

APPROVED EXTENSION ATTACHED

**COPY**  
OMB no. 1545-0047  
**2007**  
Open to Public Inspection

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements, or tax year beginning **07/01/07** and ending **06/30/08**

- A** For the 2007 calendar year, or tax year beginning **07/01/07** and ending **06/30/08**
- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Termination
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**AFT CIO LOCAL 2000**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**801 WEST FORT STREET**

City or town, state or country, and ZIP + 4  
**DETROIT MI 48226**

**D** Employer identification number  
**38-1915117**

**E** Telephone number

**F** Accounting method:  Cash  Accrual  Other (specify)

**G** Website: **www.aft2000.org**

**J** Organization type (check only one):  501(c) ( **5** ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates  Yes  No

**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **363,506**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)**

		Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received:						
<b>a</b>	Contributions to donor advised funds	1a					
<b>b</b>	Direct public support (not included on line 1a)	1b					
<b>c</b>	Indirect public support (not included on line 1a)	1c					
<b>d</b>	Government contributions (grants) (not included on line 1a)	1d					
<b>e</b>	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e					<b>0</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VIII, line 93)	2					<b>480</b>
<b>3</b>	Membership dues and assessments	3					<b>357,006</b>
<b>4</b>	Interest on savings and temporary cash investments	4					<b>4,788</b>
<b>5</b>	Dividends and interest from securities	5					
<b>6a</b>	Gross rents	6a					
<b>b</b>	Less: rental expenses	6b					
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	6c					
<b>7</b>	Other investment income (describe)	7					
<b>8a</b>	Gross amount from sales of assets other than inventory	8a					
<b>b</b>	Less: cost or other basis and sales expenses	8b					
<b>c</b>	Gain or (loss) (attach schedule)	8c					
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d					
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a					
<b>b</b>	Less: direct expenses other than fundraising expenses	9b					
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	9c					
<b>10a</b>	Gross sales of inventory, less returns and allowances	10a					
<b>b</b>	Less: cost of goods sold	10b					
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c					
<b>11</b>	Other revenue (from Part VII, line 103)	11					<b>1,232</b>
<b>12</b>	Total revenue. Add lines 1a, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12					<b>363,506</b>
<b>13</b>	Program services (from line 44, column (B))	13					<b>277,349</b>
<b>14</b>	Management and general (from line 44, column (C))	14					<b>6,011</b>
<b>15</b>	Fundraising (from line 44, column (D))	15					
<b>16</b>	Payments to affiliates (attach schedule)	16					
<b>17</b>	Total expenses. Add lines 13 and 14, column (A)	17					<b>283,360</b>
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	18					<b>80,146</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	19					<b>232,396</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	20					<b>See Statement -636</b>
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21					<b>311,906</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	29,400	29,400		
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	46,684	42,016	4,668	
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27	375	337	38	
29	Payroll taxes	13,045	11,740	1,305	
30	Professional fundraising fees				
31	Accounting fees	450	450		
32	Legal fees	20,855	20,855		
33	Supplies	3,343	3,343		
34	Telephone	3,490	3,490		
35	Postage and shipping	2,200	2,200		
36	Occupancy				
37	Equipment rental and maintenance	811	811		
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings	12,686	12,686		
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	1,984	1,984		
43	Other expenses not covered above (itemize):				
43a	Per Capita Taxes	130,927	130,927		
43b	Scholarships - Donations	3,300	3,300		
43c	Internet & Website Exp.	119	119		
43d	Stipends	700	700		
43e	Charitable Contributions	1,270	1,270		
43f	Other Expenses -				
43g	Schedule Attached	11,721	11,721	6,011	
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 5)	<b>283,360</b>	<b>277,349</b>	<b>6,011</b>	

Joint costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on this return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **See Schedule Attached**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a  
.....  
.....  
.....  
.....

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

b  
.....  
.....  
.....  
.....

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

c  
.....  
.....  
.....  
.....

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

d  
.....  
.....  
.....  
.....

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
15	Cash—non-interest-bearing	121,530	203,730
46	Savings and temporary cash investments	102,932	102,226
47a	Accounts receivable		
b	Less: allowance for doubtful accounts		
48a	Pledges receivable		
b	Less: allowance for doubtful accounts		
49	Grants receivable		
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		
51a	Other notes and loans receivable (attach schedule)		
b	Less: allowance for doubtful accounts		
52	Inventories for sale or use		
53	Prepaid expenses and deferred charges		
54a	Investments—publicly-traded securities		
b	Investments—other securities (attach schedule)		
55a	Investments—land, buildings, and equipment: basis		
b	Less: accumulated depreciation (attach schedule)		
56	Investments—other (attach schedule)		
57a	Land, buildings, and equipment: basis	9,918	
b	Less: accumulated depreciation (attach schedule)	3,968	
58	Other assets, including program-related investments (describe ▶ )	7,934	5,950
59	<b>Total assets (must equal line 74). Add lines 45 through 58</b>	<b>232,396</b>	<b>311,906</b>
60	Accounts payable and accrued expenses		
61	Grants payable		
62	Deferred revenue		
63	Loans from officers, directors, trustees, and key employees (attach schedule)		
64a	Tax-exempt bond liabilities (attach schedule)		
b	Mortgages and other notes payable (attach schedule)		
65	Other liabilities (describe ▶ )		
66	<b>Total liabilities. Add lines 60 through 65</b>	<b>0</b>	<b>0</b>
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
67	Unrestricted	232,396	311,906
68	Temporarily restricted		
69	Permanently restricted		
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
70	Capital stock, trust principal, or current funds		
71	Paid-in or capital surplus, or land, building, and equipment fund		
72	Retained earnings, endowment, accumulated income, or other funds		
73	<b>Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)</b>	<b>232,396</b>	<b>311,906</b>
74	<b>Total liabilities and net assets/fund balances. Add lines 66 and 73</b>	<b>232,396</b>	<b>311,906</b>

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

<b>a</b> Total revenue, gains, and other support per audited financial statements		<b>a</b>	0
Amounts included on line a but not on Part I, line 12:			
Net unrealized gains on investments	<b>b1</b>		
2 Donated services and use of facilities	<b>b2</b>		
3 Recoveries of prior year grants	<b>b3</b>		
4 Other (specify):	<b>b4</b>		
Add lines b1 through b4		<b>b</b>	
<b>c</b> Subtract line b from line a		<b>c</b>	0
<b>d</b> Amounts included on Part I, line 12, but not on line a:			
1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
2 Other (specify):	<b>d2</b>		
Add lines d1 and d2		<b>d</b>	
<b>e</b> Total revenue (Part I, line 12). Add lines c and d		<b>e</b>	0

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b> Total expenses and losses per audited financial statements		<b>a</b>	0
<b>b</b> Amounts included on line a but not Part I, line 17:			
1 Donated services and use of facilities	<b>b1</b>		
2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3 Losses reported on Part I, line 20	<b>b3</b>		
4 Other (specify):	<b>b4</b>		
Add lines b1 through b4		<b>b</b>	
<b>c</b> Subtract line b from line a		<b>c</b>	0
<b>d</b> Amounts included on Part I, line 17, but not on line a:			
Investment expenses not included on Part I, line 6b	<b>d1</b>		
Other (specify):	<b>d2</b>		
Add lines d1 and d2		<b>d</b>	
<b>e</b> Total expenses (Part I, line 17). Add lines c and d		<b>e</b>	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)**

<b>(A)</b> Name and address	<b>(B)</b> Title and average hours per week devoted to position	<b>(C)</b> Compensation (If not paid, enter -0-)	<b>(D)</b> Contributions to employee benefit plans & deferred compensation plans	<b>(E)</b> Expense account and other allowances
PLEASE SEE SCHEDULE ATTACHED				

## WAYNE COUNTY COMMUNITY COLLEGE DISTRICT

AFT LOCAL 2000

JUNE 30, 2008

FORM 990 - 38-1915117

PAGE 5 - PART V-A

CURRENT OFFICERS,

DIRECTORS, TRUSTEES AND KEY EMPLOYEES

A	B	C	E
James Jackson	President		
19840 Canterbury, Detroit, MI 48221	30	4800	1447
Courtney Atlas	1st Vice President		
22855 Staunton, Southfield, MI 48033	20	4800	
Ella Davis	Secretary		
400 Fiske, Detroit, MI 48214	15	3600	
Arthur Williams	2nd Vice President		
9511 Prest, Detroit, MI 48235	20	2400	
J. Thomas Franco	Treasurer		
26370 Humber St. Huntington Woods, MI 48070	15	3600	
Thomas Howard	Steward		
35824 Deville, Sterling Heights, MI 48312	5	900	
Wallace Peace	Steward		
29193 Northwestern Hwy. Sfld. MI 48034	5	900	
Mary Pequinot	Steward		
8032 Poplar Drive, Dexter, MI 48130	5	900	
Harriet Slocum	Steward		
19015 Muirland, Detroit, MI 48221	5	900	
Gerald Van Dusen	Steward		
45226 riveredge Dr. Plymouth, MI 48170	5	900	
Beatrice Talpos	Chief Negotiator		
20 Oakland Pk Blvd. Plsnt Rdg. MI 48069	15	2700	
David Caddy	Negotiator		
10609 Swallowtail Ct. So Lyon, MI 48178	5	1000	
Marvin Chatman	Negotiator		
2270 Atkinson, Detroit, MI 48206	5	1000	
Shree Kennedy	Negotiator		
27355 Berkshire Dr. Southfield, MI 48076	5	1000	

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

<b>75a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings			
	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	<b>75b</b>		<b>X</b>
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	<b>75c</b>		<b>X</b>
	If "Yes," attach a statement that includes the information described in the instructions.			
<b>d</b>	Does the organization have a written conflict of interest policy?	<b>75d</b>		<b>X</b>

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**  
 (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

**Part VI Other Information (See the instructions.)**

<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<b>76</b>		<b>X</b>
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<b>77</b>		<b>X</b>
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>		<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	<b>78b</b>		
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>		<b>X</b>
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>		<b>X</b>
<b>b</b>	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	<b>81a</b>		
<b>81c</b>	Enter direct and indirect political expenditures. (See line 81 instructions.)		<b>0</b>	
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>81b</b>		<b>X</b>

**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>X</b>	
	<b>82b</b> 2,500		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>N/A</b>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>N/A</b>	
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	<b>X</b>	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>N/A</b>	
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>N/A</b>	<b>85g</b>
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>N/A</b>	<b>85h</b>
<b>86</b>	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	501(c)(12) orgs. Enter: a Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>	<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	<b>X</b>
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	<b>X</b>
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>	<b>X</b>
<b>90a</b>	List the states with which a copy of this return is filed <b>None</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b>	<b>16</b>
<b>91a</b>	The books are in care of <b>Janice Washington</b> Telephone no. <b>313-964-2570</b>		
	Located at <b>1001 West Fort St. Detroit, Michigan</b> ZIP + 4 <b>48226</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	<b>91b</b>	<b>X</b>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		



**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes  No

If "Yes," enter the name of the foreign country ▶ .....

f Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶  and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Ticket Sales - "Refreshments					
b are served at the Annual					
c Meeting; Members may bring					
d guests, but are required to					
e pay for them."					480
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					357,006
95 Interest on savings and temporary cash investments					4,788
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
<b>Prior Year Tax Penalties</b>					
d partially refunded					1,232
e					
104 Subtotal (add columns (B), (D), and (E))					363,506
105 Total (add line 104, columns (B), (D), and (E))					363,506

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
<b>Totals</b>			

Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
<b>Totals</b>			

Did the organization have a binding written contract in effect on August 17, 2008, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

**Please Sign Here**

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 this is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

*J. Thomas Franco*      2/10/09  
 Signature of officer      Date

**J. THOMAS FRANCO**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *York M. Brown CPA*      Date: 2/09/09      Check if self-employed:       Preparer's SSN or PTIN (See Gen. Instr. X)

Firm's name (or yours if self-employed), address, and ZIP + 4: **York M. Brown, CPA**      EIN: **38-3018658**  
**11000 W. McNichols, Suite 113**      Phone no.: **313-862-3900**  
**Detroit, MI 48221**

**WAYNE COUNTY COMMUNITY COLLEGE**  
**AFT LOCAL 2000**

**JUNE 30, 2008**

**FORM 990 - 38-1915117**

**Page 1 - Line 20 - Explanation of Change in Fund Balance:**

Expenses Paid in Current Fiscal Year that Applies to Prior Year	( \$ 2,041 )
Understatement of Accrued Interest in Prior Year	1,405
	<hr/>
	( 636 )

**Page 2 - Line 43 - F - Other Operating Expenses:**

Union Meetings	\$	5,276
Payroll Service Expense		2,322
Membership Recognitions and condolences		1,375
College events		1,200
President's expenses		1,447
Miscellaneous expense		<u>101</u>

**TOTAL-Page 2 -Line 42-F \$** 11,721  
=====

**WAYNE COUNTY COMMUNITY COLLEGE**  
**AFT LOCAL 2000**

**JUNE 30, 2008**

**FORM 990 - 38-1915117**

**Page 3 - Part 3 - Organizations Primary Exempt Purpose:**

The Organization's Primary exempt purpose is "to negotiate collective bargaining agreements for faculty at Wayne County Community College and enforce the terms of those agreements"

a. "The local represents approximately 96 full-time , and 650 part-time, faculty in negotiating collective bargaining agreements, amendments thereto, and memoranda of understanding".

b. "The local represents individual members in disciplinary matters, and other grievances".

c. "The local participates in local, state and national organizations that advance the interest of the teaching profession. Among these are the Metropolitan Detroit AFL-CIO, AFT Michigan and the American Federation of Teachers (national)."



Department of the Treasury  
Internal Revenue Service  
COLUMBIA, UT 84201-0074

For assistance, call:  
1-877-829-5500

Notice Number: CI211A  
Date: September 23, 2008

Taxpayer Identification Number:  
38-1915117  
Tax Form: 990  
Tax Period: June 30, 2008

048445.538464.0169.003 1 AN 0.391 530



AMERICAN FEDERATION OF TEACHERS  
2000 WAYNE COUNTY COMMUNITY  
2000 AFT  
801 W FORT ST  
DETROIT MI 48226-3010013

### APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to February 15, 2009.

Please attach a copy of this letter to your return when you file it. It is evidence that we granted an extension of time to file your return. A copy is provided for your records.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

#### Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to [www.irs.gov](http://www.irs.gov). Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit [www.irs.gov](http://www.irs.gov). (Access to this site will not provide you with your specific taxpayer account information.)