

Form **990EZ**
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)

OMB No. 1545-1150
2019
Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 09-01-2019, and ending 08-31-2020

- B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
AMERICAN FEDERATION OF TEACHERS
aka WCC FACULTY COUNCIL AFT LOCAL 604
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO BOX 1808
City or town, state or province, country, and ZIP or foreign postal code
AURORA, IL 60507

D Employer identification number
30-0521842
E Telephone number
(630) 466-2273
F Group Exemption Number
0787

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: _____
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(5) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____
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. **\$ 76,246**

Part I 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

Revenue					
1	Contributions, gifts, grants, and similar amounts received	1		0	
2	Program service revenue including government fees and contracts	2		0	
3	Membership dues and assessments	3		76,215	
4	Investment income	4		31	
5a	Gross amount from sale of assets other than inventory	5a		0	
b	Less: cost or other basis and sales expenses	5b		0	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		0	
6	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		0	
b	Gross income from fundraising events (not including \$ 0 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		0	
c	Less: direct expenses from gaming and fundraising events	6c		0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		0	
7a	Gross sales of inventory, less returns and allowances	7a		0	
b	Less: cost of goods sold	7b		0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		0	
8	Other revenue (describe in Schedule O)	8		0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		76,246	

Expenses					
10	Grants and similar amounts paid (list in Schedule O)	10		67,885	
11	Benefits paid to or for members	11		0	
12	Salaries, other compensation, and employee benefits	12		4,957	
13	Professional fees and other payments to independent contractors	13		0	
14	Occupancy, rent, utilities, and maintenance	14		0	
15	Printing, publications, postage, and shipping	15		105	
16	Other expenses (describe in Schedule O)	16		3,079	
17	Total expenses. Add lines 10 through 16	17		76,026	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		220	
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		23,487	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		0	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21		23,707	

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	23,487	22	23,707
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	23,487	25	23,707
26 Total liabilities (describe in Schedule O).	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,487	27	23,707

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 TO SUPPORT AND NEGOTIATE TEACHERS CONTRACTS, MODERATE GRIEVANCES, AND HELP SUPPORT LEGISLATION FOR THE IMPROVEMENT OF PUBLIC EDUCATION.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NANCY CHRISTENSEN PRESIDENT	5	1,525	0	0
TIM MORIARTY VICE PRESIDENT	5	1,144	0	0
TRACEY DOSCH SECRETARY	5	763	0	0
SCOTT HOLLENBACK TREASURER	5	763	0	0
ULYSSES DIAZ LOCAL #604 SENATOR	5	763	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI Section 501(c)(3) Organizations Only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Sean Hunt Treasurer Business Manager <small>Type or print name and title</small>	2021-01-07 <small>Date</small>
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID: 19009572

Software Version: v1.00

EIN: 30-0521842

Name: AMERICAN FEDERATION OF TEACHERS
aka WCC FACULTY COUNCIL AFT LOCAL 604

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 ADMINISTERED A COLLECTIVE BARGAINING AGREEMENT COVERING EMPLOYEES REPRESENTED BY THE UNION. (Grants \$ 0) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>30 DISTRIBUTED INFORMATION TO BARGAINING UNIT MEMBERS ON EDUCATIONAL ISSUES AND THE UNION'S POSITION. (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	<p style="text-align: right;">0</p>

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.

▶ 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**

Department of the Treasury

Internal Revenue Service
Name of the organizationAMERICAN FEDERATION OF TEACHERS
aka WCC FACULTY COUNCIL AFT LOCAL 604

Employer identification number

30-0521842

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10	PAYMENT TO AFFILIATES: AFFILIATE NAME: AMERICAN FEDERATION OF TEACHERS #604. AFFILIATE ADDRESS: 1520 N. ROCK RUN DRIVE, CREST HILL, IL 60403. PURPOSE OF PAYMENT: MEMBERSHIP DUES. A MOUNT OF PAYMENT: \$67,885

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16	Description;Amount^T SHIRTS FOR MEMBERS;1777 MISCELLANEOUS EXPENSES;668 TRAINING CLASSES;592 BANK FEES;42^Total;3079^