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SCANNED JUN 0 1 2011

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

		nue Service	′ ► The	e organization may have to u	use a copy of this re	turn to satis	fy state rep	orting require	ments	Inspec	tion
A	For th	ne 2009 ca	lendar ye	ear, or tax year beginning	July 1	, 2009, a	nd ending	June		, 20 10	
В	Check if	applicable		Name of organization AFT-W	V Federation of 1	eachers/V	VV #8046	D	Employ	er identification	on number
_		change	use IRS	Doing Business As same					55	0587	'594
	Name c		print or	Number and street (or PO box if ma	all is not delivered to stree	t address)	Room/suite	E	Telepho	ne number	
,	nitial re	- 1	type See 1	610 Washington St., Eas	st		20	00 (304)	344-2	2679
	rermina		Specific Instruc-	City or town, state or country, a	and ZIP + 4						
,		ed return		Charleston, WV 25311				G	Gross red	ceipts \$ 2	,317,539
_		on pending	F Name	and address of principal officer		" 				for affiliates? Y	
, د	-ppiicaii	on bending						1		ncluded?	_
_	Tax-ex	empt status	[Z] 501	(c) (5) ◄ (insert no)	47(a)(1) or 527			1		list (see instru	
<u>.</u>	Webs		<u> </u>	10) (3) 4 (miseri no)	·/(a/(./ o oz.:			H(c) Group exer			0787
K			Corporat	tion Trust Association	Other > Union	I Year	of formation			legal domicile	
	art I	Summ		IOI TOST ASSOCIATION	Julie - Ollion	L Tear	Of Iornation	1000 14	Otate Of	legal domicie	<u> </u>
	_						The mis	cion is to i		the lives s	
	1	Briefly de	escribe th	ne organization's mission	or most significan	it activities	file iiiis	SIOII IS LO II	iibi ove	the lives C	/4 *** * * * * * * * * * * * * * * * * *
ě				d their families; to give							
ä				institutions in which w		ve the gua	lity of the	services we	a provi	de; and to I	oring
Ë				bers to assist and supp							
Governance	2	Check this	box ► 🗌	if the organization discontinue	d its operations or disp	osed of more	than 25% o	f its net assets.			
<u>مح</u>	3	Number (of voting	members of the governir	ng body (Part VI, I	ine 1a).			3	·	18_
ēs	4	Number	of indepe	endent voting members o	f the governing bo	ody (Part V	I, line 1b)		4		17
Activities &	5	Total nur	nber of e	mployees (Part V, line 2a					5		13
Act	6	Total nur	nber of v	olunteers (estimate if nec	essary) .				6		15
•				ted business revenue from		n (C), line	12 .		7a		0
				iness taxable income fror					7b		0
								Prior Year		Current	Year
_	8	Contribut	tions and	grants (Part VIII, line 1h)				1,92	9,982	2	,186,346
Je e	1			evenue (Part VIII, line 2g)					0		0
Revenue		-		e (Part VIII, column (A), lii		•	. —		249		20
æ				art VIII, column (A), lines 5		and 1.1e)	. –	4	9,684		131,173
				lines 8 through 11 (must			12)		9,915	2	,317,539
				r amounts paid (Part IX, c		2			5,861	_	0
						- 3) .] S).	· -		0		
S	14	Calamas	paid to di	r for members (Part X, c	a_{1} $A\Delta V = 1 \cdot 20$	101	10)	1.02	 +		,078,718
SUS				pensation, employee bene		1'(A), II∩es∋5 <u>C</u> ⊆∫	-10) -	1,028,011		<u>-</u> !	,070,710
Expenses				aising fees (Part IX, colum		ونت السند	· 3.5			Take the native of the P	anaran d
щ				xpenses (Part IX, column (i			Lag.				
				Part IX, column (A), lines_			· ·		7,731		,060,638
				dd lines 13-17 (must equ		n (A), line 2	25)		1,603	2	,139,356
_ w		Revenue	iess expei	nses. Subtract line 18 from	1 line 12 .				8,312		178,183
is or	İ						Be	ginning of Curre		End of	
Assets d Balanc	20	Total ass	ets (Part	X, line 16) .			.		1,005		445,663
Net A Fund 6	21			rt X, line 26)					6,859		103,334
				balances. Subtract line	21 from line 20	·		16	4,146		342,329
Pa	irt II	Sign	ature Bl	<u>ock</u>							
				erjury, I declare that I have exami							
		and belie		correct, and complete Declarati	on or product (officer ti	Tollicel, 19	Daşçu Oli ali	inomation of			Kilowieage
Sig	jn		_h	dry Hales	Tribu	Unt	_	5	- 4	· [/	
He	re	Signa	ature of offic		•	_		Date	-		
			Judy 1	Hale, President							
		Туре	or print nar	me and title							
_		Preparer's				Date	Chec	k if Pro	eparer's id	lentifying numbe	r
Α.		signature		, // /			self-		e instructi		
Paid		J 4	ta	to to the			J 5p.	.,			
	oarer's	Firm's na	ing or yours	s X				EIN			
Use	Only	it self-em	pyed),	↑					 -)	
N.4-	u tha	 *	and ZIP + 4	oturn with the property of	nown above? /c==	inotri inti		Phone no	- '		<u></u>
ivia	y me	ino discl	iss mis re	eturn with the preparer sh	TOWIT ADOVE ((See	instruction	15) .	<u> </u>		Yes	No_

Cat No 11282Y

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The mission is to improve the lives of our members and their families; to give voice to their legitimate professional, economic, and social aspirations; to strengthen the institutions in which we work; to improve the quality of the services we provide; and to bring together all members to assist and support one another.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes V No If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code.) (Expenses \$ including grants of \$) (Revenue \$) Staff members represent members before the employer. This involves handling grievances and other employee concerns. The intent is to protect employee rights and dignity. Staff members also meet with employees site by site over the school year to determine what issues concern them.
4b	(Code.) (Expenses \$ Including grants of \$) (Revenue \$) Organizing potential members to join the union. Staff members visit the work site in West Virginia to meet and develop relationships with individuals who wish to join the union and become a part of the larger voice, as well as to obtain the benefits that accrue to our members through membership.
	(Code.) (Expenses \$ including grants of \$) (Revenue \$) Representation of member concerns before the state legislature. Issues this fiscal year continue to be employee pay, pensions, and health insurance.
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ▶

Pai	t 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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		NA
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_		1
6	Did the organization maintain any donor advised funds or any similar funds or 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		1
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		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			· · · · · · · · · · · · · · · · · · ·
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	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?	13 14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	!	1
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		1
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_		1
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	17		1
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		1
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		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	✓

Pa	Checklist of Required Schedules (continued)	,		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	~	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25.	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	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		NA
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		NF
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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	✓	
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		1
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		NA
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	i	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Par	Statements Regarding Other IRS Filings and Tax Compliance			
		<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		梅志	
	U.S. Information Returns Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 19		1,500	iù .
	Effect the Hamber of Forms W-24 included in line fat. Effect -0- in flot applicable		-1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportal gaming (gambling) winnings to prize winners?	1c	<u>/</u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	13		
b	Statements, filed for the calendar year ending with or within the year covered by this return lf at least one is reported on line 2a, did the organization file all required federal employment tax returns		✓	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (sinstructions)	17/3/3/20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered this return?	by 3a	dinamental.	- Wa
b	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 authorover, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1
b	If "Yes," enter the name of the foreign country. ▶	<u> </u> <u> </u> <u> </u>		100
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba and Financial Accounts.	nk 🔯	i orda	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. <u>5a</u>	 	1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		┼─	V
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards Prohibited Tax Shelter Transaction?.	. <u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did torganization solicit any contributions that were not tax deductible?	the 6a	\ <u> </u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?	or 6b	1	
7	Organizations that may receive deductible contributions under section 170(c).	建筑		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo			
	and services provided to the payor?	7a 7b	┼──	NP
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		+	 -
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w required to file Form 8282?	ras 7c	7 1 1 1 2 1 1 W	NP
	If "Yes," indicate the number of Forms 8282 filed during the year			n.A
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person benefit contract?	شقاسات 7e	78.2.7	NA
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		 	NA
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	 	/~/ <u>T</u>
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C required?	as 7h	<u> </u>	NA
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ng 🔯		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoriorganization, have excess business holdings at any time during the year?	ng 231	2	ΝĀ
9	Sponsoring organizations maintaining donor advised funds.	1		1
	Did the organization make any taxable distributions under section 4966?	9a	ــــ	NA
	Did the organization make a distribution to a donor, donor advisor, or related person?.	9b	7.2.4	24.027
	Section 501(c)(7) organizations. Enter:	- 63		
	initiation rees and capital contributions included on Fact vin, line 12		At the	F
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:		14 m	- 150 - 150
	Gross income from members or shareholders	- 14	1.4	- 4
	Gross income from other sources (Do not net amounts due or paid to other sources against		ا عالات في	
	amounts due or received from them)		-5.	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104 If "Yes." enter the amount of tax-exempt interest received or accrued during the year.	1? 12a	 	N/1

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			ŀ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			;
	any other officer, director, trustee, or key employee?	2		✓
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		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓_
6	Does the organization have members or stockholders?	6	✓	
7a				
	of the governing body?	7a	✓.	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		•	,
	the year by the following:	. ~,		1
а	The governing body?	8a	✓	
	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	1	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		1
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
••	fa0	11	1	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- /-		
	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		1
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b		NA
_				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		NA
13		13		1
14	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	14		7
15	_ · · · · · · · · · · · · · · · · · · ·			÷]
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?		* *** *	'
a	The organization's CEO, Executive Director, or top management official	15a	1	نب خــ
		15b	-	1
D	Other officers or key employees of the organization	.55		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	,		I
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	- •	· 🗸 '
	with a taxable entity during the year?	·		
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		NA
Sac	tion C. Disclosure	100		<i>7</i> 07
17	List the states with which a copy of this Form 990 is required to be filed Section 31014 and 1002 for 1002 fo			·
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s (only)	
	available for public inspection. Indicate how you make these available. Check all that apply			
	☐ Own website ☐ Another's website ☐ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	
	organization ► Lura Hodge 1610 WAshington St., E #200 Charleston, WV 25311			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not contain	pmpensate	any o	curre	ent	offic	cer, d	Irec	tor, or trustee.		
(A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average hours per		, '			that ap		Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Judy Hale 2885 Winfield Rd., Winfield, WV 25213	45	1		1	1	1		88,430	0	20,648
Cynthia Phillips 831 Main Street, Charleston, WV 25301	10	1		1				0	0	0
Beth Kitzmiller 412 Brock Street, Summerville, WV 26651	10	1		1				0	0	0
Tony Lautar, Jr 2416 Lincoln Ave., Parkersburg, WV 26104	10	1		1				0	0	0
P.O. Box 2722, Charleston, WV 25330	5	1						0	0	0
Andrea Alfred 977 Washburn St., Clarksburg, WV 26301	5	1						0	0	0
Sam Brunett 1910 Pleasant Valley Rd Fairmont WV 26554	5	1						0	0	0
Christine Campbell HC 64, Box 41, Hillsboro, WV 24946	5	1						0	0	0
Teresa Cunningham 1 Miller Drive, Culloden, WV_25510	5	✓						0	0	0
Mike Rogers 1610 Washington St. E, Charleston, WV25311	5	1						0	0	0
Debra Elmore Rt. #3, Box 494, Fayetteville, WV 25840	5	1						0	0	0
Susan Kelley RR 2, Box 302A, Fairmont, WV 26554	5	1						0	0 ,	0
Greg Merritt 106 Sheriden St., Marietta, OH 45750	5	✓						0	0	0
Ralph Smith Box 61, Windsor Hts, WV 26075	5	1						0	0	0
Stacey Strawderman 318 Marion St., Fairmont, WV 2554	5	1						0	0	0
Jackee Long 107 Rothwell Ave., Martinsburg, WV 25404	5	√						0	0	0

Part VII Section A. Officers, Directors, Tr	ustees, Key	/ Emp	loy	ees,	an	d Hig	hest	t Compensate	d Employe	es (co	ntınued)
(A)	(A) (B)			(0	C)			(D)	(E)		(F)
Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	≅ Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensa from rela organizati (W-2/1099-I	ition ted ions	Estimated amount of other compensation from the organization and related organizations
Linda Thompson 252 Private Dr. 15455, Crown City, OH 45623	5	1						0		0	0
Delores Campbell 156 Church Camp Rd., Hurricane, WV 25526	5	1						0		0	0
			<u> </u>								
	-										
	-										
	-										
									1		
,	-										
										-	
1b Total .	<u> </u>	1				L	•				
2 Total number of individuals (including but reportable compensation from the organiz		to the	ose	liste	ed a	bove) wh	no received mo	ore than \$1	100,00	10 in
 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for 											
services rendered to the organization? If " Section B. Independent Contractors	res, comp	nete c	3011	eau	6 0	101 3	ucn	person	<u> </u>		5 ✓
Complete this table for your five highest compensation from the organization	ompensate	d inde	ере	nde	nt c	ontra	ctor	s that received	d more tha	ın \$10	0,000 of
(A) Name and business add	dress							(B) Description of se	ervices		(C) Compensation
None											
2 Total number of independent contractors (i				ted	to t	hose	liste	ed above) who	received		

Par	t VII	Statement of Revenue		".]		, ago o
F 15 m				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants, and other similar amounts.		Federated campaigns 1a Membership dues 1b Fundraising events 1c	1,714,584 0	サンない あかい あかし き			
	f	Related organizations Government grants (contributions). All other contributions, gifts, grants, and similar amounts not included above	471,762			And the second of the second o	
	g h	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f	_	2,186,346	Est of the Carl	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14, 14, 15, 16, 16, 16, 16, 16, 16, 16, 16, 16, 16
am Service Revenue	2a b c d		Business Code				
Program	f g	All other program service revenue . Total. Add lines 2a-2f		0	The second second is the		***************************************
	3 4 5	Investment income (including dividend other similar amounts) Income from investment of tax-exempt bor Royalties		20			20
	6a b	Gross Rents Less: rental expenses	(II) Personal				
	7a	Gross amount from sales of assets other than inventory	(II) Other				
	С	Less cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss)	. •				
Revenue	ĺ	Gross income from fundraising events (not including \$					
Other	C	Less. direct expenses b Net income or (loss) from fundraising					
	b	Gross income from gaming activities. See Part IV, line 19				The second secon	
	ь	Gross sales of inventory, less returns and allowances . a Less cost of goods sold . b					
	11a	Net income or (loss) from sales of invent Miscellaneous Revenue Affiliate Reimbursements	Business Code 900099	76.250	76,250		त्यो <u>क प्रकार का</u>
	b c d	Event Registrations Commission Revenues All other revenue	900099 900099 900099	30,878 6,353 17,692	30,878 6,353 17,692		
		Total. Add lines 11a-11d Total revenue. See instructions.		131,173 2,317,539		0	20

Part IX Statement of Functional Expenses

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

	All other organizations must complete co	lumn (A) but are n	ot required to com	plete columns (B),	(C), and (D).
Do 7b	o not include amounts reported on lines 6b, , 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	0		The second secon	1. The first of the second of
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0		The first way	Barth Br. S. Calour B.
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	88,430			
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages	666,449			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	117,516			
9 10	Other employee benefits	134,852 71,471			
11 a b	Fees for services (non-employees) Management Legal .	33,308	·		
c d	Accounting	0		12 ch trong and the transfer	
f	Professional fundraising services. See Part IV, line 17 Investment management fees Other	0 0 99,890	A data has been a second as	The second secon	
g 12 13	Advertising and promotion Office expenses	9,975 197,520			
14 15	Information technology	90,969			
16 17 18	Occupancy Travel Payments of travel or entertainment expenses	158,761			
19	for any federal, state, or local public officials Conferences, conventions, and meetings.	0 173,999			
20 21	Interest	219,767			
22 23	Depreciation, depletion, and amortization . Insurance	2,750 544		(i. 7, 3 mg, 1457b) — Trend high - Jan Jan Bert an Amerikan (Amerikan)	
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.)				The second secon
a b c	Good & Welfare Member Organizing Newsletters	7,185 44,275 21,695			
d e f	All other expenses	0 0			
<u>25</u> 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs	0			
	from a combined educational campaign and fundraising solicitation	2,139,356			

Part X **Balance Sheet** End of year Beginning of year 0 1 Cash-non-interest-bearing 1 63,373 146,082 2 Savings and temporary cash investments 0 0 3 Pledges and grants receivable, net 195,886 255,128 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 0 Schedule L . . . Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 0 6 0 7 Assets 0 0 Notes and loans receivable, net Inventories for sale or use 0 8 0 15,226 <u>24,</u>123 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or 10a 12,370 other basis. Complete Part VI of Schedule D. 10b 8,320 5,520 10c 4,050 b Less accumulated depreciation 0 11 0 11 Investments-publicly traded securities 0 12 15,280 12 Investments-other securities See Part IV, line 11 13 0 13 0 Investments-program-related. See Part IV, line 11 Intangible assets 0 14 0 14 15 Other assets See Part IV, line 11 1,000 15 1,000 Total assets. Add lines 1 through 15 (must equal line 34) 16 281,005 16 445,663 17 91,808 17 103,334 Accounts payable and accrued expenses 0 18 0 18 Grants payable 8,190 19 0 19 Deferred revenue . . 0 20 0 20 Tax-exempt bond liabilities . . 0 21 0 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 . . . 0 0 23 0 23 Secured mortgages and notes payable to unrelated third parties 24 16,861 24 0 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 0 0 Total liabilities. Add lines 17 through 25 116,859 103,334 Organizations that follow SFAS 117, check here ▶ and Balances complete lines 27 through 29, and lines 33 and 34. 164,146 Unrestricted net assets . 27 27 0 28 0 28 Temporarily restricted net assets. or Fund 0 29 0 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ightharpoonupand complete lines 30 through 34. 30 0 0 30 Capital stock or trust principal, or current funds 0 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund 0 32 0 32 Retained earnings, endowment, accumulated income, or other funds Net. Total net assets or fund balances . . . 164.146 33 342,329 33 34 Total liabilities and net assets/fund balances 281,005 34 445.663

Pai	t XI Financial Statements and Reporting				
			Yes	No	
1	Accounting method used to prepare the Form 990	1	7 (2)		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1	
b	b Were the organization's financial statements audited by an independent accountant?				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			A /	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		NF	
	If the organization changed either its oversight process or selection process during the tax year, explain in	in the second	+ }= 14	English To the	
	Schedule O.	13.17	* ***		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a consolidated basis, separate basis, or both:	3	filt		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	100			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			مبد	
	the Single Audit Act and OMB Circular A-133?	3a		NA	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		NA	

Form **990** (2009)

SCHEDULE D . (Form 990)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

	e of the organization //WV Federation of Teachers/WV #8046		Employer identification number 55 0587594
		onor Advised Funds or Other Similar s" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year) Aggregate grants from (during year)		
4	Aggregate value at end of year		
	,	d d d d - d - d - d	
5	funds are the organization's property, sub	d donor advisors in writing that the assets labels to the organization's exclusive legal co	ontrol? Yes No
6		donors, and donor advisors in writing that of t for the benefit of the donor or donor advi- benefit?	
Pa	t II Conservation Easements. Com	plete if the organization answered "Yes"	to Form 990, Part IV, line 7.
2	 Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space 	Preservati	on of an historically important land area on of a certified historic structure
	the tax year.		Held at the End of the Tax Year
_	Tatal months of access the control of		2a
a	Total number of conservation easements		2b
b	Total acreage restricted by conservation e		20
C		certified historic structure included in (a) .	
d	Number of conservation easements include		2d
3	the tax year ►	fied, transferred, released, extinguished, or	
4	Number of states where property subject	to conservation easement is located ▶	
5	Does the organization have a written police	cy regarding the periodic monitoring, insper	ction, handling of
	violations, and enforcement of the conser		. Yes No
6	Staff and volunteer hours devoted to mor	nitoring, inspecting, and enforcing conserva	tion easements during the year
7			
7	► \$	ng, inspecting, and enforcing conservation of	easements during the year
_			
8	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ed on line 2(d) above satisfy the requiremen	nts of section
9		reports conservation easements in its reve	
	balance sheet, and include, if applicable,	the text of the footnote to the organization'	's financial statements that describes
	the organization's accounting for conserva-	ation easements	
Par		lections of Art, Historical Treasures, or	
	Complete if the organization ans	wered "Yes" to Form 990, Part IV, line 8.	
1a	art, historical treasures, or other similar ass	nder SFAS 116, not to report in its revenue sets held for public exhibition, education, or rate to its financial statements that describes	esearch in furtherance of public service.
b	historical treasures, or other similar assets provide the following amounts relating to		search in furtherance of public service,
	(i) Revenues included in Form 990, Part \		· · · • \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works following amounts required to be reported	s of art, historical treasures, or other similal under SFAS 116 relating to these items:	r assets for financial gain, provide the
а	Revenues included in Form 990, Part VIII,	line 1	, , , ▶ \$
b	Assets included in Form 990, Part X		▶ \$

 Page	2

Schedule D (Form 990) 2009	

Pa	rt III Organizations Maintaini	ng Collections	of Art, H	istori	cal Treasure	es, or C	Other Similar A	ssets (c	ontin	ued)
3	Using the organization's acquisition, collection items (check all that apply	accession, and o	ther reco	ords, c	heck any of the	he follo	wing that are a s	significant	use	of its
а	Public exhibition		d		Loan or excl	hange p	orograms			
b	Scholarly research		0		Other					
С	Preservation for future generate	ions								
4	Provide a description of the organization Part XIV.	ation's collections	and exp	olain h	ow they furth	er the o	rganization's ex	empt pur	pose	ın
5	During the year, did the organization sassets to be sold to raise funds rather	olicit or receive do	onations of	of art, h	nistorical treas the organization	ures, or on's coll	other similar ection?	Y	es 🗌] No
Pa	rt IV Escrow and Custodial A IV, line 9, or reported an a					answe	red "Yes" to Fo	orm 990,	Part	
1a	Is the organization an agent, trustee included on Form 990, Part X?	e, custodian or otl	her intern	nediar	y for contribu	itions oi	r other assets no		es [] No
b	If "Yes," explain the arrangement in	Part XIV and com	nplete the	e follov	ving table [.]	_				
						<u> </u>	<i>F</i>	Amount		
С	Beginning balance					10	:			
d	Additions during the year					. 10	l			
е	Distributions during the year		•			1e)			
f	Ending balance					1f	_l			
2a b	Did the organization include an amount of "Yes," explain the arrangement in	Part XIV.							es L	J No
Pa	rt V Endowment Funds. Cor		ganizatio	n ans	wered "Yes	" to Fo			<u>). </u>	
		(a) Current year	(b) Pro	or year	(c) Two yea		(d) Three years bac		<u> </u>	back
1a	Beginning of year balance				111. 五年中國		は子子が出来を表す		* * * * * * * * * * * * * * * * * * *	产品相
b	Contributions				EST PAGE	9 神野清楚	門論。此為其語語	器 "宝小男	Year bear	非 学的
С	Net investment earnings, gains, and losses									
d	Grants or scholarships .				和某种是的和某种	The state of the	经营业的基础		4572	计量功能
е	Other expenditures for facilities and programs							的 大 大 大 大 大 大 大 大 大 大 大 大 大	影響	
f	Administrative expenses				- 日本の本のではいる	門の地震	S. R. P. S.	建铁的	724kg7,	
g	End of year balance				国的建筑	直桅侧线	は、大学の大学の大学に対して、	過其關鍵	Cultury of the	心為相
2	Provide the estimated percentage of	f the year end bal	ance hel	d as						
а	Board designated or quasi-endowm									
b	Permanent endowment ▶	%								
C	Term endowment ▶ %									
За	Are there endowment funds not in the organization by:	possession of th	e organiz	ation t	hat are held a	and adm	inistered for the	ļ	Yes	No
	(i) unrelated organizations .							3a(i)		
	(ii) related organizations		•		· · · ·			3a(ii)		
b	If "Yes" to 3a(ii), are the related orga	inizations listed as	s required	d on S	chedule R?			3b		
4	Describe in Part XIV the intended us									
Par	t VI Investments—Land, Bui	ildings, and Eq	uipment	t. See	Form 990, F	Part X,	line 10.			
	Description of investment	(a) Cost or oth			Cost or other asis (other)		Accumulated epreciation	(d) Boo	k value	•
1a	Land					The state of the s	海野岛市			
b	Buildings									
С	Leasehold improvements .									
d	Equipment				12,370		8,320		4	,050
е	Other									
Tota	I. Add lines 1a through 1e (Column (d) n	nust equal Form 99	90, Part X,	colum	n (B), line 10(c	:))	•		4	.050

Part VII Investments—Other Securities	See Form 990, Part X	, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	15,280	End-of-year Market Value
Closely-held equity interests .		
Other		
•		
•		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Relate	d See Form 990 Part Y	
(a) Description of investment type	I	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		See all San C. Annual Control March Control Provides and Control Contr
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	上學課的できたが理解は、「香品」を記されている。 というには、「本語」には、「本語」には、「本語」には、「本語」には、「本語」というには、「本語」には、こは、「本語」には、こは、「本語」には、こは、これには、こは、こ
Part IX Other Assets. See Form 990, Pa		
Deposit	(a) Description	(b) Book value 1,000
Срози		1,000

1-11-		
	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (<u> </u>
Part X Other Liabilities. See Form 990,	T	
1. (a) Description of hability	(b) Amount	
Federal income taxes		
		The state of the s
		A SECTION OF THE PROPERTY OF T
		- Continued to the state of the
		The state of the s
		The state of the s
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		一一一
10tal. (Column (b) must equal Form 990, Part X, col (B) line 25)		

2. FIN 48 Footnote In Part XIV, 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

Sched	dule D (Form 990) 2009			Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 99	0 to Audited Financial	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	N/A
2	Total expenses (Form 990, Part 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) on investments	•	4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments	,	7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8	,	9	
0	Excess or (deficit) for the year per audited financial statements. Com		10	
Par	t XII Reconciliation of Revenue per Audited Financial St	atements With Rever	ue per Return	
1	Total revenue, gains, and other support per audited financial stateme	ents	. 1	N/A
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1.0.1	910.4	
а	Net unrealized gains on investments .	2a	—————————————————————————————————————	
þ	Donated services and use of facilities	2b	——[清]	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
	Add lines 2a through 2d	•	2e	
3	Subtract line 2e from line 1	; · ; ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4	- 10 mg	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
b	Other (Describe in Part XIV) Add lines 4a and 4b	40	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
_	t XIII Reconciliation of Expenses per Audited Financial S			rn
1	Total expenses and losses per audited financial statements		1	N/A
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	• • •	HAR	
- а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	- 1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
c	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	•	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		N. Sept.	
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	10.00	
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	: I, line 18.)	5	
Par	t XIV Supplemental Information	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	
ınd :	plete this part to provide the descriptions required for Part II, lines 3, 52b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4 part to provide any additional information.	5, and 9; Part III, lines 1a	and 4; Part IV, II and 4b. Also co.	nes 1b mplete

Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.



Name of the organization Employer identification number AFT-WV Federation of Teachers/WV #8046 55 0587594 Part VI.6 The entity has members who voluntarily join the organization through local affiliates. Part VI.7a The members of the organization elect the officers and board members through delegate votes at the entity's annual convention. Delegates are elected from each of the local affiliates. Part VI.7b Elections of the board and officers are approved by the membership. The annual legislative agenda is approved at the convention by local affiliate delegates as are any changes to the Constitution and/or By-Laws. Parti VI.10b Locals are autonomous and subject only to their own constitution or that of the American Federation of Teachers of which the locals are affiliates. Part VI.11a The 990 was presented at the Executive Board meeting prior to being filed. Board members may discuss any questions related to the 990. Part VI.15a The Executive Board is responsible for reviewing and approving the President's contract including compensation and all benefits. Part VI.19 Governing documents are available on the entity's website. Financial statements are available to members.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37

► Attach to Form 990. ► See separate instructions.

Open

2009
Open to Public Inspection

OMB No 1545-0047

Name of the organization

AFT-WV Federation of Teachers/WV #8046

Employer identification number 55 0587594

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line xempt organizations during the tax year) (b) Primary activity Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line (e) Exempt Organizations during the tax year) (b) Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity state or foreign country) udy Hale WV 25311 Political Activities WV 501 c 5				
Part II Identification of Related Tax-Exempt Organizations had one or more related tax-exempt organizations during	(Complete if the organing the tax year)	ization answered	"Yes" to Form 990), Part IV, line 34	because it
(a) Name address and EIN of related organization	1 '''	Legal domicile (state		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
West Virginia Federation of Teachers, c/o Judy Hale 1610 Washington St., E #200 Charleston, WV 25311	Political Activities	wv	501 c 5	N/A	N/A
AFT/West Virginia Solidary Fund c/o Judy Hale 1610 Washington St., E #200 Charleston, WV 25311	Political Activities	wv	501 c 5	N/A	N/A
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Part III									nswered "Ye	s" to I	Form	990, Part IV, line	34	
	(a) Idress, and EIN of d organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related unrelated, excluded from tax under sections	Predominant Share of total income Share of end-of-yea assets unrelated, excluded from tax under		of end-of-year	Disprop	h) ortionale ations?	(i) Code V-UBi amount in box 20 of Schedule K-1 (Form 1065)	partner?		
					512-514)					Yes	No		Yes	No
•••••														
							•							
													T	
Part IV	Identification	of Related Org	anizations	Taxable as a	Corporation o	r Trust (Comple	ete if the	orgar	ization answ	ered	"Yes	" to Form 990, Pa	art IV	,
N	(a lame address and EIN)		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Type of (C corp, or tru	entity S corp	(f) Share of total	income		(g) Share of end-of-year assets	(h) Percer owner	tage
					-			•						
•••••														
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV	V, line 34, 35, or 36)	l	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed	d in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royallies or (iv) rent from a controlled entity		1a	
b Gift grant, or capital contribution to other organization(s)		1b	
c Gift, grant, or capital contribution from other organization(s)		1c	
d Loans or loan guarantees to or for other organization(s)		1d	
e Loans or loan guarantees by other organization(s)		10	l_"
	•		
f Sale of assets to other organization(s) .		1f	
g Purchase of assets from other organization(s)		1g	
h Exchange of assets		1h	
Lease of facilities, equipment, or other assets to other organization(s)		1i	
, Leader of Manufact, equipment, or the decade to the organization (of			
J Lease of facilities, equipment, or other assets from other organization(s)		_ 1j	
k Performance of services or membership or fundraising solicitations for other organization(s)		1k	
Performance of services or membership or fundraising solicitations by other organization(s)	•	11	
m Sharing of facilities, equipment, mailing lists, or other assets	•	1m	
n Sharing of paid employees		1n	
	•	٠, ر	(.
o Reimbursement paid to other organization for expenses , , , ,		10] `
p Reimbursement paid by other organization for expenses		1p	
p Telliburgement paid by other organization for expenses			
q Other transfer of cash or property to other organization(s)		1q]
r Other transfer of cash or property from other organization(s)		1r	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered	d relationships and tra-	nsaction th	hresholds
(a)	(b)		c)
Name of other organization	Transaction	Amount	involved
	type (a-r)		
	1		
(1)		,	
(2)			
(3)	<u> </u>		
(4)			
(5)			
		ì	
(6)	1 1		

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets			amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No																		
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