرسور	signature CARMINE MINIERI 05/12/10  em	nployed 🕨 🛄	
	Use	Only S	ours if GRASSI & CO., CPA'S P.C.	EIN D	
		1 8	self-employed), address, and NEU VODY NV 10016	,	010) 661 0045
			NEW YORK, NY 10016	Phone no	(212) 661-0945
	wav	une เหง	S discuss this return with the preparer shown above? (see instructions)		LA TES L. NO

Pai	rt III Statement of Program Service Accomp	lishments (see instructions)		
1	Briefly describe the organization's mission: TO PROMOTE AND SECURE OPTIMAL	WORKING CONDITIONS	AND PROFESSIO	NAL
	DEVELOPMENT FOR ITS MEMBERS			
2	Did the organization undertake any significant program ser	rvices during the year which were not lis	sted on	
	the prior Form 990 or 990-EZ?  If "Yes", describe these new services on Schedule O.	<b>.</b>		Yes X No
3	Did the organization cease conducting, or make significant	t changes in how it conducts, any progr	ram services?	Yes X No
4	If "Yes", describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the	e organization's three largest program s	services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4 allocations to others, the total expenses, and revenue, if ar	1947(a)(1) trusts are required to report t		
<b>4</b> a	(Code: ) (Expenses \$ TO PROMOTE AND SECURE OPTIMAL DEVELOPMENT FOR ITS MEMBERS A CONTRACT NEGOTIATIONS, ARBITR	ND PROVIDE BENEFITS		
4b	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services. (Describe in Schedule O )			
	(Expenses \$ including grants of \$	) (Revenue \$	)	<del></del>
4e	Total program service expenses ►\$	(Must equal Part IX, Line 25	, column (B) )	Form <b>990</b> (2008)

Form 990 (2008) AFT/ AFL-CIO
Part IV Checklist of Required Schedules AFT/ AFL-CIO

•			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		į	
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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		X
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		X
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?		v	
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	<u> </u>	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	40	Х	
40	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 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		
b	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
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			
13	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		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
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	X	
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		
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		
	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			v
<b>~</b> ~	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	07		Х
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		

AFT/ AFL-CIO Form 980 (2008) AFT / AFL-CIO

Part IV Checklist of Required Schedules (continued) 23-7378574

•			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	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	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X_
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
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	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
		Form	990	2008)

Part V   Statements Regarding Other IRS Filings and Tax Compliance   Yes   No	Form	990 (2008) AFT/ AFL-CIO	2	<u>3-7378!</u>	574	Р	age 5
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter 0- if not applicable  □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return.  1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1 and 2a is greater than 250, you may be required to c+6ff this return, leve instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  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)?  5b If "Yes," then the name of the foreign country (such as a bank account, securities account, or other financial account)?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If any stable party notify the organization that If was or is a party to a prohibited tax shelter transaction?  5c Was the organization as party to a prohibited tax whelter transaction?  5c Was the organization shelt amy contributions that were not tax deductible?  5c Did the organization shelt may receive deductible contributions under section 170(c).  5c Did the organization shelt may receive deductible contributions under section 170(c).  5c Did the organization shelt may receive deductible contributions under section 170(c).  5c Did the organization shelt may be accessed and the organization file Form 8989 a required?  5c Did the org	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance					
U.S. Information Returns. Enter 0- if not applicable be Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wannings to prize winners? 2 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization if all recruited federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife this return. (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more clump the year covered by this return? b if 1'Yes,* has it filed a Form 990.T for this year? If 'No,* provide an explanation in Schedule O 4 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?) b if 'Yes,* there the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5 Was the organization a party to a prohibited tax shelter transaction of the value of the group of the organization solicit any contributions that was or is a party to a prohibited tax shelter transaction?  5 If 'Yes,' to question 5 or 5b, did the organization file Form 8886.T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  6 Did the organization solicit any contributions that were not tax deductible?  7 If 'Yes,' to question solicit any contributions that were not tax deductible?  8 If 'Yes,' to due to organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  9 If 'Yes,' to due to organization or the dor						Yes	No
Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable  c) Did the organization comply with backup withholding right for reportable paryments to vendors and reportable gaming (gambing) winnings to prize winness?  2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  b) If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-fifth this return, lees enstructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b) If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  A trany 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)?  5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b. Did any taxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c. If "Yes," duestion 5a or 5b, did the organization life Form 886-T, Declosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  6c. If "Yes," due the organization sheld it was or is a party to a prohibited tax shelter transaction?  6c. If "Yes," due the organization sheld it was or is a party to a prohibited atax shelter transaction?  6c. If "Yes," due the organization sheld with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c. If yes," due the organization sheld with every solicitation and express statement that such contributions or gifts were not tax deductible?  6c. Did the organizations bhat may receive deductible contribu	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 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  3 bit at least one is reported on his 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1 a and 2 as greater than 250, you may be required to e-file this return. [see instructions]  3 bit of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  4 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 accountry?  5 bit "Yes," enter the name of the foreign country; level.  5 See the instructions for exceptions and filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accountrs.  5 Was the organization a party to a prohibited tax sheller transaction?  6 bit of the organization approach of the organization that it was or is a party to a prohibited tax sheller transaction?  5 Did the organization solicit any contributions that were not tax deductible?  5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$757  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization in the state of the goods or services provided?  9 Did the organization of the properties of the goods or services provided?  10 Did the organization of the state of the goods or services provided?  11 Did the organization of the state of the goods of the goods of services provided?		U.S. Information Returns. Enter -0- if not applicable	1a				
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  164  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return. Gee instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b if 'Yes,' has if filed a Form 990. The this year?  See the instructions for exceptions and filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial account in a foreign country (such as a bank account, securities account, or other financial account)?  bif 'Yes,' enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts.  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization and party to a prohibited tax shelter transaction?  1f 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c Was the deductible?  7 Organization shall may receive deductible contributions under section 170(c).  a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If 'Yes,' indicate the number of Forms 8282 filed during the year  c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization on form 900, Part Ninds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization on make any taxable distributions un	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 <u>b</u>	0			
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return  164 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  3a Did the organization lines as and 2a is greater than 250, you may be required to e-file this return. (see instructions)  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  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)?  5b If "Yes," enter the name of the foreign country: ▶  5ce the instructions for exceptions and filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction?  5b If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5c If "Yes," do the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  6c a X  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible.  6c a X  7c A  7d C  7d Coveringuistions, currently expression granizations, maintaining donor advised funds.  7d Coveringuistions, currently expression	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gam	ing			
bif at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  bif Yes, has if filed a Form 990-ff for this year?  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)?  bif Yes, enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts.  5b Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5c Was the organization of 5c or 5b, did the organization that if was or is a party to a prohibited tax sheller transaction?  5c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelfer Transaction?  5c If 'Yes,' did the organization solicit any contributions that were not tax deductible?  5c If 'Yes,' did the organization solicit any contributions that were not tax deductible?  5c If 'Yes,' indicate the number of Forms 8282 filed during the year  5c If 'Yes,' indicate the number of Forms 8282 filed during the year  6c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d Did the organization make a distribution to a donor, donor advised funds.  a Did the organization make a distr		(gambling) winnings to prize winners?	,	Į	1c		X
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were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  7 For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  7 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 excess business holdings at any time during the year?  Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  g a Did the organization make any taxable distributions under section 4966?  g a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross income from members or shareholders  f To Section 501(c)(12) organizations. Enter: N/A  a Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		·		-	6a		<u>X</u>
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		amounts due or received from them.)	11ь		1		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	12a		041?		12a		
E 000 (0000)	<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $N/A$	12b				

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

Sec	tion A. Governing Body and Management	_	<u> </u>	·
		,	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			
ь	Enter the number of voting members that are independent  1b 40			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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_		<u>X</u>
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	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	ļ	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a_	X	
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?	9ь	Х	
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	Х	
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
<u>Sec</u>	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	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			
	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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.			
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	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		X
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 ► NONE			
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			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	incial	
	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 organization	tion 🕨	<b>-</b>	
	ANN TWOMEY - 201-262-5005			
	110 KINDERMACK ROAD, EMERSON, NJ 07630			
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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. 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)	(B)				2)			(D)	(E)	(F)
Name and Title	Average hours	10		Posi		арр	dv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional frustee		Key employee	Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ANN MCCAUSLAND										_
STATE EXECUTIVE COUNCIL	1.00	X	<u> </u>	_	_	<u> </u>		0.	0.	0.
BANITA HERNDON	1 00									•
STATE EXECUTIVE COUNCIL	1.00	X	├	<del> </del>	_	₩		0.	0.	0.
BARBARA EGGER STATE EXECUTIVE COUNCIL	1 00	J						1 676	0.	0
STATE EXECUTIVE COUNCIL BETSY NULTY	1.00	X	₩-	-		├	-	1,676.	<u> </u>	0.
STATE EXECUTIVE COUNCIL	1.00	X				1		0.	0.	0.
CAROL STERN	1.00	^	<del> </del>	┢				0.	0.	<u> </u>
STATE EXECUTIVE COUNCIL	1.00	X						3,837.	0.	0.
CLAUDIA STORICKS	1.00	1			<u> </u>	╁		3,037.		
STATE EXECUTIVE COUNCIL	1.00	X		ĺ				4,358.	0.	0.
CYNTHIA MCDOUGALL										
STATE EXECUTIVE COUNCIL	1.00	X						8,712.	0.	0.
DEBBIE WHITE									-	
STATE EXECUTIVE COUNCIL	1.00	X						7,970.	0.	0.
DONNA BENJAMIN										-
STATE EXECUTIVE COUNCIL	1.00	X	<u> </u>					4,144.	0.	0.
FRAN MCLAUGHLIN			1							
STATE EXECUTIVE COUNCIL	1.00	X	<u> </u>	_				6,186.	0.	0.
JEFF PECK	1 00	١								
STATE EXECUTIVE COUNCIL	1.00	X		-		-	_	3,837.	0.	0.
JOAN ZITZMAN STATE EXECUTIVE COUNCIL	1.00	l.	ļ					4 142		0
JOANNE DUDSAK	1.00	^					-	4,143.	0.	0.
STATE EXECUTIVE COUNCIL	1.00	v						5,569.	0.	0.
JODY PANAGEAS	1.00	^	-	-	—	-		3,309.		
STATE EXECUTIVE COUNCIL	1.00	x						4,140.	0.	0.
JUDY CUNHA		† <u>-</u>	t			<del>                                     </del>				
STATE EXECUTIVE COUNCIL	1.00	X						15,800.	0.	0.
JUDY MERKOWSKY										
STATE EXECUTIVE COUNCIL	1.00	X		L	L	l		1,651.	0.	0.
JULIE GEORGE										
STATE EXECUTIVE COUNCIL	1.00	X					L	3,887.	0.	0.

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Form 990 (2008)

Part VII Section A. Officers, Directors, Tru	stees, Key E	mpl	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)		<del></del>		
` (A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	,		Posi				Reportable	Reportable			stimate	
	hours per	┝ <del></del>	hecl	( all	tnat	app	iy)	compensation from	compensation from related		1	nount of other	ot
	week	director						the	organizations			other pensa	tion
	WOOK	or dir	92			page		organization	(W-2/1099-MIS			om the	
		Stee	ast		, ,	pens		(W-2/1099-MISC)	•	-,		anızatı	
		ᄪ	onat	ŀ	old	15 g					and	d relate	ed
		Indiwdual trustee or	Institutional frustee	G#Ger	Кеу етріоуве	Highest compensated employee	Gme			ĺ	orga	anızatı	ons
KAREN BAILEY		<del>  -</del> -	<del> </del>	<u> </u>	_		F			$\overline{}$			
STATE EXECUTIVE COUNCIL	1.00	X						4,629.		0.			0.
KATHY WHALEN		<del> </del>	_	_	_			1,025		<u> </u>			
STATE EXECUTIVE COUNCIL	1.00	Х						3,887.		0.	ĺ		0.
LAURA KORKES			<u> </u>	_		<del>                                     </del>	<u> </u>						
STATE EXECUTIVE COUNCIL	1.00	X						8,958.		0.	ĺ		0.
LEE BALL		<u> </u>	$\vdash$		T		<del>                                     </del>		<u> </u>	<u> </u>			
STATE EXECUTIVE COUNCIL	1.00	Х						3,667.		0.			0.
MARIE BRUNO			$\vdash$				H			-			
STATE EXECUTIVE COUNCIL	1.00	X	ŀ					0.		0.			0.
MICHELE BURLINGTON			•							<b>~</b>			
STATE EXECUTIVE COUNCIL	1.00	X	ŀ					6,394.		0.			0.
MICHELE MCLAUGHLIN	1000	<del>                                     </del>	<del> </del>					0,3311		•			
STATE EXECUTIVE COUNCIL	1.00	X						10,000.		0.			0.
MICHELLE SILVIO	1.00	1						10,000.		<u> </u>			•
STATE EXECUTIVE COUNCIL	1.00	X						4,629.		0.			0.
PAT ADAGO	1.00		<u> </u>					1,023.		•			<u> </u>
STATE EXECUTIVE COUNCIL	1.00	X						1,676.		0.			0.
RENEE CONYERS	1.00	1	$\vdash$	-				1/0/0.		٠.			<u> </u>
STATE EXECUTIVE COUNCIL	1.00	X		]				1,651.		0.			0.
1b Total		1 2 2	<u> </u>				J	553,118.	<del></del>	0.	11	7,9	
Total number of individuals (including those	in 1a) who re	COLV	ed n	2010	tha	n \$1	00.	······································		<u> </u>		115	<del>50.</del>
compensation from the organization	ili laj wilo le	CEIV	eu II	1016	llia	ПФІ	00,	ooo in reportable					3
Compensation from the organization												Yes	No
3 Did the organization list any former officer,	director or tru	stee	. ke	v em	יסומי	vee.	or h	nighest compensated en	nnlovee on	-			
line 1a? If "Yes," complete Schedule J for si			, ,,,,	,	. ۲۰۰۵	,,	٠, ,	nginost somponoatos on	inprojec on		3		Х
4 For any individual listed on line 1a, is the su			amo	ensa	ation	and	d ot	her compensation from t	the organization				
and related organizations greater than \$150									o organization	Ī	4	х	
5 Did any person listed on line 1a receive or a									ces rendered to				
the organization? If "Yes," complete Schedu					•			•			5	İ	Х
Section B. Independent Contractors													
1 Complete this table for your five highest coi	mpensated in	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of comp	pens	ation f	rom	
the organization. NONE													
<b>(A)</b> Name and business	addrasa							(B)		_	(C		_
Name and business							$\dashv$	Description of s	ervices		omper	nsation	<u> </u>
	<del></del>						1						
												-	
							-	<del></del>					
									j				
	_												
													······································
2 Total number of independent contractors (in	ncluding those  0	ın '	1) wh	no re	ceiv	/ed i	mor	e than \$100,000 in com	pensation				
from the organization ► SEE SCHEDULE J-2 FOR		ГТ		SEC	ر بل د بل	[ON	J :	A CONTENTIATE	ON			990 (2	

832008 12-18-08

		(2006) AF17 AF11-CTC	<u> </u>			23 7370	J/4 Fage 3
Pa	rt VI	II Statement of Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	t c c f	Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f \$					
	2 a	Total. Add lines 1a-1f  MEMBERS ' DUES	Business Code 623000	8,021,680.	8,021,680.		
Program Service Revenue	t 0 0	3	1				
		Total. Add lines 2a-2f	<b>•</b>	8,021,680.			
	3 4 5	Investment income (including dividends, int other similar amounts) Income from investment of tax-exempt bond Royalties	<b>&gt;</b>	32,353.			32,353.
	c	Less: rental expenses Rental income or (loss)	(ii) Personal				
	7 a	d Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	s (ii) Other				
aune	C	Gain or (loss)  Net gain or (loss)  Gross income from fundraising events (not including \$	<b>&gt;</b>	-			
Other Revenue		contributions reported on line 1c). See Part IV, line 18 Less. direct expenses Net income or (loss) from fundraising events	ab				
	ŧ	a Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities	a b				
	10 a	Gross sales of inventory, less returns and allowances Less: cost of goods sold	a b	-			
	11 a	Net income or (loss) from sales of inventory  Miscellaneous Revenue  ORGANIZING INCOME  REBATES AND DIRECT ASS		248,235. 46,731.	46,731.		
	•	PAYROLL TAX REFUND  d All other revenue  Total. Add lines 11a-11d  Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c	623000 623000	14,368. 6,391. 315,725. 8,369,758.	6,391.	0.	32,353.
83200 02-02			1.30, 4,10		, , ,		Form <b>990</b> (2008)

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Form 990 (2008) 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, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22	7,000.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
ļ	Benefits paid to or for members		<u> </u>		
5	Compensation of current officers, directors,				
	trustees, and key employees	546,965.		ll	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	į			
	persons described in section 4958(c)(3)(B)	j			
,	Other salaries and wages	2,420,424.			•
;	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	276,574.			
)	Other employee benefits	589,463.			
)	Payroll taxes	259,210.			
	Fees for services (non-employees):				
а	Management				
b	Legal	82,008.			
С	Accounting	61,976.			
đ	Lobbying				
е	Professional fundraising services See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·		
f	Investment management fees				<u> </u>
g	Other				
!	Advertising and promotion	342,271.	., .		
3	Office expenses	86,981.			
ļ	Information technology	·			
;	Royalties	İ			
,	Occupancy	95,006.	•		
	Travel	151,349.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	239,648.			
ı	Interest	8,334.			
	Payments to affiliates	1,820,173.			
	Depreciation, depletion, and amortization	42,499.			
	Insurance	23,754.			
•	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 ) ARBITRATION	425,320.		1	
	STIPENDS	299,765.		-	
	REBATES TO LOCALS	216,676.		-	
	PRINTING	176,419.			
d	POSTAGE AND DELIVERY	147,975.			
e 4		521,896.			
	All other expenses	8,841,686.			
<u>;                                    </u>	Total functional expenses. Add lines 1 through 24f	0,041,000.		-	
3	Joint Costs. Check here Jif following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined			1	

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Form **990** (2008)

AFT/ AFL-CIO

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Form 990 (2008)

Pai	τX	Balance Sneet						
•			(A) Beginning of year		<b>(B)</b> End of year			
	1	Cash - non-interest-bearing	258,182.	1	123,250.			
	2	Savings and temporary cash investments	1,226,070.	2	1,023,613.			
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net	602,829.	4	768,839.			
	5	Receivables from current and former officers, directors, trustees, key						
		employees, or other related parties. Complete Part II of Schedule L		5				
	6	Receivables from other disqualified persons (as defined under section						
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete						
		Part II of Schedule L		6				
w	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sale or use		8				
As	9	Prepaid expenses and deferred charges		9				
	10a	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		-	***************************************			
		Less accumulated depreciation Complete						
		Part VI of Schedule D 10b 837, 620.	750,230.	10c	767.243.			
	11	Investments - publicly traded securities	512,142.	11	767,243. 402,846.			
	12	Investments - publicly traded securities  Investments - other securities. See Part IV, line 11		12	102/0100			
	13	Investments - program-related See Part IV, line 11		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	21,960.	15	10,193.			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,371,413.	16	3,095,984.			
	17	Accounts payable and accrued expenses	1,077,673.	17	1,074,191.			
	18	Grants payable	1,077,073.	18	1/0/1/151			
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
ړ	21	Escrow account liability. Complete Part IV of Schedule D		21				
Ęį	22	Payables to current and former officers, directors, trustees, key employees,						
Liabilities		highest compensated employees, and disqualified persons. Complete Part II						
Ë		of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties	120,731.	23	88,226.			
	24	Unsecured notes and loans payable	12077010	24	00/220			
	25	Other liabilities. Complete Part X of Schedule D		25				
	26	Total liabilities. Add lines 17 through 25	1,198,404.	26	1,162,417.			
	20	Organizations that follow SFAS 117, check here	1/130/1010	20	1/102/11/6			
S		lines 27 through 29, and lines 33 and 34.						
Ş	27	Unrestricted net assets	2,173,009.	27	1,933,567.			
afar	28	Temporarily restricted net assets	2,2.0,000	28				
ä	29	Permanently restricted net assets		29				
Š		Organizations that do not follow SFAS 117, check here						
Net Assets or Fund Balances		complete lines 30 through 34.						
ţ	30	Capital stock or trust principal, or current funds		30				
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
Ë	32	Retained earnings, endowment, accumulated income, or other funds		32				
ž	33	Total net assets or fund balances	2,173,009.	33	1,933,567.			
	34	Total liabilities and net assets/fund balances	3,371,413.	34	3,095,984.			
Pai	t XI	Financial Statements and Reporting		<u> </u>				
					Yes No			
1	Acco	ounting method used to prepare the Form 990: $\hfill\Box$ Cash $\hfill$ Accrual $\hfill\Box$	Other					
2a	Were	the organization's financial statements compiled or reviewed by an independent a	accountant?		2a X			
þ	Were	the organization's financial statements audited by an independent accountant?			2b X			
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	revie	w, or compilation of its financial statements and selection of an independent accor	untant?		2c X			
3а	As a	result of a federal award, was the organization required to undergo an audit or aud	dits as set forth in the Sing	le Audı				
	Act a	and OMB Circular A-133?			3a X			
<u>b</u>	If "Ye	es," did the organization undergo the required audit or audits?			3ь			
83201	1 12-18	-08			Form <b>990</b> (2008)			

### 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

HEALTH PROFESSIONALS & ALLIED EMPLOYEES AFT/ AFL-CIO

Employer identification number 23-7378574

organization answered "Yes" to Form 990, Part IV, line 6.  (a) Donor advised funds (b) Funds and other acco  1 Total number at end of year  2 Aggregate contributions to (during year)  3 Aggregate grants from (during year)  4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Part 11 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of certified historic structure  Preservation of open space  2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last of the tax year.	the
1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Part 1 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or pleasure)  Protection of natural habitat  Preservation of certified historic structure  Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last	
Aggregate contributions to (during year)  Aggregate grants from (during year)  Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Pid the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Part 11 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of or natural habitat  Preservation of certified historic structure  Preservation of open space  Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last	unts
Aggregate grants from (during year)  4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  7 Yes  Part 11 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  Protection of natural habitat  Preservation of certified historic structure  Preservation of open space  2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last	
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 advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  7 Yes  Part 11 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  Protection of natural habitat  Preservation of certified historic structure  Preservation of open space  2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last	
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for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Yes  Part 1 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or pleasure)  Protection of natural habitat  Preservation of certified historic structure  Preservation of open space  Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last	☐ No
Part 1 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (e.g., recreation or pleasure)   Preservation of an historically important land area	
Part 1 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (e.g., recreation or pleasure)   Preservation of an historically important land area	☐ No
Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or pleasure)  Protection of natural habitat  Preservation of certified historic structure  Preservation of open space  Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last	
Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last	
Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last	
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last	
	day
or the tax year.	•
Held at the End of	of the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable	<del></del>
year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and	
enforcement of the conservation easements it holds?	No No
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	☐ No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet,	and
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for	or
conservation easements	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or 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, not to report in its revenue statement and balance sheet works of art, historia	
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV	, the text of
the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical	
or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under SFAS 116 relating to these items.	
a Revenues included in Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	
HA For Privacy Act and Panenyark Reduction Act Natice see the Instructions for Form 990	

Saha	· · · · · · · · · · · · · · · · · · ·		LS & ALLI	ED EMPLOYE		378574 Page <b>2</b>				
	dule D (Form 990) 2008 AFT / AFL- t III Organizations Maintaining Coll		Historical Tr	PASILIPAS OF OT						
3	Using the organization's accession and other re-									
3	that apply).	cords, check any o	The following the	at are a significant o	oc or its conceitor its	ans (check all				
а	Public exhibition	d	Loan or exc	hange programs						
ь	Scholarly research	e		mango programo						
c	Preservation for future generations	ŭ		<del></del>						
4	Provide a description of the organization's collection	ctions and explain I	now they further t	he organization's ex	remot ouroose in Pai	rt XIV				
5	During the year, did the organization solicit or re									
•	to be sold to raise funds rather than to be maint					Yes No				
Par	t IV Trust, Escrow and Custodial A				es" to Form 990. Pa					
	reported an amount on Form 990, Part X	-	oomplote ii organ	Zation anothers	00 10 10 1111 000, 1 0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1a	Is the organization an agent, trustee, custodian		rv for contribution	ns or other assets ne	ot included					
	on Form 990, Part X?		.,			Yes No				
b	If "Yes," explain the arrangement in Part XIV and	d complete the follo	wing table:							
_		·	J			Amount				
С	Beginning balance				1c					
	Additions during the year				1d					
е	Distributions during the year				1e					
f	Ending balance				1f					
2a	Did the organization include an amount on Form	990, Part X, line 2	1?			Yes No				
b	b If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if or	ganization answere	ed "Yes" to Form	990, Part IV, line 10.						
	(8	a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back				
1a	Beginning of year balance									
b	Contributions									
C	Investment earnings or losses			<u> </u>						
d	Grants or scholarships		·····							
е	Other expenditures for facilities									
	and programs		~~~~	ļ						
f	Administrative expenses					<u></u>				
9	End of year balance			<u> </u>	l	<u> </u>				
2	Provide the estimated percentage of the year er	nd balance held as:								
	Board designated or quasi-endowment		%							
b	Permanent endowment ►	%								
	Term endowment ▶%									
3a	Are there endowment funds not in the possessi	on of the organizati	on that are held a	and administered for	the organization	<u> </u>				
	by:					Yes No				
	(i) unrelated organizations					3a(i)				
	(ii) related organizations					3a(ii)				
_	If "Yes" to 3a(ii), are the related organizations lis					3b				
4	Describe in Part XIV the intended uses of the or			N D V I 40	<del>. , , , , , , , , , , , , , , , , , , ,</del>	<del></del>				
rai	t VI Investments - Land, Buildings,	1			D	An Dealer Inc.				
	Description of investment	(a) Cost or oth basis (investme		t or other (c) (other)	Depreciation	(d) Book value				
	Lond	Dadio (investine		33,752.		133,752.				
	Land Buildings			39,615.	346,720.	592,895.				
U	Dullaniga			- /						

5,619. 767,243. Schedule D (Form 990) 2008

34,977.

375,849.

115,051.

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).)

410,826.

120,670.

Schedwe D (Form 990) 2008 HEALTH PROF AFT/ AFL-CI	ESSIONALS &	ALLIED EMPL		-7378574 Page
Part VII Investments - Other Securities. Se		12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuatest or end-of-year mark	
Financial derivatives and other financial products Closely-held equity interests Other				
Total. (Col (b) should equal Form 990, Part X, col (B) line 12 )				
Part VIII Investments - Program Related. S  (a) Description of investment type	ee Form 990, Part X, line (b) Book value		(c) Method of valuat	
				•
				•
Total. (Col (b) should equal Form 990, Part X, col (B) line 13 ) ▶ Part IX Other Assets. See Form 990, Part X, line				
	Description			(b) Book value
	<u> </u>			
Total. (Column (b) should equal Form 990, Part X, col (B) li	rno 15 )		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X,	line 25.			
(a) Description of liability		(b) Amount		
Federal income taxes			1	
			]	
			_	
			1	
			4	
			4	
	-		4	
		· · · · · · · · · · · · · · · · · · ·	1	

Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 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. 832053 12-23-08

X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Schedule D (Form 990) 2008

SCHEDULEI								OMB	OMB No 1545-0047 P
(Form 990)			Grants and	rants and Other Assistance to Organizations,	e to Organizations	å		<del></del>	2008
			Govern	Governments, and Individuals in the U.S.	duals in the U.S.				
Department of the Treasury Internal Revenue Service		► Compl	▶ Complete if the organization	on answered "Yes," on F  ➤ Attach to Form 990.	," on Form 990, Pa m 990.	ganization answered "Yes," on Form 990, Part IV, lines 21 or 22.  P Attach to Form 990.		Ope	Open to Public fuspection
Name of the organization	ton HEALTH PROFESSIONALS AFT/ AFL-CIO	OFESSIONA 110	LS & ALLIED		လွ			Employer identification number 23-7378574	J 3-7378574
Part i General Ir	General Information on Grants and Assistance	d Assistance							
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select		1
	criteria used to award the grants or assistance?	tance?						X Yes	Si No
잃는	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for mont	toring the use of grant	funds in the Unite	d States				
Part II Grants an	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	sovernments and	1 Organizations in the	e United States. (	Somplete if the orga	anization answered "Y	'es" on Form 990, Part	IV, line 21, for any	[
recipient t	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	5,000. Check this	box if no one recipier	nt received more th	nan \$5,000 Use Pa	irt IV and Schedule I-	(Form 990) if addition	al space is needed	<b>▲</b>
1 (a) Name and ac	1 (a) Name and address of organization or government	(p)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	of grant ance
	Enter total number of section 501(c)(3) and government organizations	id government or	ganizations					<b>A</b> .	
-1	Enter total number of other organizations							•	
LHA For Privacy Ac	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions	for Form 990.				Schedute I (F	Schedule I (Form 990) 2008

# HEALTH PROFESSIONALS & ALLIED EMPLOYEES

AFT/ AFL-CIO

23-7378574 Schedule | (Form 990) 2008 AFT / AFL—CIO

Part fit Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed.

· Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL HARDSHIP BENEFITS TO MEMBERS	φ	7,000.	0.0		N/A
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the informatio	n required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: FINANCIAL HARDSHIP	IAL HARD		BENEFITS ARE PROVIDED TO	OVIDED TO	
MEMBERS. APPLICATIONS ARE SUBMITTED	D TO AND	APPROVED	BY LOCAL A	LOCAL AFFILIATES WHO	
THEN REQUEST PAYMENT FROM THE HPAE					

832102 12-18-08

Schedule I (Form 990) 2008

# SCHEDULE (Form 990)

# **Compensation Information**

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

**ZUU**8

Inspection

OMB No 1545-0047

Name of the organization

Department of the Treasury

HEALTH PROFESSIONALS & ALLIED EMPLOYEES AFT/ AFL-CIO

Employer identification number 23-7378574

Pŧ	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			1
_	of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			1
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		ļ
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a	X	<u> </u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	_4b_		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 504(1)(0) and 504(1)(4) are a limited as a supplied to 5.0			
_	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of			İ
	The organization?	5a		
b	Any related organization?  If "Yes," to line 5a or 5b, describe in Part III.	5b		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ĺ
U	contingent on the net earnings of			
-	The organization?	6a		İ
	Any related organization?	6b		<del> </del>
J	If "Yes" to line 6a or 6b, describe in Part III.	- 00		·
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			İ
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		1
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>		<del></del>
_	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes." describe in Part III	8		ĺ

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

Schedule J (Form 990) 2008

-Pagé 2

AFT/ AFL-CIO

Schedule J (Form 990) 2008

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

Do not list any individuals that are not listed on Form 990, Part VII.

(B) Breakdown of W-2 and/or 1099-MISC compensation

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed 23-7378574

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii)

130,800

163,925

12,943

17,577

reported in prior Compensation

Œ

Total of columns (B)(I)-(D) Œ

(**D)** Nontaxable benefits

compensation **(C)** Deferred

(iii) Other compensation

(ii) Bonus & Incentive compensation

(i) Base compensation

(A) Name

Form 990 or Form 990-EZ

125,232

162,822.

14,470

20,231

。 0 0 0 0

0 0 0. 0. 0.

0

128,121

0

€ 🖺

BERNARD GERARD JR

ANN TWOMEY

MARY ANN MILLIGAN

124,233

0

€ 🖺

€ 🖺

€ €

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0

133,405

132,037

176,948.

32,965

19,750.

0

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0

0

Schedule J (Form 990) 2008

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€ €

832112 12-23-08

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Page 3 Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information PART I, LINE 4A: FORMER SECRETARY/TREASURER RECEIVED SEVERANCE PAY INCLUDING PENSION, LEGAL COSTS TOTALING \$385,000. \$121,429 OF THIS AMOUNT WAS PAID AS AFT/ AFL-CIO Schedule J (Form 990) 2008

Part III | Supplemental Information OF JUNE 30, 2009.

21

Schedule J (Form 990) 2008

# **SCHEDULE J-2**

# **Continuation Sheet for Form 990**

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization

HEALTH PROFESSIONALS & ALLIED EMPLOYEES AFT/ AFL-CIO

Employer Identification number 23-7378574

	rt I Continuation of Officers, Directors, Trustees, Key Employees, and Highest						t Componented 5					
		1				<u>⊏m</u>	iplo					
(A)	(B)	1			(C)					( <b>D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
Name and Title	Average hours	l (cl		rosi call		ann	lv)	compensation	compensation	amount of		
	per	(0.	T	\ <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>		CPP	<del>"</del>	from	from related	other		
	week	١.	,			<b>8</b>		the	organizations	compensation		
		Individual trustee or director	ļ			Highest compensated employee		organization	(W-2/1099-MISC)	from the		
		p oc	188			Safed		(W-2/1099-MISC)		organization and related		
		Puste	Institutional frustee		8	Toe.				organizations		
		duat	Ltor.	_	olde	St co	<b>5</b>			- · <b>J</b> · · · · · · · · · · · · · · · · · · ·		
		ln div	ast	Officer	Keye		Fom					
RITA HRCSKO				$\vdash$								
STATE EXECUTIVE COUNCIL	1.00	Х						13,247.	0.	0.		
SHELLY CROWE												
STATE EXECUTIVE COUNCIL	1.00	Х						4,140.	0.	0.		
SHIRLEY TERWILLIGER												
STATE EXECUTIVE COUNCIL	1.00	Х				L		2,058.	0.	0.		
STEPHANIE ORRICO		-					_					
STATE EXECUTIVE COUNCIL	1.00	Х	L	L	L_	L_	L	8,000.	0.	0.		
SUE CLEMENTS												
STATE EXECUTIVE COUNCIL	1.00	X						0.	0.	0.		
THOMAS MURPHY										_		
STATE EXECUTIVE COUNCIL	1.00	X						14,400.	0.	0.		
NELVA TORRES												
STATE EXECUTIVE COUNCIL	1.00	X						286.	0.	0.		
JENNIFER CHARLES-THOMPSO												
STATE EXECUTIVE COUNCIL	1.00	X						0.	0.	0.		
DIANE HAWK												
STATE EXECUTIVE COUNCIL	1.00	X						0.	0.	0.		
CURTIS JETER									_	_		
STATE EXECUTIVE COUNCIL	1.00	Х				L		2,569.	0.	0.		
SHERRY WILSON									_	_		
STATE EXECUTIVE COUNCIL	1.00	Х	_	_				0.	0.	0.		
GERRALDINE SIMMS									_	_		
STATE EXECUTIVE COUNCIL	1.00	X	<u> </u>	<u> </u>				1,258.	0.	0.		
DENISE JOHNSON												
STATE EXECUTIVE COUNCIL	1.00	X	<u> </u>	<del>  -</del> -				0.	0.	0.		
ANN TWOMEY	40.00			١				122 425		20 500		
PRESIDENT	40.00		ļ. <u> </u>	X		-		133,405.	0.	30,520.		
BERNARD GERARD JR	40.00			,,				100 101		24 701		
VICE PRES.	40.00			Х	<u> </u>	<u> </u>		128,121.	0.	34,701.		
MARY ANN MILLIGAN	40 00			,,	ľ			124 222		FO 715		
SEC./TREAS.	40.00	_	-	Х				124,233.	0.	52,715.		
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									}			
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

# SCHEDULE O

# **Supplemental Information to Form 990**

Department of the Treasury Internal Revenue Service ▶ 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

HEALTH PROFESSIONALS & ALLIED EMPLOYEES AFT/ AFL-CIO

Employer identification number 23-7378574

FORM 990, PART VI, SECTION A, LINE 6: CLASS OF MEMBERS: REGULAR FULL
PAYING DUES MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION'S REGULAR ELECTION
OF OFFICERS IS HELD ONCE EVERY FOUR YEARS. REGULAR FULL PAYING DUES
MEMBERS HAVE A RIGHT TO VOTE. THE NEXT REGULAR ELECTION IS SCHEDULED FOR
OCTOBER 2010.
FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS REVIEWED BY THE
MEMBERS OF THE GOVERNING BODY BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS AVAILABLE UPON REQUEST
THE PROCESS REFERRED TO IN PART XI, LINE 2C HAS NOT CHANGED FROM THE
PRIOR YEAR.

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT

1

### EXPLANATION

ADDITIONAL INFORMATION FROM OUTSIDE SOURCES ARE CURRENTLY NOT AVAILABLE THEREFORE, ADDITIONAL TIME IS NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN

Form 8868 (Rev. 4-2009)		Page 2						
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	 0х	<b>▶</b> X						
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		8868						
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)		•						
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no o	opies	needed)						
Name of Exempt Organization	Emp	loyer identification number						
Type or HEALTH PROFESSIONALS & ALLIED EMPLOYEES								
AFT/ AFL-CIO	2	3-7378574						
File by the extended Number, street, and room or suite no. If a P.O. box, see instructions	For I	RS use only						
due date for 1110 KINDERKAMACK ROAD		·						
return See City, town or post office, state, and ZIP code For a foreign address, see instructions								
EMERSON, NJ 07630-1854								
Check type of return to be filed (File a separate application for each return)								
X Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870								
Form 990-BL Form 990 PF Form 990-T (trust other than above) Form 4720	Fo	orm 6069						
CTODI D O								
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ISIY IIIE	ed Form 8808.						
THE ORGANIZATION  The backs are with a second by 110 KINDERMACK BOAD. EMERSON, NI 07630								
• The books are in the care of ► 110 KINDERMACK ROAD - EMERSON, NJ 07630								
Telephone No ► 201-262-5005 FAX No ►								
• If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Poture enter the organization's four digit Group Exemption Number (GEN).								
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box and attach a list with the pames and ElNs of all members the extension is for								
200 If it is for part of the group, check this box and attach a list with the names and ElNs of all members the extension is for MAY 15, 2010								
request an additional 3-month extension of time until MAY 15, 2010								
	$\overline{}$	30, 2009						
If this tax year is for less than 12 months, check reason								
	State in detail why you need the extension							
SEE STATEMENT 1								
	· ·							
8a 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	8a	\$						
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated								
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid		•						
previously with Form 8868	8b							
Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit		AT / A						
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ N/A						
Signature and Verification	hoot of	my knowledge and holiof						
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the It is true, correct, and complete, and that I am authorized to prepare this form.	กรรเ ()เ	my knowledge and beller,						
Signature > Carmine Mines Title > CPa	Date	> 2/8/10						
Juliu P	Date	Form 8868 (Rev. 4-2009)						

823832 05-26-09