APPROVED EXTENTION ATTACHED

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.

OMB No. 1545-0047 2009 Open to Public

if rose	na Revenue s		par, or tax year beginning 07/01/09, and ending 06/30/10			Residentia
<u> </u>						
B	Check if applicable	Please use IRS	C Name of organization		о етри	oyer identification number
	Address change	label or	AFT CIO LOCAL 2000			1017117
	Name change	print or	Doing Business As			·1915117
\equiv	•	type	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		none number
	Initial return	See	1001 WEST FORT STREET	319	313	3-964-2570
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross rec	opts\$ 390,826
	Amended return	tions.	DETROIT MI 48226			
\exists	4	F Nam	and address of principal officer:		H(a) is this	a group return for
لــا	Application pend		MES W. JACKSON, PRESIDENT		affici	
			01 WEST FORT STREET		H(b) Are all includ	
			TROIT MI 48221		If "No.	," attach a list. (see instructions)
1	Tax-exampt s		501(c) (5) ◀ (insert no.) 4947(a)(1) or 527]	
<u> </u>	Website:		AFT2000.ORG		H(c) Group	exemption number
<u>-</u>	Type of organiza	7		ear of formation: 1		M State of legal domicile: MI
20070011	arti	Summa				
			the organization's mission or most significant activities:			
	1		EMENT ATTACHED		،	
8	3.5					
2			The second secon	By ANGLOSS COST		
Governance				and the Cotton		
8	2 Chec	K THE DOX F	if the organization discontinued its operations or disposed of more than 25%	To Ora Feet bace.		5
4	3 Numi	per of voting	g members of the governing body (Part VI, line 1a)		4	0
3	4 Numi	per of indep	endent voting members of the governing body (Part VI, inte 19)	The same of the sa	. 5	16
Activities	5 Total	number of	employees (Part V, line 2a)	6 2 U9	6	0
Ş	• . • • • • • • • • • • • • • • • • •		***************************************			<u> </u>
			ated business revenue from Part VIII, column (C), line 12	• • • • • • • • • • • • • •	7a	0
	b Net u	nrelated bu	siness taxable income from Form 990-T, line 34	Prior Ye	7b	Current Year
		** **	A	r rad re		VA.144.144
9	8 Conti		d grants (Part VIII, line 1h)	30	3,986	389,701
Revenue	9 Progr		revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, and 7d)		4,563	
Š	10 Inves			9,138		
_	11 Other	r revenue (l		7,687		
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40	1,001	393,923
			ar amounts paid (Part IX, column (A), lines 1–3)		2,147	1,602
			or for members (Part IX, column (A), line 4)		9,061	
2	1		ompensation, employee benefits (Part IX, column (A), lines 5–10)		3,001	123,101
ğ			draising fees (Part IX, column (A), line 11e)			
2			expenses (Part IX, column (D), line 25) ▶		~ ~~	007 104
ŭ	1 17 Care		(Part IX, column (A), lines 11a-11d, 11f-24f)		9,748	
	18 Total	expenses.	Add lines 13–17 (must equal Part IX, column (A), line 25)		0,956	351,967
	19 Reve	nue less ex	penses. Subtract line 18 from line 12		6,731	41,956
Assets or	3			Beginning of Cu	8,637	End of Year 410,593
1	20 Total	assets (Pa	ut X, line 16)	36	0,031	410,393
₹.			Part X, line 26)	26	8,637	410,593
Z		issets or fu	nd balances. Subtract line 21 from line 20		0,031	110,333
	Part II	Signati	ire Block			
		Under peni		and statements, a mation of which b	nd to the bea reparer has	st of my knowledge any knowledge.
		and belief,	the file, domect, and complete. Declaration of preparer (organ than officer) is based on as show		1 /	11/2/2011
Si	gn	18			$\perp \perp \prime_{\ell}$	119/2011
H	ere	Signat	ute of officer		Oate	
			J. Thomas FLANCO - TREAS	nen		
		Type	r print name and title	<u> </u>		T &
		Preparer's	Date	Check		Preparer's identifying number (see instructions)
Pá	ıid	signature	York m. Drown cpa 01/1	4/11 self-	yed 🕨 🗵	<u> </u>
Pi	reparer's		YORK M. BROWN, CPA		EIN	—
U	se Only	Firm's nam if self-empi	Phone			
		address, at				▶248-557-1010
Ma	v the IDS A		eturn with the preparer shown above? (see instructions)			Yes No
			erwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DA						,,

WAYNE COUNTY COMMUNITY COLLEGE DISTRICT

AFT LOCAL 2000

June 30, 2010

Form 990 EIN 38-1915117

Page 2 - Part 3 - Organizations Mission and Primary Exempt Purpose:

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

- "The local represents approximately 90 full-time and 650 part-time faculty in negotiating collective bargaining agreements, amendments thereto, and memoranda of understanding."
- "The local represents individual members in disciplinary matters, and other grievances."
- "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)."

Form 990 (2009) AFT CIO LOCAL 2000 Part IV 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II			
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4	 	X
	notice and reporting requirement and proxy tax? If "Yes." complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	5		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	<u> </u>	X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7	-	X
	complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	8		X_
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			İ
	complete Schedule D, Part IV			7.7
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9	 -	X
	quasi-endowments? If "Yes," complete Schedule D, Part V	40		₩
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		X
	VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11	21	
	Schedule D, Part VI.			
•	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.			
•	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.			
•	Did the organization report an amount for other assets related 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.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		İ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> X</u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		<u> </u>
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		<u> </u>
''	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u> </u>
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		Í	77
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u> </u>
-	If "Yes," complete Schedule G, Part III	4.5		7.7
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19	-	<u>X</u>
	and disgringular operate one or more mospitals: in res, complete Schedule II	20		X

Part IV Checklist of Required Schedules (continued)

<u></u>	are to Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21		X
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J			Ì
24a		23		_X_
	\$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 25			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			77
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		X
	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			77
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		<u>X</u>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		<u> </u>
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		İ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		ĺ	
	Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	İ	X
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		X
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	ł	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	İ	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38		X

Form **990** (2009)

Form 990 (2009) AFT CIO LOCAL 2000 38-Part V Statements Regarding Other IRS Filings and Tax Compliance

1 a	Enter the number consided in Day 2 of Eq. (1992)		Yes	No
10	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b				
c	1 1h			İ
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a		1c		X
	Statements, filed for the calendar year onding with or within the			
b	If at least one is reported on line 2a, did the organization file all approach for the calcindar year ending with or within the year covered by this return 2a	4		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	2b	ļ	X
	instructions)			l
3a				
	this return?			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ı
	account)?	10		v
b	If "Yes," enter the name of the foreign country: ▶	4a		_X_
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		_	
_	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
L	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
	required to file Form 8282?	,		v
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		<u>X</u>
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e	1	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	$\frac{x}{x}$
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	-		
_	required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
•	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the organization make any taxable distributions under section 4966?	9a		X
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		X
а	Initiation food and control contributions in Juded and D. L. VIII.		1	
b	Cross requires included as Farm 000 Da 43/III F. 40 C			
11	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		_	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management		<u></u>			
18	Enter the number of voting members of the governing body				Yes	No
ı	Enter the number of voting members that are independent	1a	_5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1b	_0			
	any other officer, director, trustee, or key employee?					
3	Did the organization delegate control over management duties customarily performed by or under the direct			. 2		X
	supervision of officers, directors or trustees, or key employees to a management company or other person?					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed			3		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	d?		. 4		X
6	Does the organization have members or stockholders?			_5		X
7 <i>a</i>				6	X	L
	of the governing body?					
b				7a	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			7b		X
	the year by the following:					
а	The governing body?					
b				8a	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			8b	X_	
_	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					ļ
Se	ction B. Policies (This Section B requests information about policies not required by the	<u> </u>	<u> </u>	. 9		X
Re	venue Code.)	nterna	ai			
					,	
10a	and any and any individual chapters, branches, or animares?				Yes	No
b				10a		<u> </u>
	affiliates, and branches to ensure their operations are consistent with those of the organization?					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		* * * * * * * * *	10b		
	form?					
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			11		<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No." go to line 13					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			12a		<u> </u>
	rise to conflicts?					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12b		
	describe in Schedule O how this is done					
13	Does the organization have a written whistleblower policy?			12c		 -
14	Does the organization have a written document retention and destruction policy?			13	-+	X
15	Did the process for determining compensation of the following persons include a review and approval by			14		<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official					
b	Other officers or key employees of the organization			15a	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			40-		v
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			16a		X
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure		· · · · · · · · · · · · · · · · · · ·	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ UTAH					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	')				
	available for public inspection. Indicate how you make these available. Check all that apply.	,				
	Own website Another's website Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest					
	policy, and infancial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					
10	organization: JANICE WASHINGTON 313-964-2570					
	01 WEST FORT STREET DETROIT MI 48226	<u>.</u>				
DAA						

Form 990 (2009)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII 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. Use Schedule J-2 if additional space is needed.
- 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. 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.

Check this box if the organization (A) Name and Title	(B) Average			(0	C)	hat ap		(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	Individual trustee or director		Officer			Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
SEE SCHEDULE ATTA	CHED	 									
							1				
				_							
			_			\perp					
			-			\perp	-				
					_						
			- 1								

AFT LOCAL 2000 WAYNE COUNTY COMMUNITY COLLEGE FEDERATION OF TEACHERS

IRS 990 - FY ending June 30, 2010
Page 7 - Part VII
Current Officers, Directors and Key Employees

Α	В	С	D	Е	F
JAMES JACKSON	30	Indiv. Director	\$ 8,604.90	1 0	Τ 0
President		Officer			-
COURTNEY ATLAS	20	Indiv. Director	\$ 7,170.75	0	10
First Vice President		Officer		-	
J. THOMAS FRANCO	20	Indiv. Director	\$ 5,736.60	0	0
Trasurer		Officer			
ELLA DAVIS	15	Indiv. Director	\$ 4,302.45	0	0
Secretary		Officer			ľ
ARTHUR WILLIAMS	15	Indiv. Director	\$ 4,302.45	0	0
Second Vice President	}	Officer	1, 1,5525		
BEATRICE TALPOS	15	Indiv. Director	\$ 11,473.20	0	0
Chief Negotiator		Officer	1	~	
DAVID CADDY	5	Officer	\$ 1,000.00	0	0
Negotiator	ŧ		1,000.00	"	"
SHIREE KENNEDY	5	Officer	\$ 1,000.00	0	0
Negotiator			1,000.00		"
MARVIN CHATMAN	5	Officer	\$ 1,000.00	0	0
Negotiator			,,000.00		
BRUCE EWEN	5	Officer	\$ 900.00	0	0
Steward			4 000.00	J	
THOMAS HOWARD	5	Officer	\$ 900.00	0	0
Steward			Ψ 000.00	0	
WALLACE PEACE	5	Officer	\$ 900.00	0	0
Steward			Ψ 000.00	١	0
MARY PEQUINOT	5	Officer	\$ 900.00	0	0
Steward		- mee.	\$ 300.00	ľ	١
HARRIETT SLOCUM	5	Officer	\$ 900.00	0	0
Steward		0.11001	Ψ 300.00	١	0
DESSINE MACK	40	Highest	\$ 37,494.00	0	0
Office Manager		Compensated	Ψ 57,434.00	١	١
JANICE WASHINGTON	20	- ompondated	\$ 18,910.00	0	0
Bookkeeper/Office Asst.			\$ 10,010.00	١	١

(A) Name and Title	(B) Average			(C)	that a		(D) Reportable	(E) Reportable	F	(F) stimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fi org an	mount of other other of other of other of other of other of other	1
• • • • • • • • • • • • • • • • • • • •												
					-							
												
										·		
1b Total			<u>-</u>	1								
2 Total number of individuals (incline reportable compensation from the reportable compensation			to the	ose I	isted	abo	ve) v	vho received more than \$10	00,000 in			
 3 Did the organization list any form employee on line 1a? If "Yes," c 4 For any individual listed on line the organization and related org individual 5 Did any person listed on line 1a services rendered to the organization 	mer officer, directomplete Schedul 1a, is the sum of lanizations greated receive or accruzation? If "Yes," of	etor of e J f reporter that	or su ortab an \$1 ompe	uch in le co 150,0 nsati	ndivion ompe 000? on fr	dual nsati If "Y om a	on a es,"	nd other compensation from	n Ich	4		X X
Section B. Independent Contractor 1 Complete this table for your five			d inc	1000			44					
compensation from the organiza	ition.	Sale	u inc	iebei	uen	t cor	ıtracı					
Name and b	(A) pusiness address			_				Description	(B) on of services		(C) Compensa	ation
									-			
			-									
Total number of independent cor	ntractom (including		,+	lim-1	in -1 .						···	
Total number of independent cor more than \$100,000 in compens AA	ation from the or	gani:	zatio	n ►	.ea t	o tho	se II	sted above) who received			0	

Part	VIII Statement of Revenue				Pag
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
stunou 1	a Federated campaigns 1a		revenue		512, 513, or 514
50	b Membership dues 1b 389,701				
a,	c Fundraising events 1c				
and other similar an	d Related organizations 1d				
Ξ	e Government grants (contributions) 1e				
S	f All other contributions, giffs, grants,				
흑	and similar amounts not included above				
9	<u></u>				
a	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a–1f	389,701			
201000000000000000000000000000000000000	Busn. Code				
ן ב	b				
<u>}</u> '	C				
8 4	d				
. ·	9				
3	f All other program service revenue				
	Total. Add lines 2a–2f				
3					
	other similar amounts)	3,313			
4	Income from investment of tax-exempt bond proceeds	3,313			
5	Royalties				
62	(i) Real (ii) Personal				
1 .					
- 1	Less: rental exps.				
	Rental inc. or (loss)				
7a	Net rental income or (loss)				
	sales of assets (i) Securities (ii) Other				
	other than inventory				
b	Less: cost or other				
	basis & sales exps.				
	Gain or (loss)				
d	Net gain or (loss)	-			
8a	Gross income from fundraising events				
	(not including \$				
	of contributions reported on line 1c).				
	See Part IV, line 18				
b	Less: direct expenses b				
	Net income or (loss) from fundraising events				
92	Gross income from gaming activities.				
"	See Part IV line 10				
L .	the state of the s				
	Less: direct expenses b				
	Net income or (loss) from gaming activities				
Tua	Gross sales of inventory, less				
1	returns and allowances a				
	Less: cost of goods sold b				
C	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Busn. Code				
11a	REFUNDS	909			
b					
С					
d	All other revenue				
	Total Add lines 44 - 44	000			
	Total Revenue. See instructions.	909			
	The sound doubles.	393,923	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B) (C) and (D)

D	o not include amounts reported on lines 6b,	(A) but ar	e not required to comple		D).
	o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1			expenses	general expenses	expenses
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments.				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	1,602	1,602		
5	Compensation of current officers, directors,				
	trustees, and key employees	49,867	49,867		
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	56,404	50,764	5,640	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits	4,795	4,795		
10	Payroll taxes	12,115	10,904	1,211	
11	Fees for services (non-employees):				
a b	Management	0.00			
	Accounting	25,914	25,914		
ď	Accounting Lobbying	3,908	3,908		
	Professional fundraising services. See Part IV, line 17				
f	Investment management foor				
g	Other	630			
12	Advertising and promotion	632	632		
13	Office expenses	10,186	10 100		
14	Information technology	10,100	10,186		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,898	16,898		
	Interest	==7,000	20,090		
	Payments to affiliates				
	Depreciation, depletion, and amortization	1,968	1,968		
23	Insurance				
	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a	PER CAPITA TAXES	157,236	157,236		
b	COLLEGE EVENTS	1,200	1,200		
C C	SCHOLARSHIPS-CONTRIBUTION	2,299	2,299		
d e	PRESIDENT'S EXPENSES MEETINGS & REFRESHMENTS	970	970		
		2,973	2,973		
	All other expenses	3,000	3,000		
	Total functional expenses. Add lines 1 through 24f Joint costs. Check here if following	351,967	345,116	6,851	
	SOP 98-2. Complete this line only if the				
(organization reported in column (R) joint costs				
f	rom a combined educational campaign and undraising solicitation				
Ā	3				

Part X Balance Sheet

Par	τ Λ	Balance Sheet					
					(A) Beginning of year		(B) End of year
		ash—non-interest bearing			262,429	_1	308,524
- 1	2 Sa	avings and temporary cash investments			102,226	2	100,055
3	3 -	euges and grants receivable, net			3		
4	• ~	accounts receivable, riet				4	
		eceivables from current and former officers, directors					
	en	nployees, and highest compensated employees. Cor					
		chedule L		5			
6		eceivables from other disqualified persons (as define					
	49	958(f)(1)) and persons described in section 4958(c)(3					
,n	-	art II of Schedule L				6	
형 7	7 No	otes and loans receivable, net				7	
Assets	יווו כ	ventories for sale or use				8	
⋖ 9	9 Pr	epaid expenses and deferred charges		• • • • • • • • • • • • • • • • • • • •		9	
10	ua La	ing, buildings, and equipment: cost or	1 1				
	oth	ner basis. Complete Part VI of Schedule D	10a	9,918			
	b Le	ss: accumulated depreciation	1 1	9,918 5,936	3,982	10c	2,014
11	1 Inv	restments - nublish traded securities		<u> </u>	11	2,014	
12					12		
13	3 Inv	vestments—program-related. See Part IV, line 11			13		
14	4 Int	anaible accete			14	 	
15	5 Ot	her assets. See Part IV line 11				15	· · · · · · · · · · · · · · · · · · ·
16		otal assets. Add lines 1 through 15 (must equal line 3	34)		368,637	16	410,593
17	7 Ac	counts payable and accrued expenses			300,037	17	410,393
18	3 Gr	ants payable			18		
19	9 De	eferred revenue	· · · · · · · · · · · · · · · · · · ·		19		
20) Ta	x-exempt bond liabilities	E .		20		
ගු 21		crow or custodial account liability. Complete Part IV	of Schedule D			21	
Liabilities 52	2 Pa	yables to current and former officers, directors, trust	ees kev				
Ē		nployees, highest compensated employees, and disq					
<u>.</u>		rsons Complete Part II of Schedule I				22	
23		cured mortgages and notes payable to unrelated thin				22	
24		secured notes and loans payable to unrelated third p				24	
25	5 Otl	har liabilities. Complete Dart V of Cahadula D		1		25	
26		tal liabilities Add lines 17 through 35				26	
Se		ganizations that follow SFAS 117, check here ▶				26	
ances		mplete lines 27 through 29, and lines 33 and 34.					
		restricted net assets			368,637	27	410,593
Fund Bal		magnerily restricted not senate			300,037	28	410,090
면 29		rmanently restricted not assets				29	
וַקָּי		ganizations that do not follow SFAS 117, check h				25	
_		d complete lines 30 through 34.					
ဟ 30		pital stock or trust principal, or current funds			20		
Assets or		id-in or capital surplus, or land, building, or equipmen			30		
SS 32		tained earnings, endowment, accumulated income, of			32		
33		tal not accete or fund halanooc		368,637	33	/10 E03	
돌 33 34		tal liabilities and net assets/fund balances		368,637	34	410,593	
		and the decomplish build local	<u></u>		300,037	34	410,593

Form **990** (2009)

Form 990 (2009)

Financial Statements and Reporting Part XI Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? **b** Were the organization's financial statements audited by an independent accountant? 2a c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 2b the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in 2c Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 2009

Name of the organization

Open to Public Inspection Employer identification number

_2	AFT CIO LOCAL 2000		20 1015445	
P	art I Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or	38-1915117	
_	the organization answered "Yes" to Form 990,	Part IV, line 6.	Accounts. Complete if	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year		(a) and and other accounts	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that t	he assets held in donor advised		
6	funds are the organization's property, subject to the organization's exclusive organization inform all provides the organization inform all provides the organization inform all provides the organization information in the organization information in the organization information in the organization in the	sive legal control?	Yes	No
Ŭ	Did the organization inform all grantees, donors, and donor advisors in w	riting that grant funds can be		-
	used only for charitable purposes and not for the benefit of the donor or purpose conferring impermissible private benefit?	donor advisor, or for any other		_
Р	art II Conservation Easements. Complete if the ord	opization and 1600 lb	Yes	No
1	Purpose(s) of conservation easements held by the organization (check a	anization answered "Yes" to For	rm 990, Part IV, line 7.	
	Preservation of land for public use (e.g., recreation or pleasure)			
	Protection of natural habitat	Preservation of an historically imp	portant land area	
	Preservation of open space	Preservation of certified historic st	tructure	
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a games w	40	
	easement on the last day of the tax year.	ation contribution in the form of a conserval	ition	
			Held at the End of the Tax	. Voor
а	Total number of conservation easements		2a	rear
b	total acreage restricted by conservation easements		21-	
С	Number of conservation easements on a certified historic structure include	ed in (a)	2c	
d	realiser of conservation easements included in (c) acquired after 8/17/06)	24	
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization	during	
	the taxable year ▶		3	
4	Number of states where property subject to conservation easement is loc	cated >		
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of		
_	violations, and enforcement of the conservation easements it holds?	***************	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcin	g conservation easements during the year		,
7	Amount of expenses incurred in manifesing inspection and			
•	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	nservation easements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy the	and the second s		
_	170(h)(4)(R)(i) and section 170(h)(4)(R)(ii)2			
9	In Part XIV, describe how the organization reports conservation easemen	to in its revenue and average state.	Yes [_]	No
	balance sheet, and include, if applicable, the text of the footnote to the or	ranization's financial statements that door	and	
	the organization's accounting for conservation easements.			
Pa	ort III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets	
	Complete if the organization answered Tes to	Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet v	works of	
	art, historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	olic service,	
	provide, in Part XIV, the text of the footnote to its financial statements that	t describes these items.		
b	If the organization elected, as permitted under SFAS 116, to report in its	evenue statement and balance sheet work	ks of art,	
	historical treasures, or other similar assets held for public exhibition, educations and the following assets held for public exhibition, educations are similar assets held for public exhibition, educations are similar assets.	ation, or research in furtherance of public se	service,	
	provide the following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$	_
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical transverse.		* * - - - - -	
-	If the organization received or held works of art, historical treasures, or oth following amounts required to be reported under SFAS 116 relating to the	ner similar assets for financial gain, provide	e the	
а	Powonupa included in Farm 000 B 11 W F		.	
b	Assets included in Form 990, Part X			_
			P P	

	edule D (Form 990) 2009 AFT CIO L	OCAL 2000		38-19	915117	Page 2			
	art III Organizations Maintaining	Collections of Art,	Historical Trea	asures or Othe	r Similar A	ssets (continued)			
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, check	any of the following	that are a significant	use of its	(certainaea)			
а	Public exhibition	d 🗆 Loan	or exchange prograr	me					
b	Scholarly research	e Other	or exertange prograt	115					
c	Preservation for future generations				· -	_			
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part								
	IV, line 9, or reported an am	nount on Form 990	Part X line 21	zation answered	a res to F	orm 990, Part			
1a	Is the organization an agent, trustee, custodian	or other intermediacy for a	contributions or other	r apports met					
	included on Form 990 Part V2					О., С.			
b	If "Yes," explain the arrangement in Part XIV an	d complete the following t	ahle:			Yes No			
	•	and the following is	abic.			A			
С	Beginning balance					Amount			
d	Additions during the year				1c				
е	Distributions during the year				1d				
	Lifully balance				1 45 1				
2a	Did the organization include an amount on Form	Ending balance Did the organization include an amount on Form 990, Part X, line 21? If "Yes " explain the arrangement in Part XIV." Yes N							
b	If "Yes," explain the arrangement in Part XIV.				• • • • • • • • • • • • • • •	Yes No			
	art V Endowment Funds. Comple	te if organization a	nswered "Yes"	to Form 990 P	art IV line	10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years				
1a	Beginning of year balance			(c) the your back	(a) Thice years	back (e) Four years back			
b	Contributions								
	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships		<u></u>						
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses				 				
g	End of year balance								
2	Provide the estimated percentage of the year en	d balance held as:		I	1,				
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
	Term endowment ▶ %								
3a	Are there endowment funds not in the possession	n of the organization that	are held and admini	istered for the					
	organization by:	3	and daring	iotored for the		Yes No			
	(i) unrelated organizations								
	(ii) related organizations	**********				3a(i)			
b	If "Yes" to 3a(ii), are the related organizations list	ed as required on Schedu	ıle R?			3a(ii) 3b			
4	Describe in Part XIV the intended uses of the or					30			
Pa	rt VI Investments—Land, Buildin	gs, and Equipment	. See Form 99	0. Part X. line 1	0				
	Description of investment	(a) Cost or other basis	(b) Cost or oth		umulated	(d) Book value			
		(investment)	basis (other)	depre	eciation	(=) ==== ==============================			
1a	Land								
þ	Buildings								
С	Leasehold improvements								
đ	Equipment	9,918			7,904	2,014			
	Other								
otal.	. Add lines 1a through 1e. (Column (d) must equa	I Form OOD Dort V solum	n (D) line 10(a)						

	n 990, Part X, line 12.	38-1915117 Pa
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
inancial derivatives		The first value
losely-held equity interests		
ther	***	
·		
·		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	>	
Part VIII Investments—Program Related. See Form	n 990 Part X line 13	
(a) Description of investment type	(b) Book value	
<u> </u>	(b) Book value	(c) Method of valuation:Cost or end-of-year market value
		Cost of end-of-year market value
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 1	5	
Part IX Other Assets. See Form 990, Part X, line 1	5.	
Part IX Other Assets. See Form 990, Part X, col. (B) line 13.) (a) Description	5.	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1	5.	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1	5.	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1	5.	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1	5.	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1	5.	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1	5.	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1	5.	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1	5.	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1	5.	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description	5.	
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5.	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line	5. 9 25.	
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability	5.	
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability	5. 9 25.	
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description al. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability	5. 9 25.	
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability	5. 9 25.	
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability	5. 9 25.	
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability	5. 9 25.	
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability	5. 9 25.	
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability	5. 9 25.	
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability	5. 9 25.	
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability	5. 9 25.	
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line	5. 9 25.	
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability	5. 9 25.	

Schedule D (F	orm 990) 2009 Supplemen	AFT CIO	LOCAL 2	2000			.3	8-191511	7	
raπ XIV	Supplemen	tal Informatio	on (continue	ed)					.	Page 5
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number AFT CIO LOCAL 2000 38-1915117 SEE SCHEDULE ATTACHED.

WAYNE COUNTY COMMUNITY COLLEGE DISTRICT

AFT LOCAL 2000

June 30, 2010

Form 990 EIN 38-1915117

SCHEDULE O

- Line 10 page 6 The IRS 990 is part of the package presented to a five Member Financial Review Committee, which is responsible for a complete financial review, which must be submitted to the national organization, American Federation of Teachers.
- Line 15 page 6 A committee consisting of members, who are not officers, is appointed with the approval of the membership. That committee examines like position at local community colleges, and makes any adjustments there from, considering number of members, locations and the like. It also examines IRS 990's from other teacher labor organizations. Membership action is reported in the minutes.
- Line 19 page 6 Documents are available at www.aft2000.org. Currently, we are unable to locate our IRS 1024, or the exemption letter, which will be requested separately.