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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

2011

Open to Public Inspection

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B 0	heck if ap		. •	entification number
=	Address o		3-a	000502
_	Name cha	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	phone no	ımber
_	Initial retu Terminate	3833 CREIN POND KOAD		
=	Amended	City or town, state or country, and ZIP+ 4	oup Exe	mption
	Applicatio		mber 🕨	·
G A	Account	ing Method ☐ Cash ☐ Accrual Other (specify) ▶ H Check	▶ ⊠ r	f the organization is n e
	Nebsit		d to atta	ach Schedule B
J Ta	ax-exen		<u> </u>)-EZ, or 990-PF).
	Check 🕨	5	its gross	receipts are normally
		e than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be re	quired (see instructions) But
		nization chooses to file a return, be sure to file a complete return		
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II	•	12016
		olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	6/828
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru		
		Check if the organization used Schedule O to respond to any question in this Part I		<u> </u>
	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	66604
	4	Investment income	4	1224
	5a	Gross amount from sale of assets other than inventory		. 4
	b	Less: cost or other basis and sales expenses		
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
_	а	Gross income drifting gaming (attach Scheöble G if greater than		
Revenue		\$15,000)		
ě	b	Gross income from fundraising events (not including \$ of contributions		
Re.		from fundraising events reported for line 1) (attach Schedule G if the sum of such gross-income and events buttons exceeds \$15,000).		
		sum of such gross-incomo-and-contributions-exceeds \$15,000) . 6b	3.1	
	С	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	Sec.	
		line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances . 7a		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	67828
	10	Grants and similar amounts paid (list in Schedule O)	10	- 100.0
	11	Benefits paid to or for members	11	150
S	12	Salaries, other compensation, and employee benefits	12	700
Expenses	13	Professional fees and other payments to independent contractors	13	11800
ğ	14	Occupancy, rent, utilities, and maintenance	14	3505
ũ	15	Printing, publications, postage, and shipping .	15	
	16	Other expenses (describe in Schedule O)	16	41051
	17	Total expenses. Add lines 10 through 16	17	56506
(S)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11322
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	4.5	11 2 2 2 2
As		end-of-year figure reported on prior year's return)	19	104363
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0 1
7	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	115 685
_				

	990-EZ (2011) AMERILAN FED. OF	1EACHERS	Loca 357	19 23-2	<u>000</u>	502 Page 2
Pai	Balance Sheets. (see the instructions Check if the organization used Schedule	•	ny question in this	Part II		
		<u> </u>	,, 4000	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[10100	22	115 685
23	Land and buildings		[23	
24 25	Other assets (describe in Schedule O) Total assets				24 25	115 625
26					26	0
27	Net assets or fund balances (line 27 of column		n line 21)		27	115685
Par	•					Expenses
	Check if the organization used Schedule	<u></u>		Part III 💢		uired for section
	t is the organization's primary exempt purpose?					c)(3) and 501(c)(4) nizations and section
as m	ribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for each of the control of th	anner, describe the	e services provided	d, the number of	4947	(a)(1) trusts; optional thers.)
20	BENEFITS AND WORKING C		IMPROVED W			
	BARGAINING					
~~	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	▶ 🔲	28a	
29						
30	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🛛	29a	
30	(Grants \$) If this amount	includes foreign gra	ints, check here	▶ □	30a	
31	Other program services (describe in Schedule O)					
32	Total program service expenses (add lines 28a	includes foreign gra	ints, check here .		31a 32	
Par		Employees. List eac	h one even if not con	npensated. (see the in	stru	ctions for Part IV.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and	e (e)	
	MARIO ACERRA	PRESIDENT	()	Ò	+	<u></u>
	T MALCHARY	5.00			+	
	TIM MOLCHARY	VICE - PRES	0	0		O
	SHARON GAVIN-LEVY	S.OO SECRETARY S.O TREASUREN S.O	Ð	0		
	ANITA DICKSON	TREASURER				0
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	O-EZ (2011) AMERICAN FEO ERATION OF TEACHERS LOCAL 3579 23-	<u>.</u>		2 age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
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	i	X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
c b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c	_//	A X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b		X
38a	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 outstanding at the end of the tax year covered by this return?	38a		X
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b //1 Section 501(c)(7) organizations. Enter:	(4)		
a	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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	io i	A
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			#4.
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			4
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		X
41	List the states with which a copy of this return is filed. ► NONE		<i>*</i>	CO ICC
42a	The organization's books are in care of ► HNITA DICKSON Telephone no. ► (JULICATION ASSET FOR POWD KOAD BETHLEHETH ASSET 18030 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		20	Y/Yo
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	163	Z
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			BK (k
C 40	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	L	
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	· /ų	A Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	163	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		P
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	A.	
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X

Form 00	90-EZ (2011)	Ancor A	s force	CATION OF 1	DAY HONG	1m	<u>a</u> ?	(19	رك	3-20	20200	o. 4		
10111133	50-LZ (2011)	7 INTERESTA	io repu	477167 67 11	-IN IRES	200	7C J.	<i>J</i> , ,			Ves	Page 4 No		
46	Did the o	rganization engage,	, directly or in	directly, in political	campaign activit	ties on	behalf o	of or in	opposit	tion 🌃				
	to candi	dates for public office	ce? If "Yes," c	complete Schedule	C, Part I					. 4	6	X		
Part	VI Sec	ction 501(c)(3) or	ganizations	and section 494	7(a)(1) nonexe	empt o	charital	ble tru	sts on	ly. All s	section			
	501	(c)(3) organization	ns and section	on 4947(a)(1) none	exempt charita	ble tru	ısts mu	st ans	wer qu	estions	47–49	b		
		52, and complete										_		
	Cne	eck if the organizat	ion used Sch	ledule O to respon	d to any questi	on in t	his Part	VI .				┿┼		
47	Did the d	organization engage	e in Jobbyina	activities or have a	section 501/h)	electio	n in offe	act dur	ing the	tav [Yes	No		
••	year? If "	Yes," complete Sch	nedule C, Part								17			
48	48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									8	1			
49a	Did the o	rganization make ar	ny transfers to	an exempt non-ch	arıtable related (organiz	zation?			. 4	9a	i		
þ	If "Yes,"	was the related orga	anization a se	ction 527 organizatı	on?					. 4	9b	1		
50	Complete	e this table for the o	organization's	five highest compe	nsated employe	es (oth	ner than	officers	s, direct	ors, tru	stees ar	nd key		
	employee	es) who each receive	ed more than	\$100,000 of compe	ensation from the	e orgai				e, enter	"None.			
		and address of each emp	oloyee	(b) Title and average hours per week	(c) Reportation		contribut		mployee	(e) Estin	nated amo	ount of		
	pa	aid more than \$100,000		devoted to position	(Forms W-2/1099		benefit pl	lans, and mpensati		d other compensation				
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51	Complete	nber of other emploe this table for the of compensation f	organization's	s five highest comp	ensated indepe	endent ne."	contrac	tors w	ho each	n receiv	ed mor	e than		
(a)	Name and a	ddress of each independe	ent contractor pai	d more than \$100,000	(b) Typ	e of serv	/ice		(c)) Compen	sation			
		·												
			 . , .					_						
		VIII												
		- / · // /	-											
		·												
					-		_							
d	Total nun	nber of other indepe	endent contra	ctors each receiving	Over \$100,000		<u> </u>							
52	Did the o	rganization complet	te Schedule A	? Note: All section	501(c)(3) organiz	zations				<u> </u>	/aa 🖂	·		
Under n		erjury, I declare that I have					ents and to			nowledge		No fitis		
true, co	rrect, and cor	inplete Declaration of pre	parer (other than	officer) is based on all int	ormation of which p	reparer h	has any kn	owledge	t Of filly Ki	iowieuge ⊿	and bene	1, 11 15		
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Sign		Signature of officer	^	, 7			····	Date	1001	,				
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May +1		n's address ▶	the propers	shown above? See	instructions.			Phone n	10					

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

· Section 527 organizations Complete Part I-A only. If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.

		that have NOT filed Form 5768 (election			
f the c	rganization answered "Yes	" to Form 990, Part IV, line 5 (Proxy T	ax) or Form 990-E	Z, Part V, line 35c (Proxy Ta	ax), then
	ction 501(c)(4), (5), or (6) orga	nizations: Complete Part III			
Name (of organization		r 1	A1 /GI . A.	ntification number
	HMERICA		EACHERS L	OCAL 93-21	000 502
Part		e organization is exempt unde			organization.
1	Provide a description of t	he organization's direct and indire	ct political campa	ign activities in Part IV.	~
2	Political expenditures .				0
3	Volunteer hours				
					
Part		e organization is exempt unde			
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	n 4955 ▶ \$,
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 . ▶ \$	3
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				🗌 Yes 🔲 No
b	If "Yes," describe in Part				
Part		e organization is exempt unde			(c)(3).
1		ly expended by the filing organiz			6
					<i>O</i>
2		filing organization's funds contrib			
		vities			<i></i>
3		expenditures. Add lines 1 and 2.			
				·	
4	Did the filing organization	file Form 1120-POL for this year.	?		🗌 Yes 📗 No
5	Enter the names, address	ses and employer identification nur	nber (EIN) of all se	ection 527 political organi	zations to which the filing
		ents. For each organization listed,			
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committe	e (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	•		(-,	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization if
					none, enter -0-
(1)					İ
(2)					ļ
(3)					
(4)					
(5)					
				<u> </u>	
(6)				1	

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Schedu	ile C (Form 990 or 990-EZ) 2011 HMERIC A	W FED	OF TEAC	HERS LOCA	ar 3579	Page 2
Part	II-A Complete if the organization section 501(h)).					
A C	heck ► ☐ if the filing organization bel	ongs to an af	filiated group (ar	nd list in Part IV	each affiliated gro	oup member's
	name, address, EIN, expen	ses, and sha	re of excess lobb	ying expenditu	ures).	-
3 C	heck 🕨 🗌 if the filing organization che	cked box A	and "limited conf	rol" provisions	apply.	
	Limits on Lobb	ying Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts	paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opınıon	(grass roots lobby	ing)		
b	Total lobbying expenditures to influence		ody (direct lobbying	g)		
C	Total lobbying expenditures (add lines 1a	and 1b) .				
d	Other exempt purpose expenditures .					
е	Total exempt purpose expenditures (add					
f	Lobbying nontaxable amount. Enter t columns.	he amount fi	rom the following	g table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
- 1	Not over \$500,000	20% of the an	nount on line 1e			
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000					
	Over \$1,000,000 but not over \$1,500,000	00,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.				
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.				See .	
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25					
h	Subtract line 1g from line 1a. If zero or le					
i	Subtract line 1f from line 1c. If zero or les		• • • • • •			
j 	If there is an amount other than zero reporting section 4911 tax for this year?	on either line		the organization		Yes No
	4-Ye (Some organizations that ma columns below. S	de a section 5		not have to cor		e
	Lobbying	Expenditures	During 4-Year A	eraging Period	···	
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))	20 B				
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					_
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

Schedul Part		19 filed		3- 20 5768	F	Page 3
	(election under section 501(h)).					
For ea	ch "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	[a)		(b)	
of the	lobbying activity.	Yes	No	Aı	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a b c d	Volunteers?					
e f g h i	Publications, or published or broadcast statements?					
j 2a b c d	Total. Add lines 1c through 1i				77.12	
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	:)(5),	or se	ction		
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."	:)(5),	or se		Yes	No X
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of	1			
a b c	Current year		2a 2b 2c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	the ying	3			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; complete this part for any additional information. PART T-A, LINE :				II-B, I	ine

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection Employer identification number

Name of the organization	on /	. 1	1	<u> </u>	5 /224	26.00	Employer identification nu	
Name of the organization	AN PEDE	PHT10	J OF 16	YLHER	J LOCAL	3579	23-200050	32
LINE 16	990 -	EZ,	FORM -	PER	CAPITA	TAXES	#41051	
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