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Form **990** 

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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 07-	01-2008 and ending 06-30-20	09	• • • • • • • • • • • • • • • • • • • •								
_		pplicable	Please	C Name of organization  AMERICAN FEDERATION OF LA	BOR &		D Employer Ide	entification number							
☐ Add	dress ch	ange	use IRS label or	WEST VIRGINIA AFL-CIO Doing Business As			55-041768 E Telephone nu								
Na	me cha	nge	print or type. See	Doing Business As			·								
Init	tıal retu	rn	Specific Instruc-		x ıf maıl ıs not delivered to street add	ress) Room/suite	(304) 344 G Gross receipt								
Tei	mınatıo	n	tions.	501 LEON SULLIVAN WAY			d dross receipt	LS \$ 1,037,774							
┌ Am	ended	return		City or town, state or country,	and ZIP + 4	I	1								
Г Арі	plication	pending		CHARLESTON, WV 25301											
			<b>F</b> Nan	ne and address of Principal	O fficer	H(a) Is th	s a group return	for							
				TH M PERDUE		affilia		⊤Yes ▼No							
				ON SULLIVAN WAY ESTON, WV 25301	H(b) Are al	l affiliates include	ed?								
I Ta	x-exem	pt status	<b>▽</b> 501(c)	) ( 5 ) ◀ (insert no )			See instructions )								
J W	eb site	e: ► WW	/W WVAFLO	CIO ORG											
<b>К</b> Тур	e of org	janization	Corporat	ion  trust  association oth	er ►	<b>L</b> Year of Fo	rmation 1957 <b>M</b> W	State of legal domicile V							
Da	rt I	Sum	marv												
Рē			<b>mary</b> describe th	e organization's mission or	most significant activities										
e e	-			•	IN SECURING IMPROVED WA	AGES, BENEFI	TS, AND WORK	ING CONDITIONS,							
Governance		ASSIST	Γ A FFILIA Ί	TED UNIONS, SECURE FA	VORABLE LEGISLATION, ANI	DRELATED									
e≡		Charles	T0/ -f.t	_											
ÃO.			,		nued its operations or disposed										
					ody (Part VI, line 1a)		_	<u>15</u> 13							
8				nployees (Part V , line 2a)	governing body (Part VI, line 1	10)	_	13							
Activities &				olunteers (estimate if neces		_	<u> </u>								
Ş Ş				ted business revenue from			0								
				ness taxable income from F			7b								
						Pric	or Year	Current Year							
	8	Contri	butions and	d grants (Part VIII, line 1h)		93,750	67,387								
Ravenue	9	Progra	ım service	revenue (Part VIII, line 2g)		672,462	930,412								
946	10	Invest	tment incor	ne (Part VIII, column (A), l		1,453	2,425								
	11		-	art VIII, column (A), lines		34,116	24,885								
	12	Totalı 12)	revenue—a	dd lines 8 through 11 (must	equal Part VIII, column (A), li	ne	801,781	1,025,109							
	13		and simila	ar amounts paid (Part IX, co		3,600	30,049								
	14			or for members (Part IX, col			,	0							
	15	Saları	es, other co	ompensation, employee ben	efits (Part IX, column (A), lines	5-									
Expenses		10)					376,313	404,841							
₹	16a			raising fees (Part IX, colum				0							
五	b			penses, Part IX, column (D), line	·										
	17			(Part IX, column (A), lines 1			468,607	442,024							
	18		•		al Part IX, line 25, column (A))		848,520	876,914							
₩ 60°	19	Keven	ue iess exp	penses Subtract line 18 fro	m me 12	D	-46,739	148,195							
ð Š	30	T-1-1	2000t= /D=	rt V June 15		beginn	ing of Year	End of Year							
e B	20			rt X, line 16)			123,040	258,688							
Not Assets or Fund Balances	21		,	Part X, line 26)	1. for my law = 2.0		12,911	363							
	22			d balances Subtract line 2	1 from line 20		110,129	258,325							
ŕal	rt II		enalties of pe		ned this return, including accompanyir	na schedules and o	statements, and to t	the hest of my knowledge							
					of preparer (other than officer) is bas										
Plea		****					-05-14								
Sigr Here		Sign	ature of office	er		Date									
	-		RY K MATHEN	EY SECRETARY-TREASURER											
		<b>       </b>	<u>'</u>	is and the	D-1-	Charles	Dronner de Darre	(Coo Cor In-th)							
D-!-!		Preparer signature		D BLAIR JR	Date 2010-05-17	Check If self-	Preparer's PTIN	(See Gen Inst)							
Paid	aror's			L 0.170 0	empolyed 🕨										
Use (	arer's Onlv	ıf self-er	ame (or yours nployed),	•	EIN Þ										
J 36 (	Unity	address,	and ZIP + 4	PO BOX 1991			Dhono na 🕨 😘	204) 242 4602							
				CHARLESTON, WV 25327			Phone no 🕨 (3	_ <u></u>							
May	the IR	S discus	s this retu	rn with the preparer shown a	above? (See instructions) .			▼ Yes							

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

Other program servio (Expenses \$	ces (Describe in Schedule including		(Revenue \$	)
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
CHARACTER TO ENCOUR	RAGE WORKERS TO VOTE AND PA	RTICIPATE IN ELECTIONS THE ORGANIZAT	ION SERVED APPROXIMATELY 650 L	OCAL AND INTERNATIONAL
TO AID WORKERS IN SEC SHARE THE BENEFITS OF	CURING IMPROVED WAGES, BENE THE UNION ORGANIZATION TO	FITS AND WORKING CONDITIONS, ETC, AS SECURE FAVORABLE LEGISLATION, PROTEC	SIST AFFILIATED UNIONS, AND ENC T AND STRENGTHEN DEMOCRATIC	INSTITUTIONS, AND
others, the total expe	nses, and revenue, if any, fo	r each program service reported		\
Describe the exempt p Section 501(c)(3) and	purpose achievements for e d (4) organizations and 494	7 (a)(1) trusts are required to repor		
services?				es 🔽 No
			ts any program	
		ogram services during the year which		es 🔽 No
		ROVED WAGES, BENEFITS, AND WORKING (	CONDITIONS, ASSIST AFFILIATED U	NIONS, SECURE FAVORABL
Briefly describe the organiza	ition's mission			
	Did the organization of the prior Form 990 or If "Yes," describe the Did the organization of services?  If "Yes," describe the Describe the exempt Section 501(c)(3) and others, the total expe  (Code  TO AID WORKERS IN SEC SHARE THE BENEFITS OF PROMOTE PEACE AND FR CHARACTER TO ENCOUL UNIONS WITH OVER 68,000 (Code)	Did the organization undertake any significant prothe prior Form 990 or 990-EZ?	Did the organization undertake any significant program services during the year which prior Form 990 or 990-EZ?	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	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	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	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 to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

## Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
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		No
36	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 percent 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		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	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>1a</b> 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ľ	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
h	return			
ь	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		N o
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> 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		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		N o
	file Form 8282?	/6		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		N o
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		No
8	required?	7 11		
_	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			_ <del></del>
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
-	facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
4	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)............ <mark>11b</mark>			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Yes

3

4

5

6

7a

7Ь

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below	, desc	ribe the circumstances,
processes, or changes in Schedule O. See instructions.		
Enter the number of voting members of the governing body	1a	15

	3 3 7		
b	Enter the number of voting members that are independent	1b	13
2	Did any officer, director, trustee, or key employee have a family relationship or a bus	sıness	relationship with any
	other officer, director, trustee, or key employee?		

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?

			•		•	•		-		•	
Did the d	org	ganızatıon	make any	significant	change	s to it	s organizationa	l documents	since th	ie prior Form	1990 wa
filed? .											

5	Did the organization become aware during the year of a material diversion of the organization's assets?		ľ
5	Does the organization have members or stockholders?		Γ

												_	_			_			_	-		_	_	-	-	-	
Does the organiza	tior	n ha	ve	men	nbei	rs, s	toc	kho	ldei	s, c	or ot	her	per	son	s wh	o m	nay	elec	ton	e o	r m	ore	me	mbe	rs	of th	e
governing body?		•																					•				

Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the	

Did the organization contemporaneously document the meetings held or written actions undertaken during the
year by the following

а	the governing body?						•													•		
b	each committee with	auth	nori	ty to	o ac	tor	n be	half	of t	he (	gove	erni	ng b	ody	?							

	Does the organization have local chapters, branches, or affiliates?
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,
	affiliation and humanitar to announce the company of the company o

	annates, and branches to ensure their operations are consistent with those of the organization?
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process if any the organization uses to review the Form 990

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be	e re:	ache	d at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

8a	Yes	
8b	Yes	
9a		N N
9b		
10		Νo
11		Νo

Yes

Yes

Yes

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
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	Yes	
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate 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		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 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. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

LARRY K MATHENEY
501 LEON SULLIVAN WAY
CHARLESTON, WV 25301
(304) 344-3557

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- \* 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, or 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

(C) Position (check all that apply) (F) (E) (D) Estimated Highest compensat employee (B) Reportable Individual Trustee or Director Institutional Trustee Reportable amount of other Š Average compensation (A) compensation compensation hours from related Name and Title 9#10g from the from the emplo) ee organizations per organization (Worganization and (W-2/1099week 2/1099MISC) related MISC) organizations KENNETH M PERDUE, PRESIDENT 40 Х 70,100 30,325 LARRY MATHENEY, SECR-TREAS 40 Х Х 68,100 12,603 KRIS LUNDBERG, EXEC BOARD Х 704 Х ol ROBERT BROWN, EXEC BOARD 0 RONALD BURDETTE, EXEC BOARD 0 0 Х Х JOE CARTER, EXEC BOARD 0 DAN DOYLE, EXEC BOARD Х 0 RICHARD EDDY, EXEC BOARD Χ ol 0 ELAINE HARRIS, EXEC BOARD Χ 0 0 SHERRI MCKINNEY, EXEC BOARD Х 0 0 RANDALL T MOORE, EXEC BOARD Х 0 0 DANIEL J POLING, EXEC BOARD Х 0 Х ol ROY SMITH, EXEC BOARD 0 0 VERNON SWISHER, EXEC BOARD Х 0 GARY TILLIS, EXEC BOARD Х 0

#### Part VIII Continued

<b>(A)</b> Name and Title		<b>(C)</b> Position (check all that apply)							(E)	(F)
	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			+		$\vdash$					
1b Total		٠					<b> -</b> -	138,904	Į.	42,928

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►

			Yes	No_
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
3. Total number of independent contractors (including these in 1) who received more than \$	100 000 in compansation	

# Statement of Revenue

					(A) Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a					
ants Ints	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts	c	Fundraising ev	1b vents 1c					
黄き	d	Related organ	izations					
# <u>`</u> }	e	Government gran	its (contributions) <b>1e</b>					
oution her s	f	All other contribut similar amounts r	cions, gifts, grants, and not included above	67,387				
불	g	Noncash cont	<b>1f</b> ributions included in					
9 E		lines 1a-1f \$						
•	h	Total (Add line	es 1a-1f)		67,387			
				Business Code				
E E	2a	ANNUAL PER CAP	ІТА ТАХ		752,801	752,801		
eke Ek	b	ADMIN FEES & SA	ALARY REIMB		95,336	95,336		
9. H	С	REGISTRATION F	EES		82,275	82,275		
ž ž	d							
کن ت	e							
Program Serwce Revenue	f	All other prog	ram service revenue					
<u>Ā</u>	g	Total. Add line  ▶ \$ 930,412	es 2a-2f					
	3		come (including divi	·				
		other sımılar a	imounts)		1,110			1,110
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	5	Rovalties .						
			(ı) Real	(II) Personal				
	6a	Gross Rents	* *					
	ь	Less rental expenses						
	с	Rental income						
	d	or (loss) Net rental inco	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	10,574					
		assets other than inventory						
	ь	Less cost or	9,259					
		other basis and sales expenses						
	С	Gain or (loss)	1,315					
	d	Net gain or (lo	ss) 	. •	1,315	1,315		
	8a		from fundraising					
		events (not in	cluding 6,108					
ne		Ψ	is reported on line					
된		1c) See Part	IV , line 18 <i>e G if total exceeds</i>					
ě								
<u>.</u>	ь	Less directe:	xpensesb	3,406				
Other Revenue	с	Net income or	(loss) from fundrais		22,702			22,702
•	9a	Gross income	from gaming	<u>▶</u>				
		activities See	part IV , line 19					
		Complete Schedexceeds \$15,00						
			а					
	ь		xpensesb					
	С	Net income or	(loss) from gaming a	activities <b>F</b>				
	10a		f inventory, less lowances . a					
	ь	Less cost of						
	c		(loss) from sales of	Inventory				
		Miscellaneou		Business Code				
	11a	OTHER REVE	NUES		2,183			2,183
	ь							
	с							
	d	All other reve	nue					
	e e	Total. Add line						
				\$ 2,183				
	12	Total Revenue	. Add lines 1h, 2g, 3	3, 4, 5, 6d, 7d,	1,025,109	931,727		25,995
			.1e	▶				

# Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete solumn (A) but are not a	anizations m	ust complete	all columns.	`
	Il other organizations must complete column (A) but are not re not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	30,049	ехрепяея	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	30,049			
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				
5	Compensation of current officers, directors, trustees, and key employees	136,304			
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	126,718			
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	44,722			
9	Other employee benefits	75,165			
10	Payroll taxes	21,932			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	7,585			
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	19,176			
14	Information technology				
15	Royalties				
16	Occupancy	54,144			
17	Travel	7,625			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	105,379			
20	Interest	1,363			
21	Payments to affiliates	135,873			
22	Depreciation, depletion, and amortization	11,432			
23	Insurance	10,693			
24	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 )				
а	PRINTING & POSTAGE	29,537			
ь	CONSULTING & CONTRACT SVC	21,750			
c	EQUPMENT RENTAL & REPAIR	13,410			
d	AUTOMOBILE EXPENSES	9,916			
e	MISCELLANEOUS	8,851			
f	All other expenses	5,290			
25	Total functional expenses. Add lines 1 through 24f	876,914	0	0	0
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	3.3,52	· · ·		v

Part X	Balance	Sheet

					(A) Beginning of year		(E	<b>3)</b> fyear
ı	1	Cash—non-interest-bearing			59,611	1	Liid o	145,148
	2	Savings and temporary cash investments			43,087	2		65,497
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustee						
	6	other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				5		
		persons described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
ا 앞	9	Prepaid expenses and deferred charges				9		
Assets	10a	Land, buildings, and equipment cost basis	10a	150,560				
•	b	Less accumulated depreciation Complete Part VI of		,	1			
		Schedule D	10b	105,017	17,842			45,543
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 $Complete$ $Schedule D$	Part VII c	f	2,500	12		2,500
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D .	13					
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule						
					100 010	15		
_	16	Total assets. Add lines 1 through 15 (must equal line 34)			123,040			258,688
	17	Accounts payable and accrued expenses .			390			36
	18	Grants payable		18				
	19	Deferred revenue		19				
ای	20	Tax-exempt bond liabilities	•			20		
ا≗	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ا≝		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third partie	s		12,521	23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D		25				
	26	Total liabilities. Add lines 17 through 25			12,911	26		36
<u>^</u>		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete lin	es 27				
Balance	27	through 29, and lines 33 and 34.  Unrestricted net assets			90,129	27		253,123
<u>ខ</u>	28	Temporarily restricted net assets			20,000	28		5,202
<u> </u>	28 29	Permanently restricted net assets			20,000	28		5,202
	29	Organizations that do not follow SFAS 117, check here ► □ a		29				
5	30	lines 30 through 34.  Capital stock or trust principal, or current funds				30		
Assets	31					31		
ا ۵	32	Paid-in or capital surplus, or land, building or equipment fund						
	32 33	Retained earnings, endowment, accumulated income, or other funds						258,325
ž	33 34	Total net assets or fund balances			110,129			258,688
Pal	rt XI	Financial Statements and Reporting					V	NI-
L	Acco	unting method used to prepare the Form 990 🔽 cash 🗍	accrual	Cother			Yes	No
		the organization's financial statements compiled or reviewed by				_		l

L	Accounting method used to prepare the Form 990 🔽 cash 🗆 accrual 🗀 other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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	Yes	
За	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		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

Open to Public Inspection

Interna	al Revenue Service	allswered res, tord	51111 990, Part 14, line 0, 7, 8, 9, 10, 11, 01 1			Inspec	tion
	ime of the organi ERICAN FEDERATION			Employer	ident if ica	tion numb	er
	EST VIRGINIA AFL-CI			55-0417	680		
Pa			dvised Funds or Other Similar Fu	inds or A	ccounts	. Comple	te if the
	organiz	zation answered "Yes" to Form 99  -	0, Part IV, line 6. (a) Donor advised funds	/b) Fu	nds and o	ther accou	ınts
1	Total number a	t end of year	(a) Donor advised funds	( <b>D)</b> Fu	ilus allu o	ther accor	
2	Total number at end of year  Aggregate Contributions to (during year)						
3	55 5	nts from (during year)					
4		ue at end of year					
5	_	zation inform all donors and donor advi organization's property, subject to the c	sors in writing that the assets held in dono organization's exclusive legal control?	oradvised		☐ Yes	√ No
6	used only for c	- , , , , , , , , , , , , , , , , , , ,	donor advisors in writing that grant funds efit of the donor or donor advisor or other	may be		☐ Yes	√ No
Pa	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" to	Form 990	, Part IV	/, lıne 7.	
2	Preservati Protection Preservati Complete lines	conservation easements held by the or ion of land for public use (e g , recreati n of natural habitat ion of open space s 2a–2d if the organization held a quali v of the tax year	<u> </u>	tified histor	ric structu	re	;a
					Held at	the End of	the Year
а	Total number	of conservation easements		2a			
b	Total acreage	e restricted by conservation easements	s	2b			
С	Number of co	nservation easements on a certified hi	storic structure included in (a)	2c			
d	Number of co	nservation easements included in (c) a	acquired after 8/17/06	2d			
3	Number of con	servation easements modified, transfe	rred, released, extinguished, or terminated	d by the org	anızatıon	durıng	
	the taxable yea	ar 🗠					
4	Number of stat	tes where property subject to conserva	ation easement is located 🕨				
5	_	nization have a written policy regarding f the conservation easements it holds?	g the periodic monitoring, inspection, viola	tions, and		☐ Yes	✓ No
6	Staff or volunte	eer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►			
7	A mount of exp	enses incurred in monitoring, inspectir	ng, and enforcing easements during the ye	ar ► \$			
8	170(h)(4)(B)(i	) and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of sect			☐ Yes	✓ No
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents				
Pa	ttill Organ	izations Maintaining Collectio	ns of Art, Historical Treasures, o 'Yes" to Form 990, Part IV, line 8.	or Other S	Similar A	Assets.	
1a	art, historical t	treasures, or other similar assets held	116, not to report in its revenue statement for public exhibition, education or researc nancial statements that describes these ite	h ın furthera			e,
Ь	historical treas	·	116, to report in its revenue statement ai public exhibition, education, or research in s				
	(i) Revenues I	ncluded in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets inc	luded in Form 990, Part X		,	<b>►</b> \$		
2		tion received or held works of art, histo ints required to be reported under SFAS	orıcal treasures, or other sımılar assets fo S 116 relatıng to these items	r financial g	aın, provid	de the	
а	Povonuos incli	uded in Form 990 Part VIII line 1			<b>-</b> ¢		

Assets included in Form 990, Part X

Part	••• Organizations Maintaining Colle	ections of Art, His	tori	<u>cal Treasur</u>	es, or Other	<u>Similar Asse</u>	<b>ts</b> (conti	<u>inued)</u>
3	Using the organization's accession and other rolliems (check all that apply)	ecords, check any of th	ne foll	owing that are	a significant us	e of its collection		
а	Public exhibition	d	$\vdash$	Loan or exch	ange programs			
b	Scholarly research	e	$\vdash$	Other				
с	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain how	wthe	/ further the or	ranization's ex	emnt nurnose in		
•	Part XIV	sections and explain not	W CITC	y further the of	gamzation 5 cx	empt purpose m		
5	During the year, did the organization solicit or i		,			ılar	۷05 F	No
Dar	assets to be sold to raise funds rather than to to to the trust, Escrow and Custodial Ar	·				·		
	Part IV, line 9, or reported an amo				iization answe	2104 103 1010	1111 220,	,
1a	Is the organization an agent, trustee, custodial included on Form 990, Part X?	n or other intermediary	for c	ontributions oi	other assets n	ot	res ✓	No
b	If "Yes," explain why in Part XIV and complete	the following table						
						A mou	nt	
С	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form	n 990, Part X, line 21?				Γ,	ſes 🔽	No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if t	the organization ans	were	ed "Yes" to F				
		(a)Current Year (b)	Prior `	rear (c)Two	Years Back (d)T	hree Years Back (e)	Four Years	s Back
1a	Beginning of year balance							
b	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
_	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year e	end balance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
С	Term endowment 🕨							
3a	Are there endowment funds not in the possessi	on of the organization	that a	are held and ad	lmınıstered for t	:he		
	organization by					[a (')		No_
	(i) unrelated organizations					3a(i)		<u> </u>
ь	(ii) related organizations If "Yes" to 3a(ii), are the related organizations					3a(ii)		N 0
4	Describe in Part XIV the intended uses of the					30		<u> </u>
	t VI Investments—Land, Buildings,				rt X line 10			
	investments Luna, bundings,	and Equipment 5		Cost or other	(b)Cost or other			
	Description of investment			sis (investment)	basis (other)	(c) Depreciation	(d) Book	value
1a	Land		+					
	Buildings							
	Leasehold improvements							
	Equipment							
u	• •		-		150.500	105.017		45 543
_								
	Other		) line	10(c))	150,560	•		45,543 45,543

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12 ) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
			]	
			]	
			]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25 ) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Par	t XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial State</u>	ments	
1	Total revenue (Form 990, Part			1	
2	Total expenses (Form 990, Par	t IX, column (A), line 25)		2	
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) o	n investments		4	
5	Donated services and use of fa	cilities		5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lir	nes 4 - 8		9	
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10	
Part		evenue per Audited Financial		ue per Return	
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a		
b	Donated services and use of fa	acılıtıes	. 2b		
c	Recoveries of prior year grants	s	. 2c		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines <b>2a</b> through <b>2d</b> .			. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .			. 3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines <b>4a</b> and <b>4b</b>			. 4c	
5		d <b>4c.</b> (This should equal Form 990, Par			
		xpenses per Audited Financia			
1		r audited financial statements		. 1	
2		it not on Form 990, Part IX, line 25	1 - 1		
а		acılıtıes			
b			2b		
с		, Part IX, line 25	2c		
d	Other (Describe in Part XIV)		. 2d	<b></b>   <u> </u>	
e ~	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1 .			. 3	
4		0, Part IX, line 25, but not on line 1:	4-		
a L		uded on Form 990, Part VIII, line 7b		<del> </del>	
b	Other (Describe in Part XIV)  Add lines <b>4a</b> and <b>4b</b>		. 4b	4c	
с 5		nd <b>4c.</b> (This should equal Form 990, Pa	rt I line 10 \	. 5	
	t XIV Supplemental Inf		nt 1, iiiie 16 )	.   3	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		4, Part XIV, lines 1b and	2b,
	Ident if ier	Return Reference	Ехр	lanat ion	

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**Supplemental Information Regarding** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,

DLN: 93493137055450

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Total

**Fundraising or Gaming Activities** 

Open to Public Inspection

lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Internal Revenue Service **Employer identification number** Name of the organization AMERICAN FEDERATION OF LABOR & WEST VIRGINIA AFL-CIO 55-0417680 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Email solicitations f Solicitation of government grants g Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Did fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual custody or (iv) Gross receipts (or retained by) (ii) Activity (or retained by) fundraiser listed in or entity (fundraiser) control of from activity organization contributions? col (i) Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

٠

			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events		tal Eve	
			ANNL GOLF TOURN		l	(Add co	( <b>a)</b> tn ol <b>(c)</b> )	irougn
			(event type)	(event type)	(total number)			
Kevelkle	1	Gross receipts	23,200				2	3,200
<b>⊕</b>	2	Less Charitable						
¥	-	contributions	23,200				2	3,200
	3	minus line 2)	23,200					J,200
	4	Cash Prizes						
တို့	5	Non-cash Prizes	975					975
Direct Expenses	6	Rent/Facility costs						
ភ្នំ	7	Other direct expenses	1,585	;				1,585
ថ្ង		·						2,560
5	8	Direct expense summary Add line	_					
	9	Net income summary Combine lin						0,640
ar	3000	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mo	re thar	n
Φ		,	(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming		I gamıng	
<b>⊒</b>				bingo/progressive bingo		col (a) tl	rough co	ol <b>(c)</b> )
Kevelkue				biligo				
_	1	Gross revenue						
မှာ ()	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
<u>ភ</u>	4	Rent/facility costs						
ĕ ĕ	5	Other direct expenses				1		
		· · · · · · · · · · · · · · · · · · ·	- v 0/			1		
	6	Volunteer labor	┌────────────────────────────────────	┌ Yes				
	7	Direct expense summary Add lines	s 2 through Eun column (	٠.				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> </u>		T	T
•	Ente	er the state(s) in which the organiza	tion operates gaming act	tivities			Yes	No
a		he organization licensed to operate			-	. 9a		
ь		No," Explain				-		
_								
0a L		e any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	g the tax year?	10a		
ь	11 1	res, Explain						
							1	1

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493137055450

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

**Grants and Other Assistance to Organizations,** 

Governments and Individuals in the U.S.

Open to Public **Inspection** 

vame of the organization						Employer identi	ication number
AMERICAN FEDERATION OF L WEST VIRGINIA AFL-CIO	LABOR &					55-0417680	
Part I General Inforn	nation on Gran	ts and Assistance				•	
<ol> <li>Does the organization mainstrain the selection criteria used</li> <li>Describe in Part IV the organization</li> </ol>	d to award the gran ganızatıon's proce	ts or assistance? dures for monitoring the	e use of grant funds in th	ne United States			
Form 990, Part I Part IV and Sche	V, line 21 for an edule I-1 if addit	y recipient that rece ional space is	ived more than \$5,00	00. Check this box i	t <b>es.</b> Complete if the o	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS' CHANCE OF WV INC C/O THE GTR KANAWHA VALLEY FOUND900 LEE STREET EAST CHARLESTON, WV 25301	55-6024430	3	14,799				FINANCIAL SUPPORT
2 Enter total number of sect	tion 501(c)(3) and	government					
organizations					•	_	
3 Enter total number of othe	er organizations .						•

	······	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 2	22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	·			·	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	LINE 2	THE WV AFL-CIO MAKES GRANTS AND CONTRIBUTIONS TO ORGANIZATIONS WHERE IT HAS KNOWLEDGE OF THE ENTITY'S OPERATIONS AND SUFFICIENT CONTINUED ASSOCIATION NECESSARY TO EVALUATE THE EFFECTIVENESS OF THE SPECIFIC GRANT OR CONTRIBUTION THE WV AFL-CIO DOES NOT MAKE CONTRIBUTIONS OF ANY SIGNIFICANCE UNLESS IT HAS THE OPPORTUNITY TO SO MONITOR ITS EFFECTIVENESS
1		
1		
1		
1		

OMB No 1545-0047

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# **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Information to Form 990** Attach to Form 990. To be completed by organizations to provide additional information for

Name of the organization AMERICAN FEDERATION OF LABOR & WEST VIRGINIA AFL-CIO

**Employer identification number** 

55-0417680

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION IS A NONSTOCK, NONPROFIT ASSOCIATION AFFILIATED WITH THE AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL RGANIZATIONS (AFL-CIO) ELIGIBILITY FOR MEMBERSHIP IS SET FORTH IN THE CONSTITUTION OF THE WEST VIRGINIA AFL-CIO AND, IN GENERAL, MAY INCLUDE LOCAL UNIONS AND OTHER ORGANIZATIONS CHARTERED BY OR OTHERWISE AFFILIATED WITH THE AFL-CIO APPLICANTS FOR MEMBERSHIP MUST COMPLY WITH AND BE SUBJECT TO THE REQUIREMENTS IMPOSED BY THE ORGANIZATION'S BY-LAWS AND THE NATIONAL AFL-CIO CONSTITUTION

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

ldentifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	REPRESENTATIVES OF THE ORGANIZATION'S MEMBERS ELECT THE OFFICERS AND DIRECTORS TO SERVE A TWO-YEAR (2) TERM AT THE ORGANIZATION'S BIENNIAL CONVENTION IN ACCORDANCE WITH THE CONSTITUTION AND BY LAWS ANY DELEGATE WHO HAS BEEN SEATED IN THE CONVENTION IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF THE CONSTITUTION IS ELIGIBLE TO BE NOMINATED FOR OFFICE

ldentifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE ORGANIZATION'S EXECUTIVE BOARD HAS COMPLETE AUTHORITY TO CONDUCT ITS AFFAIRS SUBJECT TO THE PROVISIONS OF THE ORGANIZATION'S CONSTITUTION AND BY LAWS, THE NATIONAL AFL-CIO'S CONSTITUTION, AND APPLICABLE LAWS AND STATUTES ALL AMENDMENTS TO THE ORGANIZATION'S BY LAWS SHALL BE MADE BY A TWO-THIRDS (2/3) MAJORITY VOTE OF THE DELEGATES AT A CONSTITUTIONAL OR SPECIAL CONVENTION OF THE ORGANIZATION

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE SECRETARY-TREASURER REVIEWS THE RETURN WITH THE ORGANIZATION'S INDEPENDENT ACCOUNTANT WHEN IT IS PRESENTED FOR SIGNATURE AND DISCUSSES ANY UNUSUAL ITEMS WITH THE PRESIDENT PRIOR TO FILING THE RETURN THE EXECUTIVE BOARD IS INFORMED AT ITS NEXT MEETING THAT THE RETURN HAS BEEN FILED, A PUBLIC INSPECTION COPY HAS BEEN MADE AVAILABLE IN THE ORGANIZATION'S OFFICE, AND A COMPLETE COPY IS AVAILABLE FOR INSPECTION BY ANY BOARD MEMBER, WITH A COPY TO BE PROVIDED AS REQUESTED, IN THE OFFICE THE OFFICERS WILL ALSO TYPICALLY DISCUSS WITH THE BOARD ANY SIGNIFICANT CHANGES OR OBSERVATIONS THAT COME FROM THE RETURN PREPARATION

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE OFFICERS' SALARIES AND BENEFITS ARE FIXED BY THE ORGANIZATION'S CONSTITUTION AND BY LAWS, AND ARE SUBJECT TO CHANGE THROUGH AMENDMENT TO SAID BY LAWS BY VOTE OF THE DELEGATES AT THE BIENNIAL CONVENTION A COMMITTEE OF THE EXECUTIVE BOARD IS CHARGED WITH MAKING ANY SUCH COMPENSATION RECOMMENDATIONS TO THE CONVENTION FOR APPROVAL, REJECTION OR AMENDMENT

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS AND FORM 990 ARE AVAILABLE FOR INSPECTION IN THE WV AFL-CIO OFFICE DURING NORMAL BUSINESS HOURS ADVANCE NOTICE IS REQUESTED

**Identification of Disregarded Entities** 

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493137055450

2008

OMB No 1545-0047

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Schedule R (Form 990) 2008

# **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

**Related Organizations and Unrelated Partnerships** 

Name of the organization AMERICAN FEDERATION OF LABOR & WEST VIRGINIA AFL-CIO

**Employer identification number** 

55-0417680

(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions	_	_		
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity stat (if section 501(c)(	cus Direct controlling 3)) entity
See Additional Data Table					

Cat No 50135Y

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary acti	vity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	<b>(E)</b> Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	(G) Share of end-of- year assets	(H Dispro alloca	<b>1)</b> prtionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	aging
								Yes	No	1	Yes	No
											+	
											<u> </u>	
								+		+	-	
Part IV Identification of R	elated Orga	nizations	Taxable									
<b>(A)</b> Name, address, and EIN of related or	rganization	(B) Primary ac	tivity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total inc	ome	Sh end	nare of Perco	( <b>H)</b> entage nership	
D&J DEVELOPMENT INC D&J DEVELOPMENT INC 1644 MILEGROUND MORGANTOWN, WV26505 55-0575130		CONSTR MG1	г	wv	N/A							
UNITY INSURANCE GROUP INC UNITY INSURANCE GROUP INC 501 LEON SULLIVAN WAY CHARLESTON, WV25301 20-5392565		INSUR AGT		wv	N/A							
								-+				
		1										

Part V	Transactions with Related Organizations
--------	---

	Yes	No
transactions with one or more related organizations listed in Parts II-IV?		
itrolled entity		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
		No
1j   1j	Yes	1
or other organization(s)	Yes	
other organization(s)	Yes	
1m		No
1n	Yes	
10		No
1p	Yes	
1q		No
1r		No
ormation on who must complete this line, including covered relationships and transaction thresholds  (C)		

	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	WV AFL-CIO UNITY CENTER INC	J	56,162
(2)	HUMAN RESOURCE DEVELOP & EMPLY INC	N	39,384
(3)	HUMAN RESOURCE DEVELOP & EMPLY INC	к	55,952
(4)			
(5)			
(6)			

### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	. D (Farm	9907 2008

Software ID: **Software Version:** 

**EIN:** 55-0417680

Name: AMERICAN FEDERATION OF LABOR & WEST VIRGINIA AFL-CIO

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations								
<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity			
1644 MILEGROUNDMORGANTOWN, WV 26505 55-0561496	HUD HSG	wv	501	7	N/A			
HUMAN RESOURCE DEVELOP FOUND INC HUMAN RESOURCE DEVELOP & EMPLOY INC 1644 MILEGROUND 1644 MILEGROUNDMORGANTOWN, WV 26505 55-0516532	PRO GRAMS	wv	501	7	N/A			
1644 MILEGROUNDMORGANTOWN, WV 26505 55-0745599	HUD HSG	wv	501	7	N/A			
1644 MILEGROUNDMORGANTOWN, WV 26505 31-1499999	HUD HSG	WV	501	7	N/A			
1644 MILEGROUNDMORGANTOWN, WV 26505 55-0678215	HUD HSG	wv	501	7	N/A			
1644 MILEGROUNDMORGANTOWN, WV 26505 30-0019874	HUD HSG	wv	501	7	N/A			
1644 MILEGROUNDMORGANTOWN, WV 26505 31-1072016	HUD HSG	wv	501	7	N/A			
1644 MILEGROUNDMORGANTOWN, WV 26505 55-0757841	HUD HSG	wv	501	7	N/A			
1644 MILEGROUNDMORGANTOWN, WV 26505 55-0695850	HUD HSG	wv	501	7	N/A			
1644 MILEGROUNDMORGANTOWN, WV 26505 55-0678214	HUD HSG	wv	501	7	N/A			
1644 MILEGROUNDMORGANTOWN, WV 26505 55-0687740	HUD HSG	wv	501	7	N/A			
1644 MILEGROUNDMORGANTOWN, WV 26505 55-0745598	HUD HSG	WV	501	7	N/A			
1644 MILEGROUNDMORGANTOWN, WV 26505 55-0751157	HUD HSG	WV	501	7	N/A			
1644 MILEGROUNDMORGANTOWN, WV 26505 55-0731330	HUD HSG	wv	501	7	N/A			
1644 MILEGROUNDMORGANTOWN, WV 26505 55-0489647	HUD HSG	wv	501	7	N/A			
1644 MILEGROUNDMORGANTOWN, WV 26505 31-1072033	HUD HSG	wv	501	7	N/A			
1644 MILEGROUNDMORGANTOWN, WV 26505 55-0757843	HUD HSG	wv	501	7	N/A			
WV AFL-CIO UNITY CENTER INC WV AFL-CIO UNITY CENTER INC 501 LEON SULLIV AN WAY 501 LEON SULLIVAN WAYCHARLESTON, WV 25301 55-0489646	TITLE HLDG	wv	501		N/A			