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Form 990-EZ

Department of the Treasury Internal Revenue Service

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

	or the	2010 calend	ar year, or tax year beginning	09/01	, 2010,	and ending		08/31	, 20
Bc	heck if ap	plicable	C Name of organization				D Em	ployer ident i	fication number
◩▴	ddress c	hange	AMERICAN FEDERATION OF TEAC						364792
_	The state of the s			Room/suite	E Telephone number				
_	ntial retui erminate		1539 Cortland Avenue					610-6	18-0623
	mended	-	City or town, state or country, and ZIP + 4				F Gr	oup Exempt	tion
=		n pending	Reading, PA 19607				Nu	mber 🕨	
G A	ccount	ing Method	✓ Cash	ecify) ►			H Check	▶ I if the	e organization
I W	Vebsit	e:► www	.raccunion.com				require	ed to attach	Schedule B
J Ta	x-exen	npt status (che	eck only one) — _ 501(c)(3)	(5) ◀ (insert no.) ☐ 49	47(a)(1) or	527	(Form	990, 990-E	Z, or 990-PF).
F		0-EZ or Forn	e organization is not a section 509(a)(3) n 990 return is not required though For re to file a complete return.	supporting organization ar m 990-N (e-postcard) may	i d its gross be requir	s receipts a ed (see ins	re normall tructions).	y not more But if the o	than \$50,000. A
L A	dd lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If	gross receipts are \$200,000	or more,	or if total as	sets (Part I	l,	
lıne	25, coli	umn (B) below) are \$500,000 or more, file Form 990 inst	ead of Form 990-EZ .				▶ \$	74
Pa	art I		e, Expenses, and Changes in						
		Check if	the organization used Schedule	O to respond to any o	uestion i	in this Par	<u>rtl</u>		
	1		ons, gifts, grants, and similar amou					1	
	2	Program s	ervice revenue including governme	nt fees and contracts				2	
	3	Membersh	ip dues and assessments					3	74
	4	Investmen	tincome					4	
	5a	Gross amo	ount from sale of assets other than	inventory	5a		1	<u>o</u>	
	b		or other basis and sales expenses		5b			0	
	C	Gain or (lo:	ss) from sale of assets other than i	nventory (Subtract line	5b from li	ine 5a) .		5c	
	6	_	nd fundraising events					(a) ***	
	а	Gross inc	ome from gaming (attach Sche	dule G if greater that	an			(a) (-1)	
ا <u>چ</u>		\$15,000)			6a	<u> </u>		<u>o</u>	
Revenue	b		me from fundraising events (not in			f contribut	ions	1	
Be			aising events reported on line 1) (•		1,5	
			ch gross income and contributions		6b			이 : :	
	С	Less: direc	t expenses from gaming and ម្រាជ	caising events	6c	l		0	
	d	Net incom	e or (loss from gaming and fund	aising events (add line	es 6a and	d 6b and	subtract	200	
		line 6c)		ોછૂ ! · · · · · ·				6d	
1	7a	Gross sale	s of inventory, less returns andlatic	owandes	7a			0	
	b	Less: cost	of goods sold	[6]	7b			0 2 .	
	С	Gross prof	it or (loss) from sales of inventory.	Subtract line 7b from lin	ne 7a) .			7c	
	8	Other reve	nue (describe in Schedule 0)					8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7					9	7-
	10	Grants and	d similar amounts paid (list in Sche	dule O)				10	4
	11		aid to or for members					11	
S	12	Salaries, o	ther compensation, and employee	benefits				12	
Expenses	13		al fees and other payments to inde					13	2
be	14		y, rent, utilities, and maintenance					14	
ũ	15	Printing, p	ublications, postage, and shipping					15	
	16	Other expe	enses (describe in Schedule O) Se	e Schedule O, Statement	1			16	
	17	Total expe	enses. Add lines 10 through 16 .	<u> </u>	<u></u>	<u> </u>	<u> ▶</u>	17	7
S	18	Excess or	(deficit) for the year (Subtract line	17 from line 9)				18	•
set	19	Net assets	or fund balances at beginning o	f year (from line 27, co	olumn (A)) (must ag	ree with	Time	
ASS		end-of-yea	ar figure reported on prior year's re	turn)				19	
নু Net Assets	20	Other char	nges in net assets or fund balances	s (explain in Schedule C))			20	
٠	21		or fund balances at end of year. C					21	

Pa	řt II Balance Sheets. (see the instructio Check if the organization used Sched	ns for Part II.)	etion in this	Part II			
_	Check if the organization used coned	die et to respond to any que			inning of year		(B) End of year
22	Cash, savings, and investments		[6,406	22	4,549
23	Land and buildings		f			23	0
24	Other assets (describe in Schedule O)					24	0
25	Total assets				6,406	-	4,549
26	Total liabilities (describe in Schedule O) .					26	0
27	Net assets or fund balances (line 27 of colu				6,406	-	4,549
Par	t III Statement of Program Service Acco			Part III			Expenses
	Check if the organization used Sched					(Regu	ured for section
Wha	t is the organization's primary exempt purpose?					501(c	(3) and 501(c)(4)
	ribe what was achieved in carrying out the organization		ar and concise	mann	er. describe		nizations and section (a)(1) trusts, optional
	ervices provided, the number of persons benefited, a				,		hers.)
28	The Federation is dedicated to Education and its	·					
20							
						[
	(Grants \$ 47,572) If this amou	ent includes foreign grants, oh			K	28a	_
29	<u> </u>					20a	0
29							
						[
	(Grants \$) If this amou	ent includes fersion grants of				29a	
30		unt includes foreign grants, ch				298	
30							
							·
	(Cronto ©				·····	30a	
21		unt includes foreign grants, ch				SUA	
31	Other program services (describe in Schedule (•				04.	
33		int includes foreign grants, ch				31a 32	0
	Total program service expenses (add lines 28 t IV List of Officers, Directors, Trustees, and I						tions for Bort IV
Lai	Check if the organization used Sched						idons for Part IV.)
	Oncok if the organization used defield	(b) Title and average	(c) Compens		(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not pa	id,	employee benefit deferred comper	plans &	account and
	- Minaka d	President, 5	enter -0		deterred comper	n	
	er Kimpland			0		U	0
	Cortland Avenue, Reading, PA 19607	Treasurer, 5				0	
	pail Serrano		[0		U	0
	O Cortland Avenue, Reading, PA 19607	Secretary, 5	 			0	
	hanie Ernst			0		U	0
	O Cortland Avenue, Reading, PA 19607	Faculty VP, 5					
	ly Seaman		1	0		0	0
	Cortland Avenue, Reading, PA 19607	Faculty Negotiator, 5	 				
	n Schwartz			0		0	0
	Cortland Avenue, Reading, PA 19607	Paraprofessional Rep. 5	 				
	t Buckwalter		Í	0		0	0
	Cortland Avenue, Reading, PA 19607	Paraprofessional Rep, 5	 				
	la Dapcic- Angst			0		0	0
	Cortland Avenue, Reading, PA 19607	Classified Rep, 5	 				
	ron Shearer		1	0		0	0
	Cortland Avenue, Reading, PA 19607	Classified Day 5	ļ. <u> </u>				
	tie Hudzik	Classified Rep, 5		0		0	0
1539	Cortland Avenue, Reading, PA 19607		 				
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rart	Check if the organization used Schedule O to respond to any question in this Part V			$\overline{}$
	Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	NO
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
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, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		√
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			in the second
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		√ 1
	If "Yes," complete Schedule L, Part II and enter the total amount involved			1
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	a de		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
b	section 4911 ►; section 4912 ►; section 4955 ► Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
b	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	3,441.00	
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. 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		✓
41	List the states with which a copy of this return is filed. ▶		_	
42a b	The organization's books are in care of ► Abigail Serrano Located at ► 1539 Cortland Avenue, Reading, PA 19607 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	610-61 196	8-062 607 Yes	
	account)?	42b	163	√
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	. 1	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
b	completed instead of Form 990-EZ	44a		<u></u>
	completed instead of Form 990-EZ	44b 44c		✓
_	explanation in Schedule O	44d		

Form	990-	EZ ((201	0)

_	4
Daga	-

						Yes	No
45	Is any related organization a controlled entity	of the organization within the	meanin	g of section	n 512(b)(13)?	45	√
	Did the organization receive any payment from					数数	1
	meaning of section 512(b)(13)? If "Yes," Form 990-EZ (see instructions)	m 990 and Schedule R may	need to	b be comp	pleted instead of	建	
	,	ctly in political campaign ac	 tivities o	n hehalf o	for in apposition	45a	48,53
	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I						
Part V		d section 4947(a)(1) none	exempt	charitab	le trusts only. A	Il section	
	501(c)(3) organizations and section 4 and 52, and complete the tables for	1947(a)(1) nonexempt cnar lines 50 and 51.	itable ti	rusts mus	t answer question	ons 47–491	ס
	Check if the organization used Schedu		stion in	this Part \	/		
						Yes	No
47	Did the organization engage in lobbying activi	ties? If "Yes," complete Sche	edule C,	Part II .		47	
	e organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E					48	
	Did the organization make any transfers to an	•	ed organ	ization? .		49a	
	If "Yes," was the related organization a sectio Complete this table for the organization's five		 ovees (o	· · · · · then c	fficers directors	[49b] trustees an	d kev
	employees) who each received more than \$10						
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Co	mpensation	(d) Contributions to employee benefit plans &	(e) Expen	
	than \$100,000	devoted to position		_	deferred compensation	other allowa	
None							
			_				
						ĺ	
			 				
				<u> </u>			
					<u> </u>		
	Total number of other employees paid over \$1	100.000	<u> </u>		L		
51	Complete this table for the organization's fiv	e highest compensated inde		t contract	ors who each rec	eived more	than
	\$100,000 of compensation from the organiza	tion. If there is none, enter "N	10110.				
	\$100,000 of compensation from the organiza (a) Name and address of each independent contract		10.10.	(b) ⊤yr	pe of service	(c) Compensa	ation
None				(b) Typ	pe of service	(c) Compensa	ation
None				(b) Тур	oe of service	(c) Compensa	ation
None				(b) Typ	be of service	(c) Compensa	ation
None				(b) Typ	be of service	(c) Compensa	ation
None				(b) Typ	be of service	(c) Compensa	ation
None				(b) Тур	be of service	(c) Compensa	ation
None				(b) Tyş	pe of service	(c) Compensa	ation
None				(b) Тур	be of service	(c) Compensa	ation
	(a) Name and address of each independent contract	tor paid more than \$100,000		(b) Typ	be of service	(c) Compensa	ation
d	(a) Name and address of each independent contractor	rs each receiving over \$100,0	00 .	. •		(c) Compensa	ation
d 52	(a) Name and address of each independent contract	rs each receiving over \$100,0 ote: All section 501(c)(3) orga	00 .	. •	7(a)(1)		No
d 52	Total number of other independent contractor Did the organization complete Schedule A? N nonexempt charitable trusts must attach a co-	rs each receiving over \$100,0 ote: All section 501(c)(3) orgampleted Schedule A including accompanying schedules	00 .	. ►	7(a)(1) the best of my knowled	Yes 🗆 I	
d 52	Total number of other independent contractor Did the organization complete Schedule A? N nonexempt charitable trusts must attach a co	rs each receiving over \$100,0 ote: All section 501(c)(3) orgampleted Schedule A including accompanying schedules	00 .	. ►	7(a)(1) the best of my knowled	Yes 🗆 I	
d 52 Under petrue, com	Total number of other independent contractor Did the organization complete Schedule A? N nonexempt charitable trusts must attach a co- enalties of perjury, I declare that I have examined this return eet, and complete. Declaration of preparer (other than office	rs each receiving over \$100,0 ote: All section 501(c)(3) orgampleted Schedule A including accompanying schedules	00 .	. ►	7(a)(1) the best of my knowled	Yes 🗆 I	
d 52 Under petrue, com	Total number of other independent contractor Did the organization complete Schedule A? N nonexempt charitable trusts must attach a co-	rs each receiving over \$100,0 ote: All section 501(c)(3) orgampleted Schedule A including accompanying schedules	00 .	. ►	7(a)(1) the best of my knowled	Yes 🗆 I	
d 52 Under petrue, com	Total number of other independent contractor Did the organization complete Schedule A? N nonexempt charitable trusts must attach a co- enalties of perjury, I declare that I have examined this return rect, and complete. Declaration of preparer (other than office	rs each receiving over \$100,0 ote: All section 501(c)(3) orgampleted Schedule A including accompanying schedules	00 .	. ►	7(a)(1) the best of my knowled	Yes 🗆 I	
d 52 Under petrue, com	Total number of other independent contractor Did the organization complete Schedule A? No nonexempt charitable trusts must attach a contractor each, and complete. Declaration of preparer (other than office) Signature in office	rs each receiving over \$100,0 ote: All section 501(c)(3) orgampleted Schedule A including accompanying schedules	00 . anization	. ▶ Is and 494 · · · · nents, and to has any kno	7(a)(1) the best of my knowled	Yes	
d 52 Under petrue, com	Total number of other independent contractor Did the organization complete Schedule A? None of the independent contractor Did the organization complete Schedule A? None of the independent contractor Independent contractor Did the organization complete Schedule A? None of the independent contractor Independent contractor Total number of other	rs each receiving over \$100,0 ote: All section 501(c)(3) orgampleted Schedule A including accompanying schedules	00 . anization	. ►	7(a)(1) the best of my knowled whedge	Yes 🗆 I	
d 52 Under pertrue, com	Total number of other independent contractor Did the organization complete Schedule A? N nonexempt charitable trusts must attach a co- enalties of perjury, I declare that I have examined this return rect, and complete. Declaration of preparer (other than office Abigair Serrano, Treasurer Type or print name and title Print/Type preparer's name Print/Type preparer's name	rs each receiving over \$100,000 ote: All section 501(c)(3) orgamileted Schedule A , including accompanying schedules er) is based on all information of which	00 . anization	. Das and 494	7(a)(1) the best of my knowled wiedge	Yes	
d 52 Under pettrue, corres Sign Here	Total number of other independent contractor Did the organization complete Schedule A? N nonexempt charitable trusts must attach a co- enalties of perjury, I declare that I have examined this return rect, and complete. Declaration of preparer (other than office Abigait Serrano, Treasurer Type or print name and title Print/Type preparer's name Print/Type preparer's name	rs each receiving over \$100,000 ote: All section 501(c)(3) orgamileted Schedule A , including accompanying schedules er) is based on all information of which	00 . anization	s and 494 nents, and to has any kno	7(a)(1) the best of my knowled whedge	Yes	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ. Employer identification number

AMERICAN FEDERATION OF TEACHERS Local 3173	23-7364792
Form 990-EZ, Part I, Line 10 - American Federation of Teachers, PO Box 791212, Baltimore, MD 21279 Amount: \$29,159, AFT Pennsylvania, 1816 Chestnut Street, Philadelphia, Pa 19103 Purpose: Per Capit	
Southeastern Pennsylvania Area Labor Federation 3031 Walton Road, Suite 300 Bldg C Plymouth Mee Payments Amount: \$686	
······································	

Schedule O, Statement 1

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

AMERICAN FEDERATION OF TEACHERS

23-7364792

Other Expenses Structured Explanation

Description	Amount
Office Expenses	986
Travel Expenses	973
Gifts and Charity	935
Total:	2,894