

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## 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 private foundations)

2013

OMB No 1545-1150

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  17 174, 153.  18 1, 435.  19 26,000.  20 0.  21 27,435.	A I	or the	2013 calendar year, or tax year beginning SEP 1, 2613 and ending AUG	31, 201	L <b>4</b>						
Decrease categors   1.23 DISTRICT 29 AMERICAN FEDERATION OF   36-6.205.524	В	Check if	C Name of organization D	Employer identi	fication number						
Number and street (or P.O. Dox, if mails not delivered to street address)   Room/suite   E Telephone number   2145 W 1 10 TH PLACE   City or town, state or province, country, and ZIP or foreign postal code   F Group Exemption   Number   City or town, state or province, country, and ZIP or foreign postal code   F Group Exemption   Number   City or town, state or province, country, and ZIP or foreign postal code   F Group Exemption   Number   City or town, state or province, country, and ZIP or foreign postal code   F Group Exemption   Number   City or town, state or province, country, and ZIP or foreign postal code   F Group Exemption   Number   City or town, state or province, country, and ZIP or foreign postal code   F Group Exemption   Number   City or town, state or province, country, and ZIP or foreign postal code   F Group Exemption   Number   City or town, state or province, country, and ZIP or foreign postal code   F Group Exemption   Number   City or town, state or province, country, and ZIP or foreign postal code   F Group Exemption   Number   City or town, state or province, country, and ZIP or foreign postal code   F Group Exemption   Number   City or town, state or province, country, and ZIP or foreign postal code   F Group Exemption   Number   City or town, state or province, country, and ZIP or foreign postal code   F Group Exemption   F Group Exemption   Number   City of ZIP or foreign postal code   F Group Exemption   F Grou		_	102 PEGMPTOM 00 AMERICAN PERPERAMENT OF								
Terminated   21.45 W. 11.0TH PLACE   773-238-3074			change TEACHERS	36-6205524							
Controlucions, grifs, grants, and smiler amounts received   2 Program service review en blood seases of ther than inventory   2 Less: cost or other bases and sales separess   3 Less: cost or other bases and sales separess   4 less: cost or oflow from samp greats   5 less: cost or other bases and controlucing \$\fractor{\frac{1}{2}}\$ less: cost or other bases and controlucing \$\frac{1}{2}\$ less: cost or other bases and sales separess   5 less: cost or other bases and controlucing \$\frac{1}{2}\$ less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or other bases and sales separess   6 less: cost or long: cost or other bases and sales separess   6 less: cost or long: cost or other bases and sales separess   6 less: cost or long: cost or other bases and sales separess   6 less: cost or long: cost or other bases and sales separess   6 less: cost or long: cost or other bases   6 less: cost or long: cost or other bases   6 less: cost or long: cost or long: cost or long:		Initial	return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite   E	Telephone num	per						
September   Chitcheco   Table   Accrusal Other (specify)		Termi	nated 2145 W. 110TH PLACE	773-238	3-3074						
Accounting Methods:   X   Cash		Amen	nded return City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption							
Website:   WWW 1.FTT-AFT ORG   So1(c)(3)   So1(c)   So1		Applica	ation pending CHICAGO, IL 60643	Number ▶ (	787						
Tax-exempt status (check only one) —	G	Accoun	nting Method: X Cash Accrual Other (specify)	1 Check X if the organization is not							
Form of organization:	1 1	<b>W</b> ebsit	e: ► WWW.IFT-AFT.ORG	required to attach Schedule B							
Add lines 5b, 6c, and 7b, 1o line 9 to determine gross recepits. If gross recepits are \$200,000 or more, or if total assets (Part II).    Countrol   State   S	<u>J</u>	Tax-ex	empt status (check only one) — 501(c)(3) X 501(c) ( 5 ) ◄(insert no.) 4947(a)(1) or 527	(Form 990, 990-EZ, or 990-PF).							
Part	K	orm o	f organization: Corporation Trust X Association Other		······						
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  1 Contributions, grifs, grants, and similar amounts received 2 Program service reversive including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory b Less; cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gamming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less; direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events b Less; cost of goods sold c Gross profit or (loss) from gaming and fundraising events b Less; cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue, Add kines 1, 2, 3, 4, 5, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (lefficit) for the year (Subtract line 17 from line 9) 19 Excess or (lefficit) for the year (Subtract line 17 from line 9) 19 Less; control belances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 19 26,000. 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 27, 435.		olumn	(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u> 175,588.</u>						
1 Contributions, girts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from fundraising events (and fundraising events from fundraising events (not including \$	P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	ions for Part I)							
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less; cost or other basis and sales expenses c Gain or floss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less; direct expenses from gaming and fundraising events (and lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Cross sales of inventory, less returns and allowances b Less; cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  Other revenue (describe in Schedule 0) f Total revenue. Add lines 1, 2, 3, 4, 5, 6d, 7c, and 8 f Total revenue. Add lines 1, 2, 3, 4, 5, 6d, 7c, and 8 f Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 f Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 f Total expenses. Add lines 10 through 16 f Cher expenses (describe in Schedule 0) f Total expenses. Add lines 10 through 16 f Cher expenses (describe in Schedule 0) f Total expenses. Add lines 10 through 16 f Cher expenses (describe in Schedule 0) f Total expenses. Add lines 10 through 16 f Cher expenses (describe in Schedule 0) f Total expenses. Add lines 10 through 16 f Cher expenses (describe in Schedule 0) f Total expenses. Add lines 10 through 16 f Cher expenses (describe in Schedule 0) f Total expenses. Add lines 10 through 16 f Cher expenses (describe in Schedule 0) f Total expenses. Add lines 10 through 16			Check if the organization used Schedule O to respond to any question in this Part I		X						
3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5, 6d, 7c, and 8 10 Grants and similar amounts pad (list in Schedule C) 11 Benefits pad to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 1 to through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 19 Q Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at obeginning of year (from line 27, column (A)) 21 (Net assets or fund balances at obeginning of year (from line 27, column (A)) 22 (Net changes in net assets or fund balances (explain in Schedule O) 23 (Net changes in net assets or fund balances (explain in Schedule O) 24 (Net assets or fund balances are found in through 20		1	Contributions, gifts, grants, and similar amounts received	1	<u> </u>						
4 Investment income 5a Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (act 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) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts pard (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (definity for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 19 26, 0000. 21 Net assets or fund balances (applain in Schedule 0) 22 Other changes in net assets or fund balances (applain in Schedule 0) 24 Other changes in end assets or fund balances (applain in Schedule 0) 25 Other expenses in end assets or fund balances (applain in Schedule 0) 26 Other changes in end assets or fund balances (applain in Schedule 0) 27 Other expenses in end assets or fund		2	Program service revenue including government fees and contracts	2							
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$		3		3							
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b 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) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses (describe in Schedule 0) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances explain in Schedule 0) 20 (Derivancy in an et assets or fund balances (explain in Schedule 0) 21 (Net assets or fund balances (explain in Schedule 0) 22 (Net changes in eat assets or fund balances (explain in Schedule 0) 22 (Net changes in eat assets or fund balances (explain in Schedule 0) 21 (Net assets or fund balances (explain in Schedule 0) 22 (Net assets or fund balances (explain in Schedule 0) 23 (Net assets or fund balances (explain in Schedule 0) 24 (Net assets or fund balances (explain in Schedule 0) 25 (Net assets or fund balances (explain in Schedule 0) 26 (Net assets or fund balances (explain in Sche		4	Investment income SEE SCHEDULE O	4	108.						
Gan or (loss) from sale of assets other than inventory (Subtract line 5b) Gaming and fundraising events Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000)  b Gross income from fundraising events (not including \$\frac{\text{of contributions}}{from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Query of the payment in eat assets or fund balances (explain in Schedule 0) 20 Query of the payment of the		5a	Gross amount from sale of assets other than inventory 5a								
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$		b									
a Gross income from gaming (attach Schedule G if greater than \$15,000) b 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) c Less: direct expenses from gaming and fundraising events 66 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1,2,3,4,5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Q 6, 000. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 O. 21 Net assets or fund balances at end of year. Combine lines 18 through 20		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c							
\$15,000) b Gross income from fundraising events (not including \$		_									
gross income and contributions exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 26,000. 20 0. Net assets or fund balances at end of year. Combine lines 18 through 20	ē	а									
gross income and contributions exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 26,000. 20 0. Net assets or fund balances at end of year. Combine lines 18 through 20	Ģ	•	, · · · · · · · · · · · · · · · · · · ·	_							
gross income and contributions exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 26,000. 20 0. Net assets or fund balances at end of year. Combine lines 18 through 20	æ	b									
c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 26, 0000. 20 0. Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20											
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule 0)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule 0)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  19 26,000.  20 0.  Net assets or fund balances at end of year. Combine lines 18 through 20				$\dashv$ $\vdash$							
7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20		C	2000, all out on gaining and leave and gaining	<b>⊢</b>							
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20		_ d		6d							
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20  21 Net assets or fund balances at end of year. Combine lines 18 through 20		7a		<del> </del>							
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20		b	——————————————————————————————————————	<del> </del> _							
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 175,588. 10 10 162,925. 11 12 3,530. 12 3,530. 13 4,530. 14 0ccupancy, rent, utilities, and maintenance 14 15 15 16 3,168. 17 174,153. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 27, 435.		C									
10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 27, 435.		1		<del></del>	175 500						
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20		+-									
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 27, 435.		1	Crants and similar amounts paid (list in Schedule U)	- I	104,343.						
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 27, 435.	,-	1	Selection other compensation and ampleyes harafte		3 530						
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 27, 435.	ses		Salaries, other compensation, and employee benefits								
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 27, 435.	Expens	1	Professional rees and other payments to independent contractors		4,550.						
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 27, 435.		1	Driving publications posters and chipping		<del></del>						
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  17 174, 153.  18 1, 435.  19 26,000.  20 0.		1	r rating, publications, postage, and shipping		3 160						
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  21 27, 435.	2	1	Tetal expenses Add lines 10 through 16								
19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 27, 435.	า	+									
21 Net assets or fund balances at end of year. Combine lines 18 through 20   21   27, 435.	ար հե Nssets	1		10	T/#33.						
21 Net assets or fund balances at end of year. Combine lines 18 through 20   21   27, 435.		19		10	26 000						
21 Net assets or fund balances at end of year. Combine lines 18 through 20   21   27, 435.	at A	20									
	~ZŽ	1									
HA For Panerwork Reduction Act Notice, see the senarate instructions Form 990-F7 (2013) 19	M H		Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2013) <b>19</b>						

0. 0. 0. Form **990-EZ** (2013)

#### 123 DISTRICT 29 AMERICAN FEDERATION OF

<u>Form</u>	990-EZ (2013) - TEACHERS 36-6205			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Par	t V	$\mathbf{x}$
			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		X
35 a	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	N/	A_
C	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	ŀ		
	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 during the year? If "Yes,"	1		
	complete applicable parts of Schedule N	36		X
37 a	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
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	ın 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 N/A			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9  39a N/A			
	Gross receipts, included on line 9, for public use of club facilities  39b  N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	ļ		
	section 4911 $\blacktriangleright$ ; section 4912 $\blacktriangleright$ ; section 4955 $\blacktriangleright$ N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			Ì
	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/	Α
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	1		
_	or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization N/A			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		x
44	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NONE	406		<u> </u>
41	The organization's books are in care of ► REBBIE KINSELLA  Telephone no. ► 773-23	R _ 3	074	
42 a	Located at ► 2145 W. 110TH PLACE, CHICAGO, IL ZIP+4 ► 6			<del></del>
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	004		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Yes	No
	account)?	42b		X
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of 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		<b>•</b>	
		N/A		
		[	Yes	No
44 a	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	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d		<u>L</u>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	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)	45b		<u> </u>
		orm 9	90-EZ	(2013)

#### 123 DISTRICT 29 AMERICAN FEDERATION OF

OIIII	330-LZ (Z	OID TEACHERS		<del></del>			<u>30-020</u>	15544		raye 4
	5						" .		Yes	No
16		ganization engage, directly or indirectly, in poli	itical campaign activities	s on benait of of	'in oppositio	on to candidates for pi	Veolito oilde.	40		v
Da		omplete Schedule C, Part I Section 501(c)(3) organizations	only			<del></del>		46	Ь	<u> </u>
<u> </u>		All section 501(c)(3) organizations must a	<del>-</del>	10h and 52 a	nd complet	e the tables for line	se 50 and 5°	1		
		Check if the organization used Schedule	•		•	יווו זטו פטוטגז טווו ש.	is so and s	١.		
-	<u> </u>	Sheck if the organization used Schedule	O to respond to any	~	IS FAIL VI		-		Yes	No
47	Did the or	ganization engage in lobbying activities or havi	e a section 501/h) elect	ion in effect dur	ing the tay v	ear2 If "Vec " complet	s Sch. C. Parl	11 47	1.03	140
48		anization a school as described in section 170(				cai i i i co, compici	5 Octil. 0, 1 all	48	+	_
	-	ganization make any transfers to an exempt no						49a	<del>                                     </del>	
		as the related organization a section 527 organ	_	,				49b	$\dagger$	
50		this table for the organization's five highest co		other than office	ers, director	s, trustees and kev er	nplovees) wh		ceived	more
		,000 of compensation from the organization. I		•	,	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
-		(a) Name and title of each employee	,	(b) Averag	e hours	(C) Reportable	(d) Health bei	nefits, (	e) Estim	nated
				per week devoted to compensation (Forms contribution)		contribution employee be	nefit dii	rount of		
		N/A		posit	ion	,	plans, and de compensat		ompens	ation
	_			_						
								İ		
							į	{		
						<u> </u>	I	I		
_ f		ber of other employees paid over \$100,000			<u> </u>					
51		this table for the organization's five highest co		it contractors w	no each rece	eived more than \$100	,000 of comp	ensation	from the	е
		on. If there is none, enter "None." N/A		1	//-	\ Tune of comuse	1	/-\ C		
	(a) iv	ame and business address of each independer	iii contractor		(0	) Type of service		(c) Comp	ensano	11
				1						
-										
			•							
		· · · · · · · · · · · · · · · · · · ·								
				ĺ	•					
d	Total num	ber of other independent contractors each rec	ceiving over \$100,000			<b></b>				
52	Did the or	ganization complete Schedule A? Note. All sec	ction 501(c)(3) organiza	ations and 4947	(a)(1) none	æmpt				
		trusts must attach a completed Schedule A					<b>&gt;</b>		es 🗌	<u>No</u>
Decla	r penalties of ration of pre	perjury, I declare that I have examined this return, incl parer (other than officer) is based on all infarmation of v	uding accompanying sched vhich preparer has any knov	ules and statemen vledge	its, and to the	Dest of my knowledge and	Delief, it is true	e, correct, a	nd comp	ete
Sign Here Robelle C. Kincella Treasurer							1 1 1 1 1	14		
							Date			
пе		Type or print name and title	Treasure	r						
			Dranavaria		D-4	Chaste				
		Print/Type preparer's name	Preparer's signature	, /	Date	Check	If PTIN	l		
Pai	d	DODDOM T WINDLESS	Robert I.	Horne	1	self- emplo	, I	20404		ı
Pre	parer	ROBERT J. HANNIGAN	KTENED II	110	11/0	<del></del>		00421		<u> </u>
<b>Use Only</b>		Firm's name BANSLEY AND	KIENER, LL			· · · · · ·	<u>1 ► 36-2</u>			
		Firm's address > 8745 W HIGG				Phone no	_ 312-2	403- <u>2</u>	<u> </u>	<u>'</u>
Mari	the IDS de	CHICAGO, IL		<u> </u>				- X Y	/aa	
ividy	nie ino uit	pouss mis return with the brebarer shown abov	Ae . Dec monachons							<u>No</u>
								FUIII	220-67	(2013)

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

➤ 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. OMB No 1545-0047 Open to Public

Inspection

123 DISTRICT 29 AMERICAN FEDERATION OF Name of the organization **TEACHERS** 

Employer identification number 36-6205524

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	108.
FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:	
AFFILIATE NAME: SOUTHWEST SUBURBAN FEDERATION OF TEACHERS	
AFFILIATE ADDRESS: 15521 S. 70TH COURT ORLAND PARK, IL 60462	
PURPOSE OF PAYMENT: PER CAPITA TAXES	<del></del>
AMOUNT OF PAYMENT:	162,925.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MEETING EXPENSE	1,565.
OFFICE EXPENSE	72.
GIFTS	75.
PRIZES	200.
DONATIONS	1,256.
TOTAL TO FORM 990-EZ, LINE 16	3,168.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - IMPROVE THE STATE	rus of
TEACHERS, EDUCATIONAL WORKERS AND OTHER WORKERS IN THE DISTRICT	'S AREA.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONT	TRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, D	IRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, D.  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form	IRECTLY, 990 or 990-EZ) (2013)
332211 08-04-13	- 000 01 000-LEJ (2010)

#### **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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

123 DISTRICT 29 AMERICAN FEDERATION OF

Inspection

Name of the organization **Employer identification number** 36-6205524 **TEACHERS** OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.