Form **990-EZ** 

## **Short Form Return of Organization Exempt From Income Tax**

OMB No 1545-1150

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

2018

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A I	or the	2018 calendar year, or tax year beginning August 1 , 2018, and ending	July 3	, 20 19
В	Check if ap	applicable C Name of organization 21	D Employer ic	lentification number ?
	Address c	change Decatur Federation of Teaching Assistants Local #4324		371270660
	Name cha	ange Number and street (or P O box, if mail is not delivered to street address) ?? Room/suite	E Telephone n	umber
_	Initial retur	1 3370 N. Woodridge	(21	17) 520-2451
=	Final retur Amended	City or town, state or province, country, and ZIP or foreign postal code	F Group Exe	mption
=		on pending Decatur, IL 62526	Number 1	<b>&gt;</b> ?1
G /	Account	nting Method   Cash	heck 🕨 🗹	of the organization is <b>not</b>
ı v	Vebsite	e: ▶	equired to att	ach Schedule B
J T	ax-exen	mpt status (check only one) — ☐ 501(c)(3) ☑ 501(c) ( 5 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 (f	Form 990, 99	0-EZ, or 990-PF)
K	orm of	forganization Corporation Trust Association Other		
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets	
(Pa	rt II, col	lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>&gt;</b> ş	104,395
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the		
		Check if the organization used Schedule O to respond to any question in this Part I	· · · ·	<u> </u>
?:	1	Contributions, gifts, grants, and similar amounts received		<u> </u>
?:	2	Program service revenue including government fees and contracts		
?:	3	Membership dues and assessments	3	104,395
?;	4	Investment income	4	·
	5a	Gross amount from sale of assets other than inventory 5a		
	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)	<u>5c</u>	
	6	Gaming and fundraising events		
ne	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	'	
Revenue	ь	Gross income from fundraising events (not including \$ of contributions	;	
æ	1	from fundraising events reported on line 1) (attach Schedule G if the		
_		sum of such gross income and contributions exceeds \$15,000)		
	С	Less direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub-	tract	
	1	line 6c)	· · 6d	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. • 9	104,395
	10	Grants and similar amounts paid (list in Schedule O)	· 10	86,568
	11	Benefits paid to or for members	$\frac{1}{10}$	10.450
šes	12	Salaries, other compensation, and employee benefits 2	3 . 12	10,450
ë	13	Professional fees and other payments to independent contractors 2 2019	13	
Expenses	14	Occupancy, rent, utilities, and maintenance	14	10
ш	15	Printing, publications, postage, and shipping	, . <del></del>	4041
	16	Other expenses (describe in Schedule O)	16 . <b>&gt;</b> 17	101,069
	17	Total expenses. Add lines 10 through 16	18	3326
şţs	18 19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree		3320
SSE	13	end-of-year figure reported on prior year's return)	19	82,448
Net Assets	20	_		02,440
Š	20	Other changes in net assets or fund balances (explain in Schedule O)		85,774
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	33,774

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form 990-EZ (2018)

Page 2	2
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Pa	Check if the organizat						
	Officer if the organization	tion asca ochedate	o to respond to t		(A) Beginning of year		(B) End of year
22	Caşh, savings, and investme	ents		<u> </u>	82,448	22	85,77
23	Lånd and buildings				· · · · · · · · · · · · · · · · · · ·	23	
24	Other assets (describe in Sc					24	
25	Total assets	•		<b>—</b>	82,448	25	85,77
26	Total liabilities (describe in			[		26	
27	Net assets or fund balance	•		th line 21)	82,448	27	85,77
Par	t III Statement of Progra	m Service Accom	plishments (see t	he instructions for F	Part III)		
	Check if the organization	tion used Schedule	O to respond to a	any question in this	Part III 🔒 🗹		Expenses
Wha	it is the organization's primary e	exempt purpose?	See Schedule O				uired for section c)(3) and 501(c)(4)
as n	cribe the organization's progra neasured by expenses. In a cons benefited, and other releva	lear and concise n	nanner, describe th			orga othe	nizations, optional forms)
28						:	
?1	(Grants \$	) If this amount	includes foreign gr	ants, check here .	<u></u> . ▶ □	28a	
29							1
	(Grants \$	) If this amount	includes foreign gr	ants, check here .	▶ □	29a	
30							
			*********				
	(Grants \$	(Grants \$ ) If this amount includes foreign grants, check here ▶ □					
04							1
31	Other program services (desc	nbe in Schedule O)					1
	(Grants \$	) If this amount	includes foreign gr	ants, check here .	<u>, , , ▶ 🗆</u>	31a	
32	(Grants \$ Total program service exper	) If this amount nses (add lines 28a	includes foreign gr through 31a)	ants, check here .	<b>&gt;</b>	32	
32	(Grants \$ Total program service expert IV List of Officers, Directo	) If this amount nses (add lines 28a rs, Trustees, and Ke	tincludes foreign gr through 31a) y Employees (list eac	ants, check here ch one even if not comp	pensated—see the	32 nstruc	ctions for Part IV)
32	(Grants \$ Total program service exper	) If this amount nses (add lines 28a rs, Trustees, and Ke	tincludes foreign gr through 31a) y Employees (list eac	rants, check here	pensated—see the ii	32 nstruc	ctions for Part IV)
32	(Grants \$ Total program service expert IV List of Officers, Directo	) If this amount nses (add lines 28a rs, Trustees, and Ke	tincludes foreign gr through 31a) y Employees (list eac	cants, check here ch one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	ctions for Part IV)
32 Par	(Grants \$ Total program service expert IV List of Officers, Directo Check if the organization	) If this amount nses (add lines 28a rs, Trustees, and Ke	tincludes foreign gr through 31a) y Employees (list ead e O to respond to a (b) Average hours per week	chants, check here ch one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	tions for Part IV)
32 Par	(Grants \$ Total program service expert IV List of Officers, Directo Check If the organizat (a) Name and title a Busboom - President	) If this amount nses (add lines 28a rs, Trustees, and Ke	tincludes foreign gr through 31a) y Employees (list ead e O to respond to a (b) Average hours per week devoted to position	cants, check here ch one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	tions for Part IV)
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Paul Mich lisha	(Grants \$ Total program service expert IV List of Officers, Directo Check if the organizat  (a) Name and title a Busboom - President  melle Mitchell - Vice President  Dean - 2nd Vice President  ck Weigel - Treasurer	) If this amount nses (add lines 28a rs, Trustees, and Ke tion used Schedule	tincludes foreign grand through 31a)  y Employees (list eace O to respond to a b) Average hours per week devoted to position	cants, check here chone even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstruc  ee (e)	Estimated amount of their compensation
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?:

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements			_	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No	•
<b>33</b>	détailed description of each activity in Schedule O	33		/	_
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		~	. ?
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		<b>&gt;</b>	
ь	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			
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 requirements during the year? If "Yes," complete Schedule C, Part III	35c		~	_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~	?1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			لبِـــا	ĺ
b	Did the organization file Form 1120-POL for this year?	37b			i
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		7	.71
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	- GOA	-	1	
39	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	 40ь			?;
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~	-
41	List the states with which a copy of this return is filed ▶ None				
42a	The organization of books are in oars of a	217) 52		1	
b	Located at ► 3590 N. Woodridge Decatur, IL  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	625	Yes	No	•
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~	•
	If "Yes," enter the name of the foreign country ▶				ĺ
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		~	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year		<b>.</b>	A1 -	
440	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	<sub></sub>	Yes	NO	ī
44a	completed instead of Form 990-EZ	44a		7	 
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		<b>V</b>	] -
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d			Ī
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		~	-
45a b	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				İ
	Form 990-EZ. See instructions	45b		~	•

	_						,	Yes	No
46	Did t	he organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or	'in opposi	tion	_	
		ndidates for public office? If "Yes," o		, Ραπ Ι	· · · ·	• • •	·   4	5	<b>/</b>
Part	رپالا	Section 501(c)(3) Organizations All section 501(c)(3) organization	s Only e must answer que	setions 47-49h and	52 and co	mnlete th	e tahles	for lin	20
		50 and 51.	s must answer que	Stions 47-450 and	JZ, and CO	inpiete tii	e lables	. 10: 111	63
		Check if the organization used Sci	hedule O to respond	to any question in t	his Part VI				
		Check if the organization does co.	nedale o to respond	to any quodicinin				Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) election	n in effect o	during the	tax 🗀		
		If "Yes," complete Schedule C, Par						7	
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete:	Schedule E		. 4	8	
49a	Did t	ne organization make any transfers to	o an exempt non-cha	ritable related organi	zation?		49	a	
b		es," was the related organization a se					. 49		<u> </u>
50	Com	plete this table for the organization's	five highest compen	sated employees (oth	er than offic	ers, direct	ors, trus	tees, ar	nd key
	empl	oyees) who each received more than	1 \$100,000 of comper	nsation from the orga			e, enter	None.	
	(0)	Name and title of each amployee	(b) Average	(c) Reportable compensation	(d) Health contributions		(e) Estim		
	(a)	Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, comper		other c	ompensa	tion
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	Total	number of other employees paid ov	er \$100 000	<u> </u>					
51		plete this table for the organization			contractors	who each	receive	ed more	e than
31		,000 of compensation from the orga			Contractors	· •••••			
		<u> </u>					Compens	ation	
	(a)	Name and business address of each independ	dent contractor	(b) Type of sen	, ice	(0)	Compens	ation	
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d		number of other independent contra	_		<u> </u>				
52		the organization complete Schedu	ule A? <b>Note:</b> All se	ection 501(c)(3) orga	ınızatıons m	iust attach			N
		oleted Schedule A		<u> </u>	<del></del>	<del>. : · ·</del>	.►∐ Υ		No
Under p	enalties	of perjury, I declare that I have examined this is decomplete. Declaration of preparer (other than	retum, including accompan n officer) is based on all info	lying schedules and statement formation of which preparer is	ents, and to the	best of my kr dae	nowledge a	and belief	, it is
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.v.ay ti	10	Sissass the retain with the preparet			<u> </u>		<u></u>	<u>               </u>	

Form 990-EZ (2018)

## **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

## 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2019

Open to Public Inspection

Employer identification number

37-1270660

Decatur Federation of Teaching Assistants #4324 Part 1 Line 10 - Grants and Similiar Amounts Paid Illinois Federation of Teachers, 500 Oakmont Lane, Westmont, IL 60559 \$52,341 (Payments to Affiliates) \$33,273 (Payments to Affiliates) American Federation of Teachers, 555 New Jersey Ave. N.W., Washington, D.C. 20001 \$954 (Payments to Affiliates) All others below \$5,000 threshold \$86,568 **TOTAL Line 10** Part 1 Line 16, Other Expenses \$2,730 Meetings, Conferences, and Conventions \$1,268 Supplies Misc Expenses \$43 **TOTAL Line 16** \$4,041 Part III - Organization's Primary Exempt Purpose The Decatur Federation of Teaching Assistants Local #4324 is a non-profit organization created to improve the status of teaching assistants by recognition of their contribution as members of a professional team providing quality educational opportunities for its students