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Department of the Treasury Internal Revenue Service

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)

2009

Open to Public Inspection

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements 06/30/10 07/01/09 For the 2009 calendar year, or tax year beginning and ending Please D Employer identification number Check if applicable C Name of organization use IRS American Fed of Govmental Employees Address change label or 63-6067293 Doing Business As print of Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See VA Medical Center, 3701 Loop Road 205-554-2021 Specific Termination 125,335 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc-Tuscaloosa 35404 AL Amended return tions. F Name and address of principal officer H(a) Is this a group return for Application pending Tammy Ryan No H(b) Are all affiliates included? VA Medical Center, 3701 Loop Road No Tuscaloosa AL 35404 If "No," attach a list. (see instructions) **X** 501(c) (4947(a)(1) or Tax-exempt status ◀ (insert no) Website: ► N/A H(c) Group exemption number ▶ Association |X Other Corporation Labor Year of formation M State of legal domicile ALType of organization Part I Summary Briefly describe the organization's mission or most significant activities. 1.) Collection of fees and remittance of some to national, state, and ? ∩ Activities & Governance regional organizations 2.) Provide legal assistance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 6 3 Number of voting members of the governing body (Part VI, line 1a) 6 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 5 Total number of employees (Part V. line 2a) 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part HIL control (C) Tirle 12 7a b Net unrelated business taxable income from Form 99 7b 0 Expense & CANNE Reyegue) Prior Year **Current Year** Š OCT 1 8 2010 77 612 96,450 8 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 902 675 10 Investment income (Part VIII, column (A), lines 3, 11 Other revenue (Part VIII, column (A), lines 5 6d, 86, 96 247 28,210 78,761 125,335 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 76,609 131,395 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 76,609 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 131,395 2,152 -6,060 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 103,803 95,745 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 103,803 95,745 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge true, correct, and comple Sign Here Signature of officer Date SWW. Type or print name and title Preparer's identifying number Check if Preparer's (see instructions) Paid signature 09/24/10 P00116148 employed > Preparer's 63-1179823 Lawrence, //Hitt & Pugh, LLP EIN D Firm's name (or **Use Only** 513 Energy Center Blvd Ste 1001 ▶ 205-752-3700 address, and ZIP + 4

35473-5805

Northport, AL

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. X Yes No

Form 990 (2009)

Form 990 (2009)

P	at iv Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	١.]	
	candidates for 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 similar funds or accounts where donors have		1	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			x
	complete Schedule D, Part I	6	-	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٠,		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		^
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		x
_	complete Schedule D, Part III	 -		
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,"	9		x
	complete Schedule D, Part IV	ا ا		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	10		x
4.4	quasi-endowments? If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	···		
11	VII, VIII, IX, or X as applicable	11	x	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
•	Schedule D, Part VI.			
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		2	
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				7.7
	business, and program service activities outside the United States? 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	4.		v
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40		v
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	4-9		v
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	1	x
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
20	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		$\frac{\mathbf{x}}{\mathbf{x}}$
20_	Did the diganization operate one of more hospitals. It is tes, complete schedule if		990	

Form 990 (2009) American Fed of Govmental Employees 63-6067293 Checklist of Required Schedules (continued) No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 III, IV, and V, line 1 X 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Schedule R, Part V, line 2 X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 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, X Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

> X Form 990 (2009)

19? Note. All Form 990 filers are required to complete Schedule O

_Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			,
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable	-	ļ ·	1
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-	•	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		ŧ	•
_	gaming (gambling) winnings to prize winners?	1c	ļ	
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.			
	otationality, med to the expendence of the control	٦,	t	Ì
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ļ .	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		f i	1
20	instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			1
3a	this return?	3a	1	x
.	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		\vdash
~ a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			İ
	account)?	4a		x
b	If "Yes," enter the name of the foreign country: ▶	70		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		1	
	and Financial Accounts		f 1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ĺ	х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
•	Prohibited Tax Shelter Transaction?	5c		ĺ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			į
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	.	1	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			i
	benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1 1	1	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		f	
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 Cross received as Form 200 Red VIII line 12 for multiple upon of plub feelilting.	-	1	
b :4	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(a)(42) experientions. Enter:	-	1	
11	Section 501(c)(12) organizations. Enter]	
a	Gross income from members or shareholders Cross income from other sources (Do not net amounts due or paid to other sources against	-	j	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		1	
120	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ť	
l2a h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
<u>b</u>	n 169, Chief the amount of tax-exempt interest received of accided during the year	Form	990 ((2000)
		. 01111		,,

Form 990 (2009) American Fed of Govmental Employees 63-6067293 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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? 4 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? 6 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10a 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? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a 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 X Does the organization have a written whistleblower policy? 13 13 X 14 Does the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, 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? X 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 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 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the

205-554-2021

VA Medical Center, 3701 Loop Rd. AL 35404 205-5

Tuscaloosa

organization. > Deborah Jordan

Form 990 (2009)

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. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."

DAA

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons

Check this box if the organization	n did not compe	nsate	e an	y cui	rrent	offic	ег, с	director, or trustee		
(A) Name and Title	(B) Average hours per			(chec	C) k all	that a	pply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Tammy Ryan										
President		X					<u> </u>	0	0	500
Mike Michalski										4.6
1st Vice President		X		<u> </u>	<u> </u>	<u> </u>	<u> </u>	0	0	10
Charles Gleaton									•	•
2nd Vice President		X	<u> </u>	<u> </u>		├	<u> </u>	0	0	0
Henry Cunningham		_,							•	^^
Chief Steward Deborah Jordan		X			_		-	0	0	30
		. ,						ol	0	1 010
Secretary/Treasurer Carolyn Lewis		X		\vdash		-	_		0	1,210
		x						o	0	300
Sergeant-at-Arms		^						-		300
· _										
								,		
	· -,							***		· · · · · · · · · · · · · · · · · · ·
	-									·
	-									

Part VII Section A. Officers (A) Name and Title	(B) Average	Pos	ition	(chec	C) k ali	that a	ppły)		(E) Reportable	(F) Estimated
	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
				_	<u> </u>					
									· · · · · · · · · · · · · · · · · · ·	-
									· · · · · · · · · · · · · · · · · · ·	
									<u> </u>	·
								L <u> </u>		
Total Total number of individuals (included)	cluding but not li	mitei	d to	thos	e list	ed a	▶	a) who received more than	\$100,000 m	2,050
reportable compensation from 3 Did the organization list any fo	the organization	<u> </u>	0				<u> </u>		· · · · · · · · · · · · · · · · · · ·	Yes No
employee on line 1a? If "Yes," For any individual listed on line the organization and related or individual Did any person listed on line 1 services rendered to the organization.	e 1a, is the sum granizations great . a receive or acc	of repater to	porta han omp	able (\$150 ensa	com 0,000 ation	pens 37 If from	ation Yes any	, complete Schedule J for unrelated organization for	such	3 X 4 X 5 X
Section B. Independent Contractor Complete this table for your five		ensat	ed II	ndep	ende	ent c	ontra	actors that received more t	han \$100.000 of	
compensation from the organiz	zation. (A) business address								(B) ion of services	(C) Compensation
					_		-			
							-			
				····			•			
2 Total number of independent c		-				d to	thos	e listed above) who receive	ed	
more than \$100,000 in comper	sauon from the	orga	niza	uon						0 Form 990 (2009)

Pa	rt VI	III Statement of Reve	nue				·		T (2)
		,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
·0 ·0			4- 1	<u></u>	96,450		Tevende		
at st		Federated campaigns	1a		90,430				
B일		Membership dues	1b			-			,
Ę,		Fundraising events	1c		 j			-	
ള		Related organizations	1d					•	
Sim		Government grants (contributions)	1e		<u>-</u>	1		,	
흑	f	Ali other contributions, grits, grants,			ŀ			·	
들됨		and similar amounts not included above	_1f						
들	_	Noncash contributions included in lines 1a-	1f S	\$					
Program Service Revenue Contributions, gifts, grants	h	Total. Add lines 1a-1f			<u> </u>	96,450			
2					Busn. Code				
Š	2a								
8	b								
ا <u>چ</u>	С								
န်	d								
E	е								
ğ	f	All other program service reve	nue						
2	g	Total. Add lines 2a-2f			. •				
	3	Investment income (including	dividen	ds, intere	est, and				
		other similar amounts)			. ▶ .	675	675		
	4	Income from investment of tax	-exem	pt bond p	roceeds ▶				
	5	Royalties			▶				
		(ı) Real		(ii) F	Personal				
	6a	Gross Rents							
	b	Less rental exps							
	c	Rental inc or (loss)							
	d	Net rental income or (loss)			>		_		
		Gross amount from (i) Securities	B	(11)	Other			· · · · · ·	
		sales of assets other than inventory			- :-				
	h	Less cost or other				1			
		basis & sales exps		1				;	
	С	Gain or (loss)							
	d	Net gain or (loss)		· · ·	—			-	
	i	Gross income from fundraising eve	nts [, ,		
ne	Va	(not including \$	"""		}				
Ver		of contributions reported on line 1c)	٠ ا						
æ		See Part IV, line 18	a a					-	
Other Reven	h	Less: direct expenses	ь			•			
ਰ		Net income or (loss) from fund	~ (events					
		Gross income from gaming activitie		3.0110				· · · · · · · · · · · · · · · · · · ·	
	Ja	See Part IV, line 19	, a		}				
	_	Less: direct expenses	ь					,	
		Net income or (loss) from gam	ເ	tivitios	•				
				livines					
	ıva	Gross sales of inventory, less							
		returns and allowances	a b						
		Less: cost of goods sold			—		i		
	С	Net income or (loss) from sale Miscellaneous Revenue		ventory	Busn. Code		-1100/1100 - 1100 - 1100 - 1100 - 1100		
					Dusii. Code	28,160	28,160		
	11a		Offic	ce .		28,180	28,180	· · · · · · · · · · · · · · · · · · ·	·
	b	Deposit Refunds			 				
	С							<u> </u>	
		All other revenue				28,210			
	1	Total. Add lines 11a-11d			P	125,335		0	0
	12	Total Revenue. See instruction	ns		<u> </u>	125,335	20,003		

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1				<u> </u>	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			<u>[</u>	
	the U.S. See Part IV, line 22			-	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			ļ	
	U.S See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	 			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а					
b	Legal				
С	Accounting	650		650	
d	Lobbying	2,065		2,065	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	2,712	·	2,712	
13	Office expenses	595		595	
14	Information technology				
15	Royalties .			··	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	19,733		19,733	
19	Conferences, conventions, and meetings	19,133		19,133	
20 21	Interest Payments to affiliates	†			
22	Depreciation, depletion, and amortization	667		667	
23	Insurance	203		203	
					, , , , , , , , , , , , , , , , , , ,
24	Other expenses Itemize expenses not	1		1	
	covered above (Expenses grouped together	-		1	
	and labeled miscellaneous may not exceed	1		1	
	5% of total expenses shown on line 25 below)				
а	Dues	65,511		65,511	
b	New Member Bonus	19,000		19,000	
C	Recruiter Bonus	19,000		19,000	
d	Telephone	529		529	
е	Legislative Action Fund	528		528	
	All other expenses	202		202	
25	Total functional expenses. Add lines 1 through 24f	131,395		131,395	
26					
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation				Form 990 (2009)
					1 0000 (2009)

Part 3	X Balance Sheet		(A)		(B)
		Begir	nning of year		End of year
1	Cash—non-interest bearing		31,479	1	40,195
2	Savings and temporary cash investments		70,729		54,479
3	Piedges and grants receivable, net			3	
4	Accounts receivable, net	-		4	
5	Receivables from current and former officers, directors, trustees, key				
"	employees, and highest compensated employees Complete Part II of				
	Schedule L	İ		5	Í
6	Receivables from other disqualified persons (as defined under section	•			
ľ	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete				
	Part II of Schedule L	ĺ		6	
<u>မ</u> ၂	Notes and loans receivable, net			7	
8 (S	Inventories for sale or use		· · · · · · · · · · · · · · · · · · ·	8	····
Assets			-	9	
9	Prepaid expenses and deferred charges		, ,r	-	
102	t Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 2,	205			
Ι.	· ' -	134	1,595	10c	1,071
	.,	134	1,393	11	1,011
11	Investments—publicly traded securities			12	<u> </u>
12	Investments—other securities. See Part IV, line 11	·		13	,
13	Investments—program-related See Part IV, line 11			14	· · · · · · · · · · · · · · · · · · ·
14	Intangible assets			15	
15	Other assets. See Part IV, line 11	.	103,803	16	95,745
16	Total assets. Add lines 1 through 15 (must equal line 34)	- 		17	337743
17	Accounts payable and accrued expenses			18	
18	Grants payable			19	
19	Deferred revenue	.		20	
20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	·		21	
Liabilities 21 22 22 22 22 22 22 22 22 22 22 22 22	•				
≣ ²²					
<u> </u>	employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	f	•	22	
_		· · · · ·		23	
23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties			24	
24	•			25	
25	Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25	·		26	
26					
<u>ĕ</u>	Organizations that follow SFAS 117, check here ► X and				
Net Assets or Fund Balances 27 28 29 30 31 32 33 34	complete lines 27 through 29, and lines 33 and 34.	i	103,803	27	95,745
E 27	Unrestricted net assets	.	103,003	28	33,743
28	Temporarily restricted net assets			29	
Ĕ ²⁹		7"		29	
正	Organizations that do not follow SFAS 117, check here ▶			1	
٠. ة	and complete lines 30 through 34.	ŀ] ,,]	
S 30	Capital stock or trust principal, or current funds	· 		30	
31	Paid-in or capital surplus, or land, building, or equipment fund	·		31	
₹ ³²	Retained earnings, endowment, accumulated income, or other funds	 	103,803	32	95,745
를 [33	Total net assets or fund balances	· 	103,803	33	95,745
<u> 34</u>	Total liabilities and net assets/fund balances	<u> </u>	100,600		95, 745 Enm 990 (2009)

om	n 990 (2009) American Fed of Govmental Employees 63-6067293		Pa	<u>ge 12</u>
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cash			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.		1	ź
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:		. 1	
	Separate basis Consolidated basis Both consolidated and separate basis			,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a_		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	J	J	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2009

Employer identification number

Open to Public Inspection

American Fed of Govmental Employees 63-6067293 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7 Part II 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ _ _ _ _ _ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section | Yes | No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 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, historical 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 treasures, 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 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 Assets included in Form 990, Part X

che		ed or goviner					
Pa	art III Organizations Maintaining	Collections of Art,	Historical Trea	sures,	or Other	Similar As	sets (continued)
3	Using the organization's acquisition, accession collection items (check all that apply)						
а	Public exhibition	d Loan o	or exchange program	ms			
b	Scholarly research	e Other					
c	Preservation for future generations	_					
4	Provide a description of the organization's colle	ections and explain how t	they further the orga	anızatıon':	s exempt pu	irpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, I	historical treasures,	or other	sımilar		☐ Yes ☐ No
Da	art IV Escrow and Custodial Arra					"Yes" to Fo	
1. 4	IV, line 9, or reported an am						
10	Is the organization an agent, trustee, custodiar				s not		
14	included on Form 990, Part X?	Tor other intermediary to	Contributions of ot	inci asset	3 1101		☐ Yes ☐ No
L	If "Yes," explain the arrangement in Part XIV a		1 tahle:			•	
Ь	it fes, explain the arrangement arrangement arrangement	na complete the lonowing	, table.				Amount
_	Beginning balance					1c	· · · · · · · · · · · · · · · · · · ·
	Additions during the year				•	1d	
	Distributions during the year	•			•	1e	····
	Ending balance	•	•			1f	
	Did the organization include an amount on For	m 990 Part Y line 212		•			Yes No
	If "Yes," explain the arrangement in Part XIV	111 000, 1 alt A, iiilo 21.	•		•	• • •	1c3 NO
	ert V Endowment Funds. Comple	te if organization a	nswered "Yes"	to Form	1 990. Pa	rt IV. line 1	0.
<u>r e</u>	Endowment I unds. Compic	(a) Current year	(b) Prior year		years back	(d) Three years	
1.	Reginning of year balance	(4, 52	<u> </u>	 ` 	·	, , , , , , , , , , , , , , , , , , , 	
	Beginning of year balance			 			
	Net investment earnings, gains,						
C	and losses						
d	Grants or scholarships			†·····			
	Other expenditures for facilities			<u> </u>			
٠	and programs			}			
f	Administrative expenses			1			
g	End of year balance						
2	Provide the estimated percentage of the year	end balance held as:					
-	Board designated or quasi-endowment ▶ _	%					
	Permanent endowment ▶%						
	Term endowment ▶ %						
_	Are there endowment funds not in the possess	sion of the organization th	at are held and adn	ninistered	for the		
	organization by	_					Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations				_		3a(ii)
b	If "Yes" to 3a(ii), are the related organizations I	isted as required on Scho	edule R?				3b
4	Describe in Part XIV the intended uses of the o	organization's endowmen	t funds				
Pa	irt VI Investments—Land, Buildir	ngs, and Equipmen	t. See Form 99	0, Part	X, line 10)	
	Description of investment	(a) Cost or other basis	(b) Cost or ot	her	(c) Acc	umulated	(d) Book value
		(investment)	basis (other	r)	depre	ciation	
1a	Land					":	
	Buildings						
	Leasehold improvements						
	Equipment						
	Other		2	,205		1,134	1,071
	L Add lines 1a through 1e. (Column (d) must en	ual Form 990 Part Y col	umn (B) line 10(c)	\			1 071

(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
nancial derivatives		
losely-held equity interests		
her		
tal. (Column (b) must equal Form 990, Part X, col (B) line 12)	>	
Part VIII Investments—Program Related. See For	m 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13)	>	
Part IX Other Assets. See Form 990, Part X, line	15.	
(a) Description	on	(b) Book valu
		>
Part X Other Liabilities. See Form 990, Part X, li	ne 25.	>
Part X Other Liabilities. See Form 990, Part X, li	ne 25.	
(a) Description of liability		>
Part X Other Liabilities. See Form 990, Part X, li		>
Part X Other Liabilities. See Form 990, Part X, li		>
(a) Description of liability		>
Part X Other Liabilities. See Form 990, Part X, li		>
Part X Other Liabilities. See Form 990, Part X, li		>
Part X Other Liabilities. See Form 990, Part X, li (a) Description of liability		>
Part X Other Liabilities. See Form 990, Part X, li (a) Description of liability		>
······································		
Part X Other Liabilities. See Form 990, Part X, li (a) Description of liability		
Part X Other Liabilities. See Form 990, Part X, li (a) Description of liability		

Sch	edule D (Form 990) 2009 American Fed of Govmental Employees 63-60672		Page 4
P	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial States	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	·
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities .	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 2a		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants	1 1	
d	Other (Describe in Part XIV.)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	1 1	
b	Other (Describe in Part XIV)] [
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	
а	Donated services and use of facilities 2a	1	
b	Prior year adjustments 2b		
С	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	† †	
	Other (Describe in Part XIV.)	1.1	
	Add lines 4a and 4b	4c	·
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	art XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete		
nis p	part to provide any additional information.		
			·
			· – – – –
			.
_			

SCHEDULE O (Form 990)

Supplemental Information to Form 990 plete to provide information for responses to specific questions of the specific ques

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

Attach to Form 990.

2009
Open to Public inspection

Department of the Treasury Internal Revenue Service Name of the organization

American Fed of Govmental Employees

Employer identification number 63-6067293

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
The organization has members.
Form 990, Part VI, Line 7a - Election of Members and Their Rights
The organization has 6 voting members.
Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
Decisions are discussed at monthly meetings where they are approved or
disapproved.
Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters
The procedures are kept onsight.
Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
The board will review this Form 990 at a meeting.
Town 000 Pout III. Time 10 General December Disclosure December 1
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Documents are made available to the public by contacting a board member.
Form 990, Part XI, Line 1 - Change in Accounting Method Explanation
The organization uses the modified cash basis of accounting. The
modification is depreciation.

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Identifying number

63-6067293

OMB No 1545-0172

▶ See separate instructions.

► Attach to your tax return

American Fed of Govmental Employees Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If mamed filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 7 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 15 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions. Part III Section A 639 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) 19a 3-year property 142 200DB 5.0 HY 28 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 vrs. 27 5 yrs. S/L h Residential rental MM property MM 27 5 yrs. S/L MM S/L Nonresidential real 39 yrs property MM Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs S/L 40-year S/L 40 vrs Summary (See instructions.) Part IV Listed property. Enter amount from line 28 21 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 667 22 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs