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## Form **990-EZ**

## Short Form 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 1545-1150

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All ler organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form Department of the Treasury Open to Public Inspection Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. AUG 31, and ending 2009 For the 2008 calendar year, or tax year beginning SEP 1, 2008 Check if D Employer identification number Name of organization Please Address use IRS 123 DISTRICT 29 AMERICAN FEDERATION OF label or Name change 36-6205524 TEACHER onnt or type Initial return Number and street (or P O box, if mail is not delivered to street address) E Telephone number Room/suite Specific (773)767 - 94468410 S KOLIN AVE Instruc-Amended City or town, state or country, and ZIP + 4 F Group Exemption Application pending CHICAGO, IL 60652 <u>Number</u> ▶ 0787 G Accounting method X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ► WWW.IFT-AFT.ORG H Check ► X if the organization is not Organization type (check only one)— X 501(c) (5 ) ◀ (insert no ) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 🔟 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Part I Contributions, gifts, grants, and similar amounts RENED 2 2 Program service revenue including government rees and contract S-08 140,600. 3 Membership dues and assessments 3 JAN 2 1 2010 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses OGDEN 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from the 5a) (attach schedule) 5с Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ [ Revenue a Gross revenue (not including \$ reported on line 1) 6a 6b b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6с 7a Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 393. Other revenue (describe ► INTEREST 8 8 140,993. g Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 135,130 STMT 2 10 10 Grants and similar amounts paid (attach schedule) 11 11 Benefits paid to or for members 1,500. 12 12 Salaries, other compensation, and employee benefits Expenses 300. 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 78. 15 Printing, publications, postage, and shipping 15 919. SEE STATEMENT Other expenses (describe 16 16 137,927. 17 Total expenses. Add lines 10 through 16 17 3,066. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 21,770. (must agree with end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (attach explanation) 24,836. 21 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (B) End of year (A) Beginning of year 21,770. 24,836. 22 Cash, savings, and investments 23 Land and buildings 23 24 24 Other assets (describe 770 25 24,836. 25 Total assets 0 0. 26 Total liabilities (describe

770

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24,836.

Net assets or fund balances (line 27 of column (B) must agree with line 21)

27

## 123 DISTRICT 29 AMERICAN FEDERATION OF

Forn	n 990-EZ (2008) TEACHER			36-	62055	24 Page 2
P	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III )		E	penses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	4				for 501(c)(3)
	cribe what was achieved in carrying out the organization's exempt purposes. In a		scribe the services		1 and (4) or 1 4947(a)(1	ganizations and ) trusts, optional
	vided, the number of persons benefited, or other relevant information for each pr				for others	)
28	PROGRAM REPRESENTS APPROXIMATELY 26	0 TEACHERS AN	D OTHER			
	EDUCATIONAL WORKERS					
	(Grants \$ ) If this amount includes foreign g	grants, check here	<b>&gt;</b>		28a	
29						
	(Grants \$ ) If this amount includes foreign of	rants, check here			29a	
30						
	(Grants \$ ) If this amount includes foreign of	grants, check here	<u> </u>	<u>L</u>	30a	
31	Other program services (attach schedule)			_	1	
	(Grants \$ ) If this amount includes foreign g	grants, check here			31a	
_	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	<del></del>
P	ert IV List of Officers, Directors, Trustees, and Key E	:mployees. List each one ev	en if not compensated	T		
		(b) Title and average hours	(c) Compensation	1,-,	ontributions employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred	other allowances
	MD TOW A DAMO	TITCH PRECIPELL	m	com	pensation	
PF	TRICK ADAMS	VICE PRESIDEN			^	
77.70	MIN TARLONOUT	5.00	300.		0.	0.
KF	THY JABLONSKI	SECRETARY	200		0	
<del></del>	TANE DAMODEN	5.00	300.	ļ	0.	0.
נת	ANE RAMSDEN	TREASURER	200		^	_
	NE MOCODATOR	5.00	300.		0.	0.
<u>J P</u>	NE MCCORMICK	VICE PRESIDEN			^	
<u></u>	DV CAMDDON	5.00 REPRESENTATIV	150. E FOR CUS	mor	0.	0.
GF	ARY CAMBRON	4	150.	TOL	0.	0.
TO T	ATNE DADIOC	5.00 PRESIDENT	130.	-	0.	0.
CI	LAINE BARLOS	5.00	150.		0.	0.
M 7	CHELLE EIUDUK	SECRETARY	130.	-	<u> </u>	0.
111	CHELLE ETODOR	5.00	150.		0.	0.
		3.00	150.			
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832	77-08				Form	990-EZ (2008)

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Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)					
			Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity					
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not					
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T					
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy	1				
	tax requirements?	35a	L.,	X		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	+		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions					
b	Did the organization file Form 1120-POL for this year?	37b	ļ	X		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made					
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A					
39	Section 501(c)(7) organizations Enter					
а	Initiation fees and capital contributions included on line 9 39a N/A	_				
þ	Gross receipts, included on line 9, for public use of club facilities 39b N/A	]				
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under					
	section 4911 $\blacktriangleright$ N/A , section 4912 $\blacktriangleright$ N/A , section 4955 $\blacktriangleright$ N/A					
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or		١.			
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/	<u>A</u>		
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under					
	sections 4912, 4955, and 4958					
d	Enter amount of tax on line 40c reimbursed by the organization					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter					
	transaction? If "Yes," complete Form 8886-T	40e	J	<u> </u>		
41	List the states with which a copy of this return is filed ► NONE		F 1 C			
42 a	<b>42a</b> The books are in care of ▶ DIANE RAMSDEN Telephone no ▶ (773)7					
	Located at ► 8410 S KOLIN AVE, CHICAGO, IL ZIP+4 ► 6	065	2			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			Τ		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No		
	account)?	42b	ļ	X		
	If "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.		1			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X		
	If "Yes," enter the name of the foreign country		_			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	/ n				
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	-		
				T		
		F	Yes	No		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of					
	Form 990-EZ	44	ļ	X		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			.,		
	completed instead of Form 990-EZ	45	L	<u> </u>		
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Pa	τ VI	tables for lines 50 and 51	501(c)(3) organizations mi	ust answer que	stions 46-49 and	com	olete the	
46	Did th	e organization engage in direct or indirect political campaign activities of	n behalf of or in opposition to	candidates for p	oublic		Yes	No
		P If "Yes," complete Schedule C, Part I		·		4		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II					4	7		
48	ls the	organization operating a school as described in section 170(b)(1)(A)(II)	<sup>?</sup> If "Yes," complete Sche	dule E		4	8	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?				49	9a 💮		
b	If "Yes	s," was the related organization(s) a section 527 organization?				49	3b	<u> </u>
50		lete this table for the five highest compensated employees (other than o mpensation from the organization   If there is none, enter "None"	fficers, directors, trustees an	d key employees	) who each received	l more	than \$10	000,00
		(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	s (c) Compens	ation (D) Contribut to employe benefit plans deferred compensati	e s &	(E) Exp accoun other allo	t and
			-					
51	Comp	er of other employees paid over \$100,000  blete this table for the five highest compensated independent contractors ine, enter "None"  N/A  (a) Name and address of each independent contractor paid more to	-	<del></del>	ompensation from ti		ganization	
Total	numb	er of other independent contractors each receiving over \$100,000		<del>-</del>				
Sign		Under penalties of penjury, I declare that I have examined this return, including accorrect, and complete Declaration of preparer (other than officer) is based on all in Signature of officer  Type or print name and title	companying schedules and statem formation of which preparer has a	nents, and to the being knowledge	st of my knowledge and	belief	, it is true,	
	arer's	Preparer's signature Kabest J. Honning	- · · ·   / / /     - · · ·   -	heck if self- mployed	Preparer's Identifyin	g Num	ber (See in:	str)
Use (	if self-employed). 8745 WEST HIGGINS ROAD, SUITE 200			Phone ►  10 312-263-2700				
May	he IR	S discuss this return with the preparer shown above? See instructions			<b></b>		Yes	No
							m <b>990-E</b>	2 (2008

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
BUILDING REPRESENTATIVES CONTRIBUTIONS GIFTS SUPPLIES		700. 125. 65. 29.
TOTAL TO FORM 990-EZ, LINE 16		919.

FORM 990-EZ	PAYMENTS TO	AFFILIATES	STATEMENT		
AFFILIATE'S NAME		AFFILIATES ADDRESS			
SOUTHWEST SUBURBAN FEDERATION OF		15521 S. 70TH COURT			
TEACHERS		ORLAND PARK, IL 60462			
PURPOSE OF PAYMENT			AMOUNT		
PER CAPITA TAXES			135,1	30.	
MOMAY TAKELARDED ON DO	DW 000 FG T TWO 10		125 1		
PER CAPITA TAXES  TOTAL INCLUDED ON FOR	DW 000 FZ 1 TWF 10		135,1		

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				
DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[	] YES [X]	] NO	
•	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	• [	] YES [X]	] NO	

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STATEMENT

IMPROVE THE STATUS OF TEACHERS, EDUCATIONAL WORKERS AND OTHER WORKERS IN THE DISTRICT'S AREA.