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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)

2012

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.

Open to Public Inspection

OMB No 1545-1150

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2012 calendar year, or tax year beginning 2012, and ending JUNE TILL B Check if applicable D Employer identification number MERICAN FEDERATION OF TEACHERS LOCAL 3579 23-2000502 Address change Room/suite Name chance and street (or P O box, if mail is not delivered to street address) E Telephone number 3836 GREEN HOND Initial return Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return 180a0 7599 RETHLE HEM Number ▶ Application pending G Accounting Method: Cash Other (specify) H Check ► If the organization is not I Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) — X 501(c)(3) □ 501(c) () ◄ (insert no) □ 4947(a)(1) or (Form 990, 990-EZ, or 990-PF) **527** If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or total assets (Partitional Partitional Par line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part) Check if the organization used Schedule O to respond to any question in this flart I Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 3 3 4 Investment income . . 4 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 63 Less: direct expenses from gaming and fundraising events . . . 6с 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract **6d** Gross sales of inventory, less returns and allowances . 7a 7a SCANNED Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 7a 146 10 Grants and similar amounts paid (list in Schedule O) 10 11 30 O 11 12 12 Salaries, other compensation, and employee benefits . 13 Professional fees and other payments to independent contractors. 13 14 14 15 Printing, publications, postage, and shipping 15 16 16 17 Total expenses. Add lines 10 through 16 . . . 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

Cat No 10642I

		EDERATION	OF TEACH	ers Loc	Л 3≤	79	23~	2000	202	Page 2
Pa	Balance Sheets (see th		•		ALL D	القسم				
	Check if the organization	usea Scheaule	O to respond to al	ny question in		art II			B) End of v	ear
22	Cash, savings, and investments				-	, , , , , , , , , , , , , , , , , , , 	85	22	/24	د92
23	Land and buildings				: 	775 0	<i>b</i> 3	23	707	-/3
24	Other assets (describe in Sched							24		
25	Total assets					113 6	285	25	124	292
26	Total liabilities (describe in Sch				. \vdash	0		26	0	
27	Net assets or fund balances (li	ne 27 of column	(B) must agree with	n line 21)			83	27	124	292
Par		The state of the s	·			•			Expense	
	Check if the organization				this Pa	art III .	. 🗷	(Requ	ured for se	
Wha	t is the organization's primary exer	npt purpose?	SEE_Sc	HEDVE C	2)(3) and 50	
	cribe the organization's program s								izations an a)(1) trusts,	
as n	neasured by expenses. In a clear	and concise m	anner, describe the	e services pro	vided,	the num	ber of	for ot	hers.)	•
	ons benefited, and other relevant in			- than	100	IAACC				-
28	TO ORGANIZE BENEFITS AND	= WORKERS	ANOTTO IS		עש עש	UTIES				
	DENETIS 7ND	WUKE-INVE (BARANIA	HRUUG-H						
			includes foreign gra					28a		
29	· · · · · · · · · · · · · · · · · · ·						ــــــــــــــــــــــــــــــــــــــ		_	
	(Grants \$) If this amount	includes foreign gra	ants, check he	re	1		29a		
30										
							<u></u> -			
			includes foreign gra				<u> </u>	30a		
31	Other program services (describe	•								
20	(Grants \$ Total program service expenses		includes foreign gra					31a		
	t IV List of Officers, Directors, T	•					no the in	32	one for D	ort IV V
Ir ai	Check if the organization						55 UIS II I	Sirucii	UIIS IUI F	ait iv)
	Chock is the organization	usea corregate	(b) Average	(c) Reportat		(d) Health	benefits,	Ť	• • •	<u></u>
	(a) Name and title		hours per week	compensation (Forms W-2/1099		ontributions benefit pl			Estimated a her compe	
	_		devoted to position	(if not paid, ent		deferred cor			nor compe	11344011
	MARIO ALERRA		PRESIDENT							
			5.0			0			0	
	TIM MOLCHANY		VICE-PRES.	0		- ^			0	
			5.0							
	SHARON GAVIN LEVY		SECRETARY S-D	O		D			0	
	A. 54 N ((K))		3rD	-						
	ANITA DICKSON		TREASURER 5.0	0		D			U	
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Form 99	0-EZ (2012) MINERICAN FEDERATION OF PACKED LOCAL 35 19 23-20	0502	Р	age 3
Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '	٧ .	
			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			X
	change on Schedule O (see instructions)	34		1
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
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	35b		1/1
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		
•	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	30		
b	Did the organization file Form 1120-POL for this year?	37b		٠,٠
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3/0		<u> </u>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		/
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	Joa		A
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	/	i	
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ► NA ; section 4912 ► NA ; section 4955 ► NA		′	
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	-		<i>,</i> .
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N_{k}	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			i
	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		<u>X</u>
41	List the states with which a copy of this return is filed NONE	c	, ,	777
42a	The organization's books are in care of \bigcirc	7 0	5/-4	1149
	Located at ▶ 3835 GREEN POND RUAD BETHLEHEM PA ZIP+4 ▶ 180	<u> 20</u>	737	9
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	401	Yes	X
	If "Yes," enter the name of the foreign country: ▶	42b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	>4		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
_	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		ا ما	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	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		χ
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		$X_{\underline{}}$
С	Did the organization receive any payments for indoor tanning services during the year?	44c		又
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	1/1
	explanation in Schedule O	44d	17	77
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			,
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		N	14
	Form 990-EZ (see instructions)	45b		<u>'//_</u>

Form 990-	EZ (2012)	HIMERICAN	1200	CATION	OF	LEACHERS	LOCA	3519	23-	200	502 P	age 4
		anization engage, dir	ectly or inc	directly, in	political c		· -			_	Yes	No
Part V	Sect	tes for public office? I ion 501(c)(3) organ ection 501(c)(3) orga	izations	only				ad comple	-	46	or line	<u>X</u> _
	50 ar	nd 51			·				ie ine ie	ibies i	O1 11116	<i>,</i> ,
	Cilec	k if the organization	useu scri	edule O lo	respond	to any question	ווז נוווס רב	art VI	· · ·	· · · ·	Yes	No
		ganization engage in es," complete Schedu				section 501(h) ele			the tax	47		
48 I	s the orgar	nization a school as de	escribed in							48		
		anization make any ti								49a		
50 (Complete t	as the related organiz this table for the orga	nization's f	five highes	t compen	sated employees	(other tha	n officers,	directors			d key
	employees) who each received r	more than	\$100,000 d	of comper	nsation from the o				nter "N	lone."	
		and title of each employee more than \$100,000		(b) Ave hours pe devoted to	r week	(c) Reportable compensation (Forms W-2/1099-MI	contri benefi	Health benefith Health buttons to empet plans, and de compensation	oloyee (e)	Estimate ther con		
	h)	A										
	<i>/ V</i>	/ -			-						<u> </u>	
		•••••										
51 (Complete :	per of other employee this table for the org of compensation from	anization's	five highe	est comp	. ►ensated independone, enter "None."	ent contr	actors who	each re	ceived	more	than
(a) N	ame and add	ress of each independent c	ontractor paid	d more than \$	100,000	(b) Type of	service		(c) Co	npensat	on	
						_						
	······································	1/1										
	/L	///						-				
											 .	
52 i	Did the org	per of other independent	chedule A	? Note: All	section 5	i01(c)(3) organizati						
Under per	nalties of perg	t charitable trusts mu	amined this re	turn, including	g accompan	lying schedules and sta	tements, an	d to the best of	f my know!	Yes	_=_	it is
rue, corre	ect, and comp	olete Deglaration of prepare	Under than	UnicerLis bas	eu on all info	omitation of which prepa	arer nas any	//	-2-	13		
Sign Here		ANITA D	ICKSOX	J 7	REAS	VRER		Date			_	_
 Paid		Type preparer's name		Preparer's s	ignature		Date	Che	eck 🔲 ıf	PTIN		
Prepa			_					self	-employed			
Use O	עוווי 💳 –	s name s address						Phone no	<u> </u>			
May the		iss this return with the	e preparer	shown abo	ove? See	instructions			▶	☐ Yes		No (2012)
										orm 99	ソードル	(2012)

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

2012

OMB No 1545-0047

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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.

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

If the d	organization answered "Yes	," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (Proxy T	ax), then
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			AV6
Name	of organization	and and any	100 4- 9/0		ntification number
	HIMERKAN FEDE	RATION OF LEACHERS		7 20	
Part		e organization is exempt und			organization.
1	·	the organization's direct and ındıre		· ·	\triangle
2				> >	
3	Volunteer hours				
Part	LB Complete if the	e organization is exempt und	er section 501(c)(3).	
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			
3	-	ed a section 4955 tax, did it file For	_		Yes No
4a	•		•		Yes No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt und	er section 501(c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	\wedge
	activities			▶ \$	O
2	Enter the amount of the	filing organization's funds contrib	uted to other org	janizations for section	/)
	•	vities		· · · · · · · · · · · · · · · · · · ·	
3	Total exempt function e	expenditures. Add lines 1 and 2.	. Enter here and	on Form 1120-POL,	
	line 17b				
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5		ses and employer identification nur			
		ents. For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	fund or a political action committe	ee (PAC). If addition	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 funds if none, enter -0-	contributions received and promptly and directly
				lulius il florie, efilei -0-	delivered to a separate
					political organization If none, enter -0-
					none, once
(1)					
				 	
(2)					
	 -				
(3)					
(4)		}			
					
(5)					
				 	
(6)		ļ		1	

Schedu	II-A Complete if the organization	FEDERA	MON OF BA	LHERT LACK	2 3579 23-	- 2000X A.) Page 2
Part	II-A Complete if the organization section 501(h)).	is exempt u	under section 50	01(c)(3) and file	d Form 5768 (ele	ction under
A C	heck ► ☐ if the filing organization beliname, address, EIN, expen					up member's
R C	heck ► ☐ if the filing organization che				· ·	
	Limits on Lobb			TOT PROVIDIONS	(a) Filing	(b) Affiliated
	(The term "expenditures" me)	organization's totals	group totals
1a				•		·
b	Total lobbying expenditures to influence		·-			
C	Total lobbying expenditures (add lines 1a	-		=-		
d	Other exempt purpose expenditures .	•				
е	Total exempt purpose expenditures (add					
f	Lobbying nontaxable amount. Enter t columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:	, ?	
	Not over \$500,000	20% of the ar	mount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000.	ľ	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5 5% of the excess o	ver \$1,500,000.		
	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		1h or line 1i, did	the organization	file Form 4/20	☐ Yes ☐ No
	reporting section 4911 tax for this year?		 	· · · · · ·	• • • • • •	
	4-Ye (Some organizations that ma columns below. 9	de a section 5		not have to com		,
	Lobbying	Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					
d						·
е	Grassroots ceiling amount (150% of line 2d, column (e))		,	د ب		
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Schedul	e C (Form 990 or 990-EZ) 2012 AMERICAN FEDERATION OF TEACHERS LOCAL 3	k19	<u></u>	3-200	0ک0	ାନ୍ଦ୍ର Page 3
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled I	Form	5768		
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
descr	iption of the lobbying activity.	Yes	No	Ar	nount	t
1 a	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: Volunteer?			·		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?		+			
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-		_		
i	Other activities?	\neg				
j	Total. Add lines 1c through 1i	_				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912		}			
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	r sec	tion		
	30 · (0)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	\succeq	
3 Part	Did the organization agree to carry over lobbying and political expenditures from the prior year? . III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3		<u>×</u>
Tart	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."				line (3, is
1	Dues, assessments and similar amounts from members	•	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
a	Current year	.	2a			
b	Carryover from last year		2b 2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If 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 lobby and political expenditure next year?	ing				
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		5			
Part						
	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Fart II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	art II	-A (aff	iliated	group	0
	PART I-A, LINE!					
	NONE					
	·					
				••		
						 -
	•••••••••••••••••••••••••••••••••••••••					

SCHEDULE O (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.

2013 (2012)

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

TIMERICAN FEDERATION OF TEXCHERS LOCA 3579 23-200502
AMERICAN FEDERATION OF PEACHERS
LINE 16 990 EZ FORM - FER CAPITA TAXES \$ 43762
PART III 990 E2 FORM
TO ORGANIZE WORKERS TO SEURE IMPROVED
WAGES, BENEFITS & WORKING CONDITIONS
·