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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20 14 ブルレ JUNE. C Name of organization D Employer identification number B Check if applicable 23-2000502 FEDERATION OF Address change Name change er and street (or P.O. box, if mail is not delivered to street address) GREEN POND Initial return KaAN own, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ► Application pending Other (specify) H Check ► M if the organization is not Cash G Accounting Method: Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) - X 501(c)(3) 501(c) ((Form 990, 990-EZ, or 990-PF).) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Other Trust Association L Add lines 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, 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 I) Check if the organization used Schedule O to respond to any question in this Part I. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 4 Gross amount from sale of assets other than inventory 5a b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . C 5c Gaming and fundraising events 6 Gross income from gaming (attach Schedule G if greater than Revenue 6a of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schoelule G sum of such gross income and contributions exceeds \$15,000 V Less: direct expenses from gaming and fundasing events . Net income or (loss) from gaming and fundfaising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowar Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from 7c C 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits 13 13 Professional fees and other payments to independent contractors 14 15 15 16 16 17 Total expenses. Add lines 10 through 16 . 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 **Net Assets** Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 Other changes in net assets or fund balances (explain in Schedule O) 20 20

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

Cat. No 10642I

Form **990-EZ** (2013)

	990-EZ (2013) HMERICAN FEDERATION	OF LEACHE	rs LOCAL i	1311 do	2000 SUD Page 2
Pa	rt II · Balance Sheets (see the instructions t				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	<u> </u>
				(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			7 0 7 0	22 /38556
23	Land and buildings		[23
24	Other assets (describe in Schedule O)				24
25	Total assets			124292	25 13855b
26					26 0
27	Net assets or fund balances (line 27 of column		F-	124292	27 129,556
	t III Statement of Program Service Accom			75-15-1	
	Check if the organization used Schedule	•		·1	Expenses
Wha.	t is the organization's primary exempt purpose?	SEE	SCHED WE T		(Required for section 501(c)(3) and 501(c)(4)
			0		organizations and section
	cribe the organization's program service accompli				4947(a)(1) trusts, optional
	neasured by expenses. In a clear and concise m		e services provided	i, the number of	for others)
	ons benefited, and other relevant information for ea		Disabise Train	1.50 4. 0	
28	TO ORGANIZE WORKERS:	10 SECORE 1	MPROVED WHO	EJ, ISOVEFITS,	
	AND WORKING CONDITION	INS THROUGH (coue give E	SARGAINING	
		•		_ i	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a
29					
	(Grants \$) If this amount	includes foreign gra	ents, check here .	▶ 🗌	29a
30					
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	▶ □ │	30a
31	Other program services (describe in Schedule O)				
٠.	· · · · · · · · · · · · · · · · · · ·	includes foreign gra			31a
32	Total program service expenses (add lines 28a				32
227	List of Officers Directors Trustees and Key	v Employees (list each			
Par	t IV List of Officers, Directors, Trustees, and Key		n one even if not com	pensated-see the in	
Par	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a	n one even if not com ny question in this	pensated—see the in	
Par	Check if the organization used Schedule	O to respond to a	n one even if not coming question in this (c) Reportable compensation	pensated — see the insert IV	structions for Part IV)
Par		O to respond to a	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated — see the ins Part IV	structions for Part IV)
Par	Check if the organization used Schedule	(b) Average hours per week	n one even if not coming question in this (c) Reportable compensation	pensated — see the ins Part IV	structions for Part IV)
Par	Check if the organization used Schedule (a) Name and title	(b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated – see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
Par	Check if the organization used Schedule	(b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated — see the ins Part IV	structions for Part IV)
Par	Check if the organization used Schedule (a) Name and title MARIO ACEREA	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the insection of the insect	e (e) Estimated amount of other compensation
Par	Check if the organization used Schedule (a) Name and title	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated – see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV) (e) Estimated amount of other compensation
Par	Check if the organization used Schedule (a) Name and title MARID ACERLA CHRISTINE ARMSTROWG	(b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the insection of the insect	e (e) Estimated amount of other compensation
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Form 99	O-EZ (2013) AMERICAN FEDERATION OF TEACHERS LOCAL 3579 23-2003	ડ ાન	F	∘age 3
Part				
<u> </u>	instructions for Part V) 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	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		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
b c	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,	35b	Λ	J.A
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
07-		36		1
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
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b M/A	000		
39	Section 501(c)(7) organizations. Enter:	1		
a b	Initiation fees and capital contributions included on line 9	; ·	۲,	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶		٠	
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	N	(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	٠		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	3 <		
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 NOWE		, , ,	
	The organization's books are in care of \blacktriangleright ANTA DICKSON Located at \blacktriangleright 3836 GREEN POND ROAD BETHLEHOM PA ZIP + 4 \blacktriangleright /8020		99	
b	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)?	42b	Yes	No X
	If "Yes," enter the name of the foreign country: ▶	420	-	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		*	
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
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 43		N/A	D
			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	-	X
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
c C	Did the organization receive any payments for indoor tanning services during the year?	44c		X

45a

Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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 Form 990-EZ (see instructions)

44d

45a

45b

Form 990	-EZ (2013)	HMERICAN	FEDER	ATION O	F /	PACHERS	LOCA	1 35 19	23.	~2000	502_	Page 4
46·	Did the d	organization engage, d	rectly or inc	directly, in po	olitical c	ampaign acti	vities on	behalf of	or in opposi	tion	46	es No
Part V	Se All 50	ction 501(c)(3) orga section 501(c)(3) org and 51.	inizations ganizations	only must answ	er que	stions 47–49	9b and	52, and c	complete th			lines
	Ch	eck if the organization	n used Sch	edule O to r	espond	to any ques	tion in t	his Part V	<u> </u>			es No
		organization engage ii "Yes," complete Sched				section 501(h	-		-	- 1	47	
49a	Did the	ganization a school as o organization make any	transfers to	an exempt r	non-cha	ritable related				. 4	48 19a	
50	Complet	was the related organice this table for the org les) who each received	anizatıon's	five highest of	compen	sated employ	yees (oth	ner than of		tors, tru		
		ne and title of each employee		(b) Average hours per will devoted to po	ge /eek	(c) Report compensa (Forms W-2/10	table ation	(d) Heal contribution benefit plan	Ith benefits, ns to employee s, and deferred pensation	(e) Esti		mount of
		,										
	/)	1/A										
		<u> </u>									_	
			:									
51	Complet	mber of other employed te this table for the or 0 of compensation fro	ganization's	s five highest		ensated indep		contracto	rs who eacl	n receiv	/ed m	ore than
		ne and business address of e			5,0,10,110	1	ype of serv	rice	(c) Comper	nsation	
	······	A/A										
												
			٠,									
	Total nu	mber of other independ	dent contra	ctors each re	ceivina	over \$100.00	10	<u> </u>	<u> </u>			
52	Did the d	organization complete	Schedule A	? Note. All se	ection 5	01(c)(3) orgar	nizations	and 4947	` ' '	▶ □ \	 ſes [☐ No
		perjury, I declare that I have e								nowledge	and be	lief, it is
Sign Here	•	Signature of officer	Nichs	m v 1	oF11 C	TUREK		D	ate /6 -	21-	14	
	<u> </u>	Type or print name and title	, - , - , - , - , - , - , - , - , - , -	, ,								
Paid Prepa		nt/Type preparer's name		Preparer's sign	nature		Da	te	Check self-emplo		IN	
Use C	nly 塔	m's name ▶							ımı's EIN ▶			
May the		m's address ▶ ccuss this return with th	ne preparer	shown above	e? See i	nstructions		<u> </u>	hone no.	<u>▶ □ \</u>	/es 「	No

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

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

	-	that have filed Form 5768 (election u			
		that have NOT filed Form 5768 (elect	, .,	·	•
		," to Form 990, Part IV, line 5 (Prox		,	· · · · · · · · · · · · · · · · · · ·
	ction 501(c)(4), (5), or (6) orga	· · · · · · · · · · · · · · · · · · ·	, ,		 ,
	f organization		1004 20		ntification number
	HMERICAN FED	ERATION OF TEACHER	U LOCAL 35		
Part		e organization is exempt un			organization.
1	•	the organization's direct and indi	•	7	\sim \sim
2	Political expenditures .				
3	Volunteer hours				
Part	Complete if the	e organization is exempt un	der section 501(c	c)(3).	
1		excise tax incurred by the organi	<u>.</u>	···	3
2	Enter the amount of any	excise tax incurred by organization	on managers under	section 4955 ▶ \$	6
3	If the organization incurre	ed a section 4955 tax, did it file F	orm 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 un			(c)(3).
1		ly expended by the filing organ			a
_					\mathcal{O}
2		filing organization's funds contr			\triangle
•	•	vities		•	
3		expenditures. Add lines 1 and			
٠,				•	⊓Vaa □Na
4	• •	n file Form 1120-POL for this yea			Yes No
5		ses and employer identification nents. For each organization listed			
	-	ontributions received that were pi			
	•	fund or a political action commit		•	•
	, , , , , , , , , , , , , , , , , , , ,		1	<u> </u>	<u> </u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization if
					none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					

	Λ			4		
Schedu	II-A Complete if the organization	FEDERAT	TIM OF LEAD	CHOW LOCA	2 3579 2	3-20005Page 2
Part	II-A' Complete if the organization	is exempt	under section 50)1(c)(3) and file	d Form 5768 (ele	ction under
•	section 501(h)).					
A C	heck if the filing organization bel name, address, EIN, expen	ongs to an a	affiliated group (an	id list in Part IV	each affiliated gro	oup member's
вС	heck $ ightharpoonup$ if the filing organization che					
	Limits on Lobb			ioi piovioioiio	(a) Filing	(b) Affiliated
	(The term "expenditures" me)	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinior	n (grass roots lobby	ring)		
b	Total lobbying expenditures to influence	a legislative b	ody (direct lobbying	g)		
С	Total lobbying expenditures (add lines 1a	a and 1b) .				
þ	Other exempt purpose expenditures .				,	·
е	Total exempt purpose expenditures (add	lines 1c and	1d)			
f	Lobbying nontaxable amount. Enter to columns.	he amount	from the following	table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	g nontaxable amount	t is:	* ; ; ;	· *
	Not over \$500,000	20% of the a	mount on line 1e		* * * .	
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	us 15% of the excess	over \$500,000.		\$ « ·
I	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	us 10% of the excess	over \$1,000,000.		•
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	us 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			_		☐ Yes ☐ No
	reporting section 4911 tax for this year?					
	(Some organizations that ma columns below. S	de a section See the instri	uctions for lines 2a	not have to com through 2f on p		•
	Lobbying	Expenditure	s During 4-Year Av	veraging Period	,	
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))	* ,	2 ^ ^	* > *	* *	
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))	*	, • •	, ,	*	
f	Grassroots Johnving expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Schedu	LOCAL SOCIETY SOO OF SOO-EZ) 2013 AMERICAN FROERATION OF TEACHERS LOCAL S	579	2	3 -2000502 Page 3
Part		iled	Form	5768
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	a)	(p) ·
descr	iption of the lobbying activity.	Yes	No	Amount
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.
а	Volunteers?			,
b b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			* \ ` .
d e	Mailings to members, legislators, or the public?			
f g h	Grants to other organizations for lobbying purposes?			
i i i	Other activities?	· ·		
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912	* **	>	> *
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		`	^ , 2
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (or se	ction
1 2	Were substantially all (90% or more) dues received nondeductible by members?			Yes No
9 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) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	(5), c	or se	ction III-A, 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	٠	2b	
С 3	Total	•	2c 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	4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Pari				
	te the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro -B, line 1. Also, complete this part for any additional information.	up list	t); Par	t II-A, line 2; and
	PART I-A, LINE 1: NONE			
	10000			

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.

OMB No 1545-0047

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.

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