Form **990**

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. 1545-0047

Do not enter social security numbers on this form as it may be made public.

Open to Public

		nue Service	► Information abou	it Form 990 and it	s instruction	s is at w	ww.irs.go	v/form990.		Inspec	tion
A	For the	e 2014 cale	ndar year, or tax year beginnin			2014, and	200000 111 11 P	June	30	, 20 15	
В	Check	f applicable:	C Name of organization Wayne Co	ounty Community	College, Fee	deration,	AFT Loc	al #2000	Employe	er identification n	umber
	Address	s change	Doing business as							38-1915117	
	Name c		Number and street (or P.O. box if	mail is not delivered t	o street addres	s) Ro	oom/sulte	E	Telephor	ne number	
	Initial re	- 21	P. O. Box 441485							313-964-2570	
		um/terminated	City or town, state or province, co	untry, and ZIP or fore	ign postal code	,				010 701 2010	
		15	Detroit, MI 4824-1485						Gross re	ceipts \$	333,746
$\overline{\Box}$			F Name and address of principal offi	cer: Wallace Pea	ace			-		subordinates? Yes	
	· · · · · · · · · · · · · · · · · · ·			Trailedo I Ci						included? Ve	
	Tayleye	empt status:	501(c)(3) 501(c	(5) ◀ (Insert r	10.) 1 4947/9	(1) or	527			list. (see Instruction	
<u> </u>	Website		://www.aft2000.org	J J Chiaciti	10.1 🖂 4347[4]	1701 -	JEI	H(c) Group e			0787
ĸ				ation ☐ Other ►	Non Profit	I Vear of	formation			of legal domicile:	MI
	art I	Summ		Carton -	NON PION	12 104 0	TOTTIME	1770	W Orato	or legal dorniona.	IVII
	1		scribe the organization's mis	sion or most sig	nificant acti	vities:					
0			ion Organizing and servicing n		iiiioant doti	TILIOS.					
Ē		LADOI OIII	on Organizing and servicing in	ilembership.							
Activities & Governance	2	Check thi	is box ▶ ☐ if the organization	discontinued its	e operations	or diena	seed of	more than S	2594 of i	ite not accete	
ð	3		of voting members of the gov						3	na Het assets.	
O S	4		of independent voting memb						4	_	6
88	5										0
ŧ	6		nber of individuals employed						5		14
ŧ			nber of volunteers (estimate i						6	25 0000000	-0-
- C	7a		elated business revenue from						7a		-0-
_	Ь	Net unrea	ated business taxable incom	e irom Form 990	J-1, line 34				7b	O	-0-
		0	3	- 41-3			\vdash	Prior Yea	0.77	Current Y	
9	8		tions and grants (Part VIII, line	- 1			.		334,338		333,746
Revenue	9	-	service revenue (Part VIII, line		-0-		-0-				
ě	10		nt income (Part VIII, column (-0-		8				
Ī	11		enue (Part VIII, column (A), lii				·		150		-0-
_	12		nue-add lines 8 through 11						34,488		333,745
	13		nd similar amounts paid (Part						-0-		-0-
	14		paid to or for members (Part		•				-0-		-0-
es	15		other compensation, employee				0)		65,211		156,166
Expenses	16a		nal fundraising fees (Part IX,		-				-0-		-0-
ă.	b		draising expenses (Part IX, co				10	15 333			
ш	17		oenses (Part IX, column (A), li						243,206		219,892
	18	Total exp	enses. Add lines 13-17 (mus	t equal Part IX, o	column (A), I	ine 25)			108,417		376,058
_	19	Revenue	less expenses. Subtract line	18 from line 12				(73,929)	A12 177	(42,312)
58							Beg	Inning of Curr	ent Year	End of Ye	ar
aler set	20		ets (Part X, line 16)					4	17,899		372,305
Net Asse Fund Bals	21		ilities (Part X, line 26)						-0-		(3,283)
	-	Net asset	ts or fund balances. Sustract	ling 21 from line	20			4	17,899	2001-00	375,587
	art II		ure/Block ///	1			2000	A.	(a)		
Un	der pena	alties of perjur	ry declare that I have extended the beclaration of proofer (other the	return, including acc	companying sc	hedules an	d stateme	nts, and to the	best of n	ny knowledge and	belief, it is
tru	e, correc	t, and comp	de Decistation of preparer (either the	officer) is based or	n all information	of which p	reparer ha	is any knowled	dge.		
		4	loge ma					5	5-13-	45	
Sig	gn	Sign	ture of officer					Date			
He	re		ROGOL SIM	IN	TRUM	ULOS	_		1938	District Control	
		Туре	or print name and title	233 12				- 10		7010	HEAVE.
Pa	id	Print/Typ	pe preparer's name	Preparer's signatu	re		Date		Check [T # PTIN	
		avagere.							self-emp		
	epare se On		ame 🕨	17 200	- 19 40	paragraph :	5000	Firm's	s EIN ▶		
US	e un	• 7	ddress ▶					Phone			
Ma	y the II		this return with the prepare	r shown above?	(see instruc	tions) .				Ye	s 🗌 No

	90 (2014)				Page 2
Part		ment of Program Service Acc			
1		ribe the organization's mission:	nse or note to any line in this Part II		
•		organizing and servicing members	hip.		

	Distance				
2			it program services during the year wi	nich were not listed on the	
		scribe these new services on Sch			☐ Yes ☐ No
3			make significant changes in how i	t conducts, any program	
	services?				☐ Yes ☐ No
	If "Yes," de	scribe these changes on Schedule	∍ O.		
4			accomplishments for each of its thre		
			ganizations are required to report the	amount of grants and allo	cations to others,
	the total ex	penses, and revenue, if any, for ea	ach program service reported.		
		1.5			
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				5.W	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
_= =					
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			18		
4d	Other progr	ram services (Describe in Schedul	a ()		
-14	(Expenses)	
4e		am service expenses ▶) (i la a la l	,	
					Form 990 (2014)

Form 99	0 (2014)		500	Page 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1		~
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		V
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	V	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		v
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
		For	n 9 9 0	(2014)

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		V
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		V
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		_	-
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		V
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	,	
		, 00		

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		- 3	
U	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3ь		
4a	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)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		-
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	3C		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		- 4	
	and services provided to the payor?	7a 7b	- 100	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		- 3	
a b	Initiation fees and capital contributions included on Part VIII, line 12		881	
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		100	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		(100 mg)
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans		4	E 74
C	Enter the amount of reserves on hand	la constant	0.000	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	000	
		Form	u 880	(2014)

	Check if Schedule O contains a response or note to any line in this Part Vi on A. Governing Body and Management		33 39		
			es contract	Yes	No
1a		1a 6			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 0	. 3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	•		. 9	
	any other officer, director, trustee, or key employee?		2		V
3	Did the organization delegate control over management duties customarily performed by or t				
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person? .	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		V
5	Did the organization become aware during the year of a significant diversion of the organization		5		~
6	Did the organization have members or stockholders?		6	~	
7a	Did the organization have members, stockholders, or other persons who had the power to				
	one or more members of the governing body?		7a	~	
Ь	Are any governance decisions of the organization reserved to (or subject to approval				1
	stockholders, or persons other than the governing body?		7b		Ľ
8	Did the organization contemporaneously document the meetings held or written actions und	dertaken during	1 8		
	the year by the following:			5 13	
а	The governing body?		8a		V
ь	Each committee with authority to act on behalf of the governing body?		8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen any officer.				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		1
ecti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C	_	_
			s 5	Yes	No
			1.0		
10a			10a		1
10a b	If "Yes," did the organization have written policies and procedures governing the activities of				-
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exempton of the control of th	pt purposes?	10b		
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple Has the organization provided a complete copy of this Form 990 to all members of its governing body before	pt purposes? e filing the form?			
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple Has the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ot purposes? e filing the form?	10b 11a		V
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple Has the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	ot purposes? e filing the form?	10b 11a 12a		V
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple that the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	pt purposes? e filing the form? e rise to conflicts?	10b 11a		V V V
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple that the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	pt purposes? e filing the form? e rise to conflicts? policy? If "Yes,"	10b 11a 12a 12b		v
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple that the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	pt purposes? e filing the form? e rise to conflicts? policy? If "Yes,"	10b 11a 12a 12b		V V
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple that the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the processribe in Schedule O how this was done	pt purposes? e filing the form? e rise to conflicts? policy? If "Yes,"	10b 11a 12a 12b 12c 13		V V V
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple that the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the processible in Schedule O how this was done	pt purposes? e filing the form? e rise to conflicts? policy? If "Yes,"	10b 11a 12a 12b		v v
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple that the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	pt purposes? e filing the form? e rise to conflicts? policy? If "Yes,"	10b 11a 12a 12b 12c 13		V V V
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple that the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the processribe in Schedule O how this was done	pt purposes? e filing the form? e rise to conflicts? policy? If "Yes,"	10b 11a 12a 12b 12c 13 14		V V V
b 11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple that the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the processribe in Schedule O how this was done	pt purposes? e filing the form? e rise to conflicts? policy? If "Yes,"	10b 11a 12a 12b 12c 13 14		V V V
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b 11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple that the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the processribe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	pt purposes? e filing the form? e rise to conflicts? colicy? If "Yes,"	10b 11a 12a 12b 12c 13 14		V V V
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b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple that the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the processribe in Schedule O how this was done	pt purposes? e filing the form? e rise to conflicts? colicy? If "Yes,"	10b 11a 12a 12b 12c 13 14		V V V
b 11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple that the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the processribe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization.	pt purposes? e filing the form? e rise to conflicts? colicy? If "Yes,"	10b 11a 12a 12b 12c 13 14 15a 15b		V V V V
b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple that the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the process in Schedule O how this was done	pt purposes? e filing the form? e rise to conflicts? colicy? If "Yes," and approval by and decision? ar arrangement to evaluate its o safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b		V V V V
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple that the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the procession in Schedule O how this was done	pt purposes? e filing the form? e rise to conflicts? colicy? If "Yes," and approval by and decision? ar arrangement to evaluate its o safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b 11a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemplas the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the process in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	pt purposes? e filing the form? e rise to conflicts? colicy? If "Yes," and approval by and decision? ar arrangement to evaluate its o safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b 11a b 12a b c 13 14 15 a b 6ecti 17	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple that the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the procession in Schedule O how this was done	pt purposes? e filing the form? e rise to conflicts? policy? If "Yes," and approval by and decision? ar arrangement to evaluate its o safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	V	V V V V V V V V V V V V V V V V V V V
b 11a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemplas the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the process in Schedule O how this was done	pt purposes? e filing the form? e rise to conflicts? policy? If "Yes," and approval by and decision? ar arrangement to evaluate its o safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	V	V V V V V V V V V V V V V V V V V V V
b 11a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemplas the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the process in Schedule O how this was done	pt purposes? e filing the form? e rise to conflicts? colicy? If "Yes,"	10b 11a 12a 12b 12c 13 14 15a 15b	V	V
b 11a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemplas the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the processing in Schedule O how this was done	pt purposes? e filing the form? e rise to conflicts? colicy? If "Yes," and approval by and decision? ar arrangement to evaluate its co safeguard the and 990-T (Section medule O)	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	c)(3)s	v v v v v
b 11a b 12a b c c	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemplas the organization provided a complete copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the process in Schedule O how this was done	pt purposes? e filing the form? e rise to conflicts? colicy? If "Yes," and approval by and decision? ar arrangement to evaluate its co safeguard the and 990-T (Section medule O)	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	c)(3)s	V

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Form 990 (2014)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos eck is pe	rson	than o is both or/trust	เลก	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Peace, Wallace, President	30 hrs			,				7,952	-0-	-0
(2) Short, Roger, Treasurer	20 hrs			v				7,623	-0-	+0
(3) Williams, Arthur, 1st Vice President	15 hrs			,				5,566	-0-	-0
(4) Davis, Elia, Secretary	15 hrs			~				6,670		-0
(5) Caddy, David, Chief Negotiator	5 hrs			,				6,713		-0
(6) Ewen, Bruce, Steward	5 hrs			v				1,800	-0-	-0
(7) Wright, Micheal, Steward	5 hrs			,				2,004	-0-	-0
(8) Rahmatollah, Golshan, Steward	5 hrs			~				900	-0-	-0
(9) Nwamra, Christian, 2nd Vice President	15 hrs			,				9,114	-0-	-0
(10) Robinson, Deborah, Steward	5 hrs	v		v				1,900	-0-	-0
(11) Jones, Charles, Steward	5 hrs			,				300	-0-	-0
(12) Pequinot, Mary, Steward	5 hrs			,				1,900	-0-	-0
(13) Brown, Jeffrey, Steward	5 hrs			,				300	-0-	-0
(14) Howard, Thomas, Steward	5 hrs			~				900		-0

	(A) Name and title	(B) Average hours per	box, office	ınles	Pos eck is pe	rson	than dis both	an lee)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(15)												
(16)												
(17)				T								
(18)					П							
(19)				Н			H					
(20)					-							
(21)												
(22)												
(23)			-				H					_
(24)					_							
(25)					H	_		H				_
1b c d	Sub-total	t VII, Sectio	n A 	:	:			• • • • • • • • • • • • • • • • • • •	53,642 53,642 ho received me	-0- -0- ore than \$100,00	00 of	-0
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						mp	oloyee, or high	est compensate	ed	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater the	an \$1	50,	000	? /	"Ye	s, "			ch	V
5	Did any person listed on line 1a receive for services rendered to the organization											v
Section	n B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Re year.											ĸ
	(A) Name and business ad	dress							(B) Description of s	ervices	(C) Compensation	
2	Total number of independent contract received more than \$100,000 of comper							th	nose listed abo	ove) who		

Par	t VIII		0.10000	neo er nete te	any line in this	Doct VIII		
		Check if Schedule O contains	a respo	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र इ	1a	Federated campaigns	1a					0,2014
	Ь	Membership dues	1b	333,746	V 3		0 9 3 1	04170
G .	C	Fundraising events	1c	-0-				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
S, C	е	Government grants (contributions)	1e				8 - 8 -	
ion	f	All other contributions, gifts, grants,						
F		and similar amounts not included above	1f		- 100			
ĒÖ	g	Noncash contributions included in lines 1a-	-1f: \$					
and Co	h	Total. Add lines 1a-1f		> [333,746			NO. 17
				Business Code	333,740			
Ē	2a							
Æ	b			-		-		
2	c						7.7	
5	d							
E	e							
Program Service Revenue	f	All other program service revenu	ie.					
- E	g			>				
	3	Investment income (including	dividen	ds, interest,				
		4 41 4 11						
	4	Income from investment of tax-exer	mpt bone	d proceeds ▶				100
	5	Royalties						
		(i) Real		(ii) Personal			9100	
	6a	Gross rents		- 55	W. All II.		00°= U.I I I	
	Ь	Less: rental expenses	- 1					
	С	Rental income or (loss)						
	d	Net rental income or (loss) .		•				
	7a	Gross amount from sales of (i) Securiti assets other than inventory	ies	(ii) Other				
	b	Less: cost or other basis						
		and sales expenses .	-		ALCOHOLD DE			
	C	Gain or (loss)	_					
	d	Net gain or (loss)		▶				
enue/	8a	Gross income from fundralsing events (not including \$						
Other Rev		of contributions reported on line 10			1900			
Te.		See Part IV, line 18	~ _		1111/2 18			
ō		Less: direct expenses						
		Net income or (loss) from fundral		rents . ►				
	9a	Gross income from gaming activities See Part IV, line 19						
	Ь	Less: direct expenses	. ь					
	С	Net income or (loss) from gaming	g activit	ies ►	27			
	10a	Gross sales of inventory, I returns and allowances		\$100 a				
	ь	Less: cost of goods sold						
		Net income or (loss) from sales of		tory ▶				
		Miscellaneous Revenue		Business Code		- 100		
	11a						- U 10 - 20 - 20	
	Ь							
	C					V6732 - 1976 -		
	d	All other revenue	.	- 10 - 52 B				
	e	Total. Add lines 11a-11d		•				SECRETARIA SE
	12	Total revenue. See instructions.		-	333,746	4		

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	ll other organizatio	ns must complete co	lumn (A).
	Check if Schedule O contains a respons	e or note to any lin	e in this Part IX		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	53,642			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	93,363			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,161			
9	Other employee benefits				
11	Fees for services (non-employees):	13,710			A.Tie
а	Management			5,45	
b	Legal	20,163			
C	Accounting	14,952			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f 9	Investment management fees				
12	Advertising and promotion				
13	Office expenses	9,941			27.2433
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			1	
19	Conferences, conventions, and meetings .	22,048			
20	Interest				
21 22	Payments to affiliates	122,591			
23	Insurance	483			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	President's Expenses	357			
b	Membership Services	12,577			
С	Education Advocacy	450			
d	Donation	2,000			1 1021 1
e	All other expenses Miscellaneous Expenses	620			
25	Total functional expenses. Add lines 1 through 24e	376,058			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

Part X Balance Sheet

	ar L A	Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	316,450	1	271,339
	2	Savings and temporary cash investments	100,000	2	100,000
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
N	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
AS	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	- 1777-1	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,449			
	ь	Less: accumulated depreciation 10b (483)	1,449	10c	966
	11	Investments—publicly traded securities	1,447	11	700
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	417,899		372,305
\neg	17	Accounts payable and accrued expenses	417,077	17	(3,282)
	18	Grants payable		18	(3,202)
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
en l	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and	7.0	100	
펿ㅣ		disqualified persons. Complete Part II of Schedule L		22	
<u>"</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	(3,282)
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	417,899	27	375,587
3al	28	Temporarily restricted net assets	111,011	28	070,007
힐	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	2 3 1-1/40	32	
i e	33	Total net assets or fund balances	417,899		375,587
	34	Total liabilities and net assets/fund balances	417,899		372,305

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Page 12

Dar	XI Reconciliation of Net Assets				3
rai					
1	Check if Schedule O contains a response or note to any line in this Part XI	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			33,746
3	Revenue less expenses. Subtract line 2 from line 1	3			76,058
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			2,312)
5	Net unrealized gains (losses) on investments	5		4	17,899
6	Donated services and use of facilities	6			-0-
7	Investment expenses	7		-	-0-
8	Prior period adjustments	8	_	_	-0-
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-0-
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				-0-
	33, column (B))	10		27	75,587
Part	XII Financial Statements and Reporting	,			,,,,,,,,,,,
	Check if Schedule O contains a response or note to any line in this Part XII				П
74-10 ph				Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.		2.3		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		V
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1000	3.	
b	Were the organization's financial statements audited by an independent accountant?		2b	- 5	V
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	1	10	
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			4.00	1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	to treat	10775
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in	1	49-39	
	Schedule O.		(3-1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Fort	n 990	(2014)

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

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ 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

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

	organization answered "Yesee separate instructions).	s," to Form 990, Part IV, line 5 (Pr then	oxy Tax) (see separa	ite instructions) or Form 990	P-EZ, Part V, line 35c (Proxy
• 5	action 501(c)(4), (5), or (6) ore	anizations: Complete Part III.			
	of organization	anadions. Complete Far III.		Employer ide	ntification number
Navn	County Community College	ge, Federation, AFT Local #2000			38-1915117
	I-A Complete if the	ne organization is exempt u	nder section 501	(c) or is a section 527	
1		the organization's direct and in			
2				_	6
3					
Part		ne organization is exempt u			
1		excise tax incurred by the orga			
2		excise tax incurred by organiza			
3		red a section 4955 tax, did it file			
4a	Was a correction made?				Yes No
ь	If "Yes," describe in Par				
Part	I-C Complete if the	ne organization is exempt u	nder section 501	(c), except section 501	(c)(3).
1		tly expended by the filing orga			
2		e filing organization's funds contivities			
3	Total exempt function	expenditures. Add lines 1 and	d 2. Enter here and	d on Form 1120-POL,	
4	Did the filing organization	n file Form 1120-POL for this y	ear?		Yes No
5	Enter the names, address organization made paymente amount of political controls.	sees and employer identification nents. For each organization liste contributions received that were d fund or a political action comm	number (EIN) of all a ed, enter the amount promptly and directle	section 527 political organ t paid from the filing organ ly delivered to a separate (izations to which the filing ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Schedule	C (For	n 990 or	990-EZ)	2014

Sched	ule C (Form 990 or 990-EZ) 2014					Page
Par	Complete if the organizati section 501(h)).	on is exempt ı	under section 5	01(c)(3) and file	d Form 5768 (ele	
A C	theck ► ☐ if the filing organization be name, address, EIN, expe	elongs to an at	ffiliated group (ar	nd list in Part IV	each affiliated gro	up member's
вС	check ► ☐ if the filing organization c					
		bying Expendit			(a) Filing	(b) Affiliated
	(The term "expenditures" r			.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	e public opinion	(grass roots lobby	vina)		
b						
C						
d						
е	Total exempt purpose expenditures (ad					
f	Lobbying nontaxable amount. Enter columns.					
	If the amount on line 1e, column (a) or (b) i	s: The lobbying	nontaxable amoun	it is:		
	Not over \$500,000		nount on line 1e.		ŧ	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000.	TO XI TO S	
	Over \$17,000,000	\$1,000,000.				
9	Grassroots nontaxable amount (enter 2	5% of line 1f)				
h	Subtract line 1g from line 1a. If zero or	less, enter -0-				
i	Subtract line 1f from line 1c. If zero or I					Charte
j	If there is an amount other than zero					
	reporting section 4911 tax for this year					Yes No
	(Some organizations that made a se	ection 501(h) ele	Period Under sec ection do not hav ructions for lines	e to complete all	of the five column	s below.
	Lobbyin	g Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(ε	1)		(b)	
	ription of the lobbying activity.	Yes	No	A	nount	t
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:					I
a b	Volunteers?					
C	Media advertisements?					
ď	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
þ	If "Yes," enter the amount of any tax incurred under section 4912	13	-			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d						-
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), c	or sec	tion		
					Yes	N
1	Were substantially all (90% or more) dues received nondeductible by members?			1	~	_
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	V	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3	_	~
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?)(5), c	or sec	2 3	V	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?)(5), c R (b)	or sec	2 3	V	
2 3 Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less?)(5), c R (b)	r sec Part	2 3	V	
2 3 Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	(5), c R (b)	r sec Part	2 3	V	
2 3 Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	(5), c R (b)	or sec	2 3	V	
2 3 Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	(5), c R (b)	or sec Part	2 3	V	
2 3 Part 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	(5), c R (b)	or sec Part	2 3	V	
2 3 Part 1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	(5), c R (b)	pr sec Part 1 2a 2b 2c	2 3	V	
2 3 Part 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? 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," Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	(5), c R (b)	pr sec Part 1 2a 2b 2c	2 3	V	

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part IV	m 990 or 990-EZ) 2014 Supplemental in	formation /c	ontinued)			Page
			571t7555/			

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer Identification number

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

	County Community College, Federation, AFT Local #		38-1915117
Pai			
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6	
4	Total sumbay at and of usay	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
3	Aggregate value of contributions to (during year)		
4	Aggregate value of grants from (during year)		
5	Aggregate value at end of year	ar advisors in writing that the accets	hold is dones advised
•	funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene conferring impermissible private benefit?	and donor advisors in writing that great of the donor or donor advisor, or	rant funds can be used for any other purpose
Par	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space	ation or education)	of a certified historic structure
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribut	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easemer		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in historic structure listed in the National Register		
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished, or te	rminated by the organization during the
5	Number of states where property subject to consecution between the organization have a written policy reviolations, and enforcement of the conservation experience.	egarding the periodic monitoring, in	nspection, handling of
6	Staff and volunteer hours devoted to monitoring, i	Inspecting, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspe ▶\$	ecting, and enforcing conservation eas	sements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's f	
Par	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8).
1a	If the organization elected, as permitted under Si works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the	r assets held for public exhibition, e	education, or research in furtherance of
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar public service, provide the following amounts related to the state of the public service, provide the following amounts related to the state of the st	r assets held for public exhibition, e	
	(i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		
2	If the organization received or held works of ar following amounts required to be reported under the second or the	t, historical treasures, or other simil SFAS 116 (ASC 958) relating to these	ar assets for financial gain, provide the items:
a	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		

Par	Organizations Maintaining	Collections of	f Art, His	torical 1	Treasures,	or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and o						
а	☐ Public exhibition		d	☐ Loan	or exchange	prog	rams	
b	☐ Scholarly research			Othe				
C	☐ Preservation for future generation	s						
4	Provide a description of the organiza XIII.		and expl	ain how t	hey further t	he org	janization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be maint						
Par	Complete if the organization 990, Part X, line 21.		s" to For	m 990, F	Part IV, line	9, or	reported an an	nount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?							
b	If "Yes," explain the arrangement in F	art XIII and comp	lete the fo	ollowing to	able:		T #	Amount
С	Beginning balance					10		
ď	Additions during the year					10		
е	Distributions during the year					1e		
f	Ending balance					11		· · ·
2a	Did the organization include an amou	int on Form 990 F	Part X line	21 for e	SCION OF CUS			v2 Ves No
	If "Yes," explain the arrangement in F							
	V Endowment Funds.	ATT AIII. OTIECK TIE	io ii uic c	Apiai iatio	II Ijas Deeli L	JOVIG	SUITE ATT ATT A	
, ai	Complete if the organization	answered "Ve	e" to For	m 000 P	Part IV line	10		
	Complete if the organization	(a) Current year		ior year	(c) Two years		(d) Three years bac	ck (e) Four years back
1a	Beginning of year balance	(b) Carrett year	(0)11	or your	(c) Two yours	Dack	(d) Three years Date	tel i on legis pack
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of	the current vear e	nd baland	e (line 1a	. column (a))	held	as:	
а	Board designated or quasi-endowme		%	,	,,,,			
b	Permanent endowment ▶							
С	Temporarily restricted endowment ▶							
	The percentages in lines 2a, 2b, and		00%.					
3a	Are there endowment funds not in thorganization by:			ization tha	at are held a	nd ad	ministered for t	he Yes No
	(i) unrelated organizations (ii) related organizations							3a(i) 3a(ii)
ь	If "Yes" to 3a(ii), are the related organ							3b
4	Describe in Part XIII the intended use							
Part	• • • • • • • • • • • • • • • • • • • •							
فننهم	Complete if the organization		s" to For	m 990 P	Part IV line	11a S	See Form 990	Part X. line 10
	Description of property	(a) Cost or o			or other basis		Accumulated	(d) Book value
		(investr			ther)		epreciation	(u) Book value
1a	Land							
b	Buildings							
C	Leasehold improvements	. = 1 == -						
d	Equipment				1,449		(483)	966
е	Other							
Takel	Add lines to through to (Column (d)	mind amind Came I	200 0-4	V 1	- /DI // 40-	. 1		

	(a) Description of security or category	(b) Book value	(c) M	ethod of valuation:
	(including name of security)	(a) Doon 12.00		nd-of-year market value
1) Financial	derivatives			
2) Closely-h	neld equity interests			1978
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
10000	b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" to Fore	n 990, Part IV, line	e 11c. See Forr	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value	1 1	lethod of valuation; nd-of-year market value
(1)				
(2)			1 200	
(3)	Application - I was a second of the second o			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	b) must equal Form 990. Part X. col. (Bi line 13.) ▶			48 10 10 10 10 10 10 10 10 10 10 10 10 10
	b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.			
(9)	Other Assets.	n 990 Part IV line	a 11d. See For	n 990 Part X line 15
(9) otal. (Column (n 990, Part IV, line	e 11d. See Form	n 990, Part X, line 15.
(9) otal. (Column (Part IX	Other Assets. Complete if the organization answered "Yes" to Fore	n 990, Part IV, line	e 11d. See Form	<u> </u>
(9) otal. (Column (Part IX (1)	Other Assets. Complete if the organization answered "Yes" to Fore	n 990, Part IV, line	e 11d. See Form	<u> </u>
(9) otal. (Column (Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes" to Fore	n 990, Part IV, line	e 11d. See Form	
(9) otal. (Column (Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" to Fore	n 990, Part IV, line	e 11d. See Form	
(9) otal. (Column (Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" to Fore	n 990, Part IV, line	e 11d. See Form	-
(9) otal. (Column () Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" to Fore	n 990, Part IV, line	e 11d. See Form	-
(9) otal. (Column () Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" to Fore	n 990, Part IV, line	e 11d. See Form	-
(9) otal. (Column () Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" to Fore	n 990, Part IV, line	e 11d. See Form	-
(9) otal. (Column (Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" to Fore	n 990, Part IV, line	e 11d. See Forr	-
(9) otal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" to Form (a) Description	n 990, Part IV, line		(b) Book value
(9) otal. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" to Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	n 990, Part IV, line	e 11d. See Form	(b) Book value
(9) fotal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" to Form (a) Description (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form			(b) Book value
(9) fotal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column () Part X	Other Assets. Complete if the organization answered "Yes" to Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25.			(b) Book value
(9) otal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column () Part X	Other Assets. Complete if the organization answered "Yes" to Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value			(b) Book value
(9) otal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column () Part X (1) Federal in	Other Assets. Complete if the organization answered "Yes" to Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value			(b) Book value
(9) otal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column () Part X (1) Federal in (2)	Other Assets. Complete if the organization answered "Yes" to Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value			(b) Book value
(9) otal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column () Part X (1) Federal in (2) (3)	Other Assets. Complete if the organization answered "Yes" to Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value			(b) Book value
(9) otal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column () Part X (1) Federal in (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" to Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value			(b) Book value
(9) otal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column () Part X . (1) Federal in (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" to Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value			(b) Book value
(9) otal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column () Part X . (1) Federal in (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" to Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value			(b) Book value
(9) otal. (Column () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column () Part X - (1) Federal in (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" to Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value			(b) Book value
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Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
Ь	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
Ь	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.
5 05	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1		
2	Total expenses and losses per audited financial statements	1
	Total expenses and losses per audited financial statements	1
а	Total expenses and losses per audited financial statements	1
a b	Total expenses and losses per audited financial statements	1
	Total expenses and losses per audited financial statements	1
b	Total expenses and losses per audited financial statements	1
b	Total expenses and losses per audited financial statements	1 2e
b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2e 3
b c d	Total expenses and losses per audited financial statements	
b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Other (Describe in Part XIII.)	
b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	3 4c

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

art XIII		Page 5
	Supplemental Information (continued)	

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.

OMB No. 1545-0047

Department of the Treasury

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Internal Revenue Service Name of the organization ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Wayne County Community College, Federation, AFT Local #2000

38-1915117

Employer Identification number

Part VI, Section A, Line 6, 7a & 7b -- Governing Body - Organization has dues-paying members with rights to elect the governing board and ratify Constitutional amendments.

Part VI, Section B Policles, Line 11A - 990 Form is prepared by an AFT Financial Services member after completion of the financial review. The completed form is then sent to the Principal Officer (Treasurer) for review, signature and filling.

Part VI, Section B Policies, Line 15A & 15B - Salaries are determined via a budget review process and approved by the executive board.

Part VI, Section C, Line 19 - The Organization makes its governing documents and financial information available upon request. Additionally, the governing documents and financial information is submitted to the AFT National Office; and the IRS Form 990 is available on the Guidestar (external source) website.

Part VII, Section A, Line 1a, Column (B) -- President and Treasurer's hours consist of the day-to-day operations of Local; remaining officers time consists primarily of Executive Board meetings.

Name of the organization	Page Employer identification number

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/form990.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Do not use this schedule to provide the latefiling statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. Do not use this schedule. See the Instructions for Form 990, I. Group Return.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

- 1. Part III, Statement of Program Service Accomplishments.
 - a. "Yes" response to line 2.
 - b. "Yes" response to line 3.
 - Other program services on line 4d.
- 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.
 - "No" response to line 3b.
 - b. "Yes" or "No" response to line 13a.
 - c. "No" response to line 14b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights among members of the governing body in line 1a.
- b. Delegation of governing board's authority to executive committee.
 - c. "Yes" responses to lines 2 through 7b.
- d. "No" responses to lines 8a, 8b, and 10b.
 - e. "Yes" response to line 9.
- f. Description of process for review of Form 990, if any, in response to line 11b.
 - g. "Yes" response to line 12c.
- h. Description of process for determining compensation in response to lines 15a and 15b.
- i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or did not make any of Forms 1023, 1024, 990, or 990-T publicly available.
- J. Description of public disclosure of documents in response to line 19.
- Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.
- b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).
- 5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

- 6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).
- 7. Part XI, Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.
- 8. Part XII, Financial Statements and Reporting.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
 - c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

- 1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.
- a. Description of other revenue, in response to line 8.
- b. List of grants and similar amounts paid, in response to line 10.
- c. Description of other expenses, in response to line 16.
- d. Explanation of other changes in net assets or fund balances, in response to line
- 2. Part II, Balance Sheets.
- a. Description of other assets, in response to line 24.
- b. Description of total liabilities, in response to line 26.
- Description of other program services in response to Part III, Statement of Program Service Accomplishments, line 31.
 - 4. Part V, Other Information.
 - a. "Yes" response to line 33.
 - b. "Yes" response to line 34.
- c. Explanation of why organization did not report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Do not include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this CAUTION schedule will be made available for public inspection.