Form

Department of the Treasury Internal Revenue Service

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

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 Open to Public Inspection

A	For the 2015 of	alendar year, or tax year beginning , and ending												
В	Check if applicable	C Name of organization TEACHERS AFL-CIO LOCAL UNION 933		D Employer	identification number									
	Address change	NEW HAVEN FEDERATION OF TEACHERS												
	Name change	Doing business as			076721									
	-	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	773-0266									
	Initial return Final return/	267 CHAPEL STREET  City or town, state or province, country, and ZIP or foreign postal code		205-	773-0200									
L	terminated			- 0	1 402 727									
	Amended return	NEW HAVEN CT 06513  F Name and address of principal officer		<b>G</b> Gross rece										
	Application pending	up return for su	bordinates? Yes X No											
لـــا	rippinessin policing	DAVID CICARELLA 267 CHAPEL ST	H(b) Are all sub	ordinates incli	ded? Yes No									
		NEW HAVEN CT 06513	1		see instructions)									
_	<b>T</b>				,									
<u></u>	Tax-exempt status	501(c)(3)   X   501(c) ( 5 )	H(c) Group exe	mation a mba	_									
<u>J</u>				946	M State of legal domicile CT									
*****	Form of organization		Tear of Ioffination	<u> </u>	W State of legal doffliche C1									
		ummary escribe the organization's mission or most significant activities												
	7000	ISCHOOLING ORGANIZATION'S THISSION OF THOSE SIGNIFICANT ACTIVITIES  VIDE LEGAL SERVICES AND UNION ARBITRATION FOR TEACHE	ים זוא רואב פי	r.										
ဥ	CONT	RACTS	in this none	,,,										
nai	CONI	INACIS												
Ver	3 Charles	to have No	4 of its not assots											
ő	2 Check th	his box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets rof voting members of the governing body (Part VI, line 1a) ☐ 3 ☐ 4 ☐ 3 ☐ 3												
<b>න්</b> ග	3 Number	of independent voting members of the governing body (Part VI, line 1b)		4	4									
itie	5 Total pur	nber of individuals employed in calendar year 2015 (Part V, line 2a)		5	77									
휹	6 Total nur	nber of volunteers (estimate if necessary)		6	0									
౷⋖	7a Total upr	elated business revenue from Part VIII, column (C), line 12		7a	0									
$\mathbb{S}$	h Noture	lated business taxable income from Form 990-T, line 34		7b	0									
11 GENNASS Revenue Activities & Governance	b Net unite	aled busiless taxable income north offit 990-1, into 54	Prior Yea		Current Year									
22 0	8 Contribu	ions and grants (Part VIII, line 1h)	1,29	7,695	1,339,380									
(a) §	9 Program	service revenue (Part VIII, line 2g)			0									
و و	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	12	2,182	52,124									
INT Rev	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0									
=	12 Total rev	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,309	9,877	1,391,504									
_	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)			0									
	14 Benefits	paid to or for members (Part IX, column (A), line 4)		8,484	76,880									
9102 ses	15 Salaries,	other compensation, employee benefits (Part IX, column (A), Imps 5-10)	310	0,399	317,684									
nse	16a Professio	onal fundraising fees (Part IX, column (A), line 11e)	图		0									
Expens	<b>b</b> Total fun	draising expenses (Part IX, column (D), line 25) ▶ 🗼 🙀 👊 🐧 👰 🖟	12/											
Ú	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,527	959,470									
	18 Total exp	penses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12	1,39	7,410	<u>1,</u> 354,034									
	19 Revenue	less expenses Subtract line 18 from line 12	-8'	7,533	37,470									
s or	sezil				End of Year									
Net Assets or	20 Total ass	sets (Part X, line 16)		8,902	606,361									
et A	21 Total liat	pilities (Part X, line 26)		5,236	3,527									
	22 Net asse	ts or fund balances Subtract line 21 from line 20	∠8.	3,666	602,834									
		gnature Block			<del></del>									
ι	Inder penalties of	perjury, I declare that I have examined this return, including accompanying schedules and statement	s, and to the best of	my knowled	lge and belief, it is									

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

	l 🖍					
Sign	Signature	e of office	er		)	
Here	DA:	VID	CICARELLA		(a)	
	Type or	print nam	e and title			(
	Print/Type prepa	rer's nam	18		Preparer's sign	tare
Paid	Dennis M.	Cadwe!	11, CPA			0
Preparer	Firm's name	<u> </u>	Brierley,	Cadwe	FII & F	ĬŽ
Use Only			741 Bosto	n Pos	t Rd St	e
_	Firm's address	•	Guilford,	CT (	064 <u>37-2</u>	263

May the IRS discuss this return with the preparer shown above? (see instructions

For Paperwork Reduction Act Notice, see the separate instructions. DAA

orm	990 (2015	TEACHERS AFL-			06-6076721			Page 2
	rt III	Statement of Program	Service Accomp	lishments	this Dort III			
	Dan Grad	Check if Schedule O co		or note to any line in	tnis Part III			
	PROVID	scribe the organization's mission of LEGAL SERVICE CTS	ES AND UNION	N ARBITRATION	FOR TEACHE	R AND NURSE		
2	Did the or	ganization undertake any sign	ficant program service	s during the year which w	ere not listed on the			
2		ganization undertake any sign n 990 or 990-EZ?	meant program service.	s during the year willow w	ero not noted on the		Yes	X No
		escribe these new services or						
3		ganization cease conducting,	or make significant cha	nges in how it conducts, a	iny program		□ Vaa	X No
	services?	escribe these changes on Sch	edule O					25 140
4	Describe expenses	the organization's program ser Section 501(c)(3) and 501(c) expenses, and revenue, if any,	vice accomplishments (4) organizations are re	equired to report the amou				
4a	(Code	) (Expenses \$		including grants of \$		) (Revenue \$		)
4b	(Code	) (Expenses \$		including grants of \$		) (Revenue \$		)
4c	(Code	) (Expenses \$		including grants of \$		) (Revenue \$		)
4d		gram services (Describe in Sc				<del>-</del>	,	
	(Expense	es \$ gram service expenses ▶	including grants of	\$	) (Revenue \$		)	
DAA	1 Otal pro	gram service expenses P					Form	990 (2015)

# Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			**
_	complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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, 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		<u> </u>
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		X
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		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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_		X
0	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		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		- 1	
	VII, 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	Х	
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		X
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	· ·		Ì	77
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11 <u>e</u>		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		v
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_ <u>X</u> _
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	x	
	Schedule D, Parts XI and XII	12a	^	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b		х
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	$\dashv$	$\frac{\mathbf{x}}{\mathbf{x}}$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization maintain an office, employees, of agents odiside of the office states.  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170	-+	
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	175		
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	X
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	16		X
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		X
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		x
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		X
		For	990	(204.5)

_ <u>P</u>	Checklist of Required Schedules (continued)			т
200	Did the expension as a set of a great heartel facilities 2 If "Vee " complete Cabadule H	20a	Yes	No X
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		1
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<del>                                     </del>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1	<del> </del>	1 22
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<u> </u>		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
		23		x
24-	employees? If "Yes," complete Schedule J	23_		<del>  ^</del>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		x
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	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		ا ۔ ا		[
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		ļ
Þ	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			3.5
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ļ		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			7.
	entity or family member of any of these persons? 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,			
	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV	28b		X
С	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		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		i	
	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		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		<u> </u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		<u> </u>
35a	•	35a		X
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,	[ [	ĺ	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		_	
	192 Note: All Form 900 filers are required to complete Schedule O	38	ΧI	

NHFT6721 06/17/2016 11 41 AM Form 990 (2015) TEACHERS AFL-CIO LOCAL UNION 933 06-6076721 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and 1c reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 77 Statements, filed for the calendar year ending with or within the year covered by this return X 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) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 X account)? 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised fundsDid a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9Ь Section 501(c)(7) organizations Enter 10 10a led on Part VIII. line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a а

•	Cootion to I(o)(i) organizationoizmon
а	Initiation fees and capital contributions include

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.ls the organization filing Form 990 in lieu of Form 1041?

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers. 13

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

b 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

Enter the amount of reserves on hand C

Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O X

12a

13a

14a

11b

12b

13b

13c

Form	990 (2015) TEACHERS AFL-CIO LOCAL UNION 933 06-6076721			age <b>6</b>
Pa	rt Vi Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee instr	uctior	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_		
	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 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7 ]		
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
7a	one or more members of the governing body?	7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b		7b		X
	stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
8		8a	x	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	80		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		x
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	<del>Je )</del>	V	NI -
		405	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		7.7
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ICHAEL PANTALEO 267 CHAPEL STREET			
MI	EW HAVEN CT 06513 20	3 - 77	3-0	266

DAA

<del></del>									_		-
NHFT6721 06/17/2016 11 41 AM											
Form 990 (2015) <b>TEACHERS</b>			_								Page
Part VII Compensation Independent Co		Dire	cto	rs, <sup>•</sup>	Tru	stee	es, k	Key Employees, High	est Compensated E	mployees, and	
•		ar	esn	ons	e oi	r not	e to	any line in this Part V	/II		
								t Compensated Employe			
a Complete this table for all persons organization's tax year											· ·
<ul> <li>List all of the organization's cui compensation Enter -0- in columns (</li> </ul>	D), (E), and (F) if	f no d	comp	ensa	ation	was	paid	1			
List all of the organization's cui											
<ul> <li>List the organization's five curry who received reportable compensation organization and any related organization.</li> </ul>	on (Box 5 of Forn	pens n W-2	ated 2 and	emp d/or l	oloye Box	es (c 7 of F	ther orm	than an officer, director, tru 1099-MISC) of more than t	stee, or key employee) \$100,000 from the		
<ul> <li>List all of the organization's for \$100,000 of reportable compensation</li> </ul>	n from the organi	zatio	n an	d an	y rel	ated	orga	inizations			
<ul> <li>List all of the organization's for organization, more than \$10,000 of re</li> </ul>	mer directors o	r tru	stee	stha	at re	ceive	d, in	the capacity as a former did	rector or trustee of the		
ist persons in the following order inc											
compensated employees, and former									•		
Check this box if neither the orga	nization nor any	relate	ed o	ganı	zatıc	n co	mpe	nsated any current officer, of	lirector, or trustee		
(A)	(B)			-	C)			(D)	(E)	(F)	
Name and Title	Average hours per	(d	o not		ition more	than	one	Reportable compensation	Reportable compensation from	Estimated amount of	
	week (list any					ıs both or/trust		from the	related organizations	other compensation	
	hours for	<u> </u>						organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	related organizations	Individual or director	ittut	Officer	y em	hest	Former	(**-271000-181130)		and related	
	below dotted	Individual trustee or director	onal t		Key employee	T S S				organizations	
	ĺ	stee	institutional trustee		Ď	Highest compensated employee					
			6			<u> </u>					
(1)DAVID CICARELLA											
	55.00							26 005			_
PRESIDENT	0.00	_		X	$\vdash$	-		36,297	0		
(2) THOMAS BURNS	4 00										

	week (list any	bo	box, unless person is both an officer and a director/trustee)			ıs botl or/trus	n an tee)	from the organization	related organizations (W-2/1099-MISC)	other compensation from the		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV-2/1033-MISC)	organization and related organizations		
(1) DAVID CICARELLA												
	55.00	ĺ		ľ								
PRESIDENT	0.00	<u> </u>		X		<u> </u>		36,297	0	0		
(2) THOMAS BURNS								!				
	4.00	1				ŀ	ł		_ i			
VICE PRESIDENT	0.00			Х		<u> </u>	ļ	24,960	0	0		
(3) MICHAEL PANTALEO		ł				1						
	10.00						Ì	15 705		•		
TREASURER (4) PASQUALE DELUCIA	0.00	<del> </del>		X	-	-	_	15,725	0	0		
(4) PASQUALE DELUCIA	4.00											
SECRETARY	0.00	1		x				11,400	o	0		
(5)	0.00	$\vdash$	<del> </del> -	^		<del> </del>		11,400				
(3)												
(6)												
(7)					j							
(8)			_			 	-					
		ļ	_		_	ļ						
(9)			,				,					
(10)												
(11)												
	ľ	1	1	1	1	1	1	1	ł			

Par	t VII Section A. Officers	<u>, Directors, Tru</u>	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employee&continued)			
	(A) Name and title	(B) Average hours per week (list any	bo	x, unk	Pos check ess pe	rson	than dis both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com	(F) stimated nount of other pensation om the	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 2 1888 11188)	org an	anization d related anizations	
		:											·
													· · ·
					_								
	Sub-total				<u>.</u>			<u> </u>	88,382			_	
c d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion /	۹			<b>&gt;</b>	88,382				
2	Total number of individuals (increportable compensation from	cluding but not lin the organization	nited ▶	to th	ose	liste	d abo	ove)	who received more than \$10	00,000 of		Yes	No
3 4	Did the organization list any <b>fo</b> employee on line 1a? If "Yes," For any individual listed on line	complete Schedue 1a, is the sum o	ıle J f rep	for s ortat	uch de c	indiv ompe	idual ensai	lion	and other compensation from		3		х
5	organization and related organindividual Did any person listed on line 1 for services rendered to the or	a receive or accri	ue co	ompe	ensat	ion f	rom	any	unrelated organization or inc	dividual	4		x
Section 1	ion B. Independent Contracte Complete this table for your five	ors re highest compe	nsate	ed in	depe	nde	nt co	ntra	ctors that received more that	n \$100,000 of	<u>-</u>		
	compensation from the organiz	zation Report co (A) d business address	mpei	nsatı	on fo	r the	cale	nda	ir year ending with or within t	the organization's tax year (B) tion of services		(C) Compens	ation
												_	
								-					
			<u>-</u>	<b>.</b>		w.4	1 10 11		a listed above) who				
DAA	Total number of independent of received more than \$100,000	of compensation	from	the	orga	nıza	tion I	) 	s iisteu above) wiio	0		Form 99	0 (2015)

Pa	rt VI	III Statement of F Check if Sched	<b>tevenue</b> ule O contains	a response or r	note to any line in t	hıs Part VIII		
			·	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ર જ	1a	Federated campaigns	1a			revenue		012-014
ran		Membership dues	1b	1,339,380			Ŧ	
Ω,E		Fundraising events	1c					
ar A		Related organizations	1d					
S, C			1e					
rigi	f	All other contributions, gifts, grants,	1 1				1	
E E		and similar amounts not included al	bove 1f		-		1	
벌	g		nes 1a-1f \$					
<u>5 </u> <u>6</u>	<u>h</u>	Total. Add lines 1a-1f		<u> </u>	1,339,380		:	
Program Service Revenue Contributions, Gifts, Grants   Program Service Revenue   And Other Similar Amounts	_			Busn Code	-	ŀ	ŧ	
eve	2a			+				
9 8	b			-				
Ž	C							
Š	d			-				
grai	f	All other program service	revenue					
Pro	q	Total. Add lines 2a–2f		<b>•</b>			`	
		Investment income (inclu	ding dividends, into	erest,				
		and other similar amounts	s)	▶ _	12,731			12,731
	4	Income from investment	of tax-exempt bond	d proceeds 🕨 📘				
	5	Royalties		<b>•</b>				
		(1)	Real	(II) Personal			1	
	6a	Gross rents					1	
	b	Less rental exps				1		
	С	Rental inc or (loss)			-			
	d 7a	Net rental income or (loss		(v) Oh				
	٠.	calos of assets	ecurities	(II) Other	<b></b>		-	
		,	131,616		Ī		†	
	b	Less cost or other	92,223		1		1	
	_	basis & sales exps	39,393		1		1	
		Gain or (loss) L	33,333	<b>•</b>	39,393		Ī	39,393
		Gross income from fundraising	ng events					
Щe	- ou	(not including \$	ng oromo		į.		<u> </u>	
Ş.		of contributions reported on I	ine 1c)		1			
8		See Part IV, line 18	a		1		1	
Other Revenue	b	Less direct expenses	b		1		Į.	
0	С	Net income or (loss) from	fundraising event	s 🕨				····
	9a	Gross income from gaming a	ectivities	İ	1			
		See Part IV, line 19	a		1		1	
	ľ	Less direct expenses	b		<b></b>		1	
		Net income or (loss) from		<b>•</b>				
	10a	Gross sales of inventory,	less					
		returns and allowances	a				Į	
		Less cost of goods sold	b		†	Ì		
	<u> </u>	Net income or (loss) from		Busn Code				
	11a	Miscellaneous R		Duan Code	†		Ŧ	
	11a b			<del>                                     </del>				
	,							
	ا ا	All other revenue						
	e		i	<b>•</b>				
	12	Total revenue. See insti		▶ [	1,391,504	0	0	52,124

#### 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) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses (C) Do not include amounts reported on lines 6b, Fundraising Management and expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 76,880 Benefits paid to or for members Compensation of current officers, directors, 88,382 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 159,101 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 42,561 Other employee benefits 27,640 10 Payroll taxes Fees for services (non-employees) a Management 26,169 **b** Legal 6,400 Accounting d Lobbying Professional fundraising services See Part IV, line 17 6,474 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 14,704 Office expenses Information technology 15 Royalties 21,648 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 16,666 Conferences, conventions, and meetings 19 398 20 Interest 427 823, 21 Payments to affiliates 164 22 Depreciation, depletion, and amortization 3,148 23 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.) 15,657 DONATIONS & SCHOLARSHIPS 9,656 AUTO EXPENSES b 8,654 TELEPHONE & UTILITIES C 4,873 EQUIPMENT RENTAL 1,432 All other expenses 0 0 1,354,034 Total functional expenses Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 55,391 150,946 Cash-non-interest bearing 532,706 2 416,609 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 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 25,805 19,387 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 43,635 10a other basis Complete Part VI of Schedule D 24,216 <u>15</u>,000 10c 19,419 10b b Less accumulated depreciation 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 628,902 606,361 16 Total assets. Add lines 1 through 15 (must equal line 34) 5,647 17 Accounts payable and accrued expenses 17 18 18 Grants payable 339,589 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 345,236 3,527 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 283,666 602,834 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 602,834 606,361 283,666 33 33 Total net assets or fund balances 628,902 Total liabilities and net assets/fund balances

Form	990 (2015) TEACHERS AFL-CIO LOCAL UNION 933 06-6076721			Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>504</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			034
3	Revenue less expenses Subtract line 2 from line 1	3			470
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	83,	666
5	Net unrealized gains (losses) on investments	5		57,	891
6	Donated services and use of facilities	6			
7	Investment expenses	7			_
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3	39,	589
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	6	02,	834
Pa	rt XII Financial Statements and Reporting		•		
	Check if Schedule O contains a response or note to any line in this Part XII				
		-		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				Ī
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				[
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				ĺ
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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		-		
	required guidat or guidate, explain why in Schedule O and describe any stens taken to undergo such guidate		36		

Form **990** (2015)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public

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

Inspection Employer identification number

TI	EACHERS AFL-CIO LOCAL UNION 933							
NI	W HAVEN FEDERATION OF TEACHERS		_	076721				
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
	Complete if the organization answered Tes on i	(a) Donor advised funds		) Funds and other accounts				
		(a) Donor advised funds	10	Thinds and other accounts				
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)			<del> </del>				
4	Aggregate value at end of year	the coasts hald in demand advisord						
5	Did the organization inform all donors and donor advisors in writing that			□ v <sub>==</sub> □ v <sub>=</sub>				
	funds are the organization's property, subject to the organization's exclu-			Yes No				
6	Did the organization inform all grantees, donors, and donor advisors in v							
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		□ vaa □ Na				
_	conferring impermissible private benefit?			Yes No				
Рa	rt II Conservation Easements.  Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check							
-	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impor	tant land a	area				
	Protection of natural habitat	Preservation of a certified historic	structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conserv	vation contribution in the form of a conservat	ion					
	easement on the last day of the tax year			Held at the End of the Tax Year				
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
C	Number of conservation easements on a certified historic structure inclu	ded in (a)	2c					
d	Number of conservation easements included in (c) acquired after 8/17/0							
	historic structure listed in the National Register		2d					
3	Number of conservation easements modified, transferred, released, extra	nguished, or terminated by the organization	during the					
_	tax year ▶							
4	Number of states where property subject to conservation easement is lo	ocated ►						
5	Does the organization have a written policy regarding the periodic monit							
	violations, and enforcement of the conservation easements it holds?			Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation ease	ments duri	ng the year				
	<b>&gt;</b>							
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	itions, and enforcing conservation easement	s during th	e year				
	<b>▶</b> \$							
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section 170(h)(4)(B)(i)						
	and section 170(h)(4)(B)(ii)?			Yes No				
9	In Part XIII, describe how the organization reports conservation easeme							
	balance sheet, and include, if applicable, the text of the footnote to the o	organization's financial statements that descr	ibes the					
	organization's accounting for conservation easements			4 -				
Pa	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on	Historical Treasures, or Other 50 Form 990 Part IV line 8	milar As	sets.				
			noo oboot					
та	If the organization elected, as permitted under SFAS 116 (ASC 958), no works of art, historical treasures, or other similar assets held for public electrons.							
	public service, provide, in Part XIII, the text of the footnote to its financia		100 01					
	If the organization elected, as permitted under SFAS 116 (ASC 958), to		sheet					
D	works of art, historical treasures, or other similar assets held for public e							
		extraction, occasion, or resource in turnicial						
	public service, provide the following amounts relating to these items		<b>&gt;</b>	\$				
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$ \$				
•	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or	other similar assets for financial dain, provide	e the	<del>-</del>				
2	following amounts required to be reported under SFAS 116 (ASC 958) in							
~	Revenue included on Form 990, Part VIII, line 1	Significant forms	<b>&gt;</b>	\$				
a h	Assets included in Form 990, Part X		•	\$				
<u> </u>	Additional and an interest and a second and							

19,419

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Part IX	Other A	
Part ix	Other A	sseis.

(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

#### Other Liabilities. Part X

DAA

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

1	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equa	I Form 990, Part X, col. (B) line 25 ) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII c Add lines 4a and 4b

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

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

1,354,034

Schedule D (Form 990) 2015 TEACHERS AFL-CIO LOCAL UNION 933

06-6076721

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE O . (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

□ Inspection 1.0CAT. IINTON 933

□ Employer identification number

TEACHERS AFL-CIO LOCAL UNION 933 NEW HAVEN FEDERATION OF TEACHERS

06-6076721

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The return preparer sends a copy of the final version of Form 990 to the President and Treasurer of the Board before it is filed. Return is then reviewed by the President and Treasurer. A copy of the final reviewed version of Form 990 is provided to all key members of the organization's governing body after it is filed.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Director receives compensation or other payments subject to approval by
all Board members participating in the compensation arrangement.
Contemporaneous documentation and recordkeeping with respect to any
deliberations and decisions regarding the compensation arrangement are kept
in the minutes to the year end meeting.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The employee receives compensation or other payments subject to approval by all Board members participating in the compensation arrangement.

Contemporaneous documentation and recordkeeping with respect to any deliberations and decisions regarding the compensation arrangement are kept in the minutes to the year end meeting.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

Schedule O (Form 990 or 990-EZ) (2015)					
Name of the organization	Employer ident	tification number			
TEACHERS AFL-CIO LOCAL UNION 933	06-60	76721			
Form 990, Part XI, Line 9 - Other Changes in Net Assets	Explana	tion			
ADJUST FOR UNREALIZED GAINS	\$	339,589			
Total	Ś	339.589			