

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service The arganization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Inter	nal Rever	we Service I he organization may have to use a copy of this return to satisfy state reporting	ng requirements.	Ope	in to Public Ilisp	ection				
	For the	e 2009 calendar year, or tax year beginning 9/01 , 2009, and ending	8/31		, 2010					
В	Check if	applicable C	D Emp	loyer Ident	ification Number					
	Add	ress change Please use A. Philip Randolph Institute	13	-2548	181					
	□ _{Nan}	ne change or type 815 16th Street	E Tele	phone num	ber					
	\vdash	See Washington, DC 20006		2-508						
	\vdash	Instruc- nination tions		2 300	3710					
	Н				. 526 (166				
	H	Incation pending F Name and address of principal officer Clayola Brown	H(a) Is this a group re	s receipts :						
	App		n(a) is this a group re n(b) Are all affiliates i		=	X No				
_		Same AS C ADOVE	If 'No,' attach a li		tructions) Yes	∐No				
<u> </u>		exempt status X 501(c) (4) ◆ (insert no) 4947(a)(1) or 527								
<u>J</u> _			(c) Group exemption	number 🏲	·					
K		of organization X Corporation Trust Association Other ► L Year of Formation	on 1965 N	State of I	egal domicile DC					
Pa	ırt I	Summary	 :							
	1 E	Briefly describe the organization's mission or most significant activities APRI's pr	<u>imary_miss</u>	<u>ion_i</u>	<u>s to fight</u>					
ė		<u>for racial equality and economic justice. It works wi</u>								
ä		the black_communityAPRI_spearheads_the_"Black_Labor.								
Ē	נ ו	ouild_black_community_support_for_the_trade_union_move	nent_and_to	o_ cans	vey to Labo	ur				
Š		Check this box 🕨 🔲 if the organization discontinued its operations or disposed of mor	e than 25% of it	is assets	;					
æ		lumber of voting members of the governing body (Part VI, line 1a)		3		39				
es		lumber of independent voting members of the governing body (Part VI, line 1b)		4		39				
Activities & Governance		otal number of employees (Part V, line 2a) otal number of volunteers (estimate if necessary)		6		2				
Act	l	otal number of volunteers (estimate if necessary) otal gross unrelated business revenue from Part VIII, column (C), line 12		7 a	-	0.				
-		let unrelated business taxable income from Form 990-T, line 34		7b		0.				
		OGDEN. UT	T							
	, ,		Prior Yea	ar	Current Yea					
ē	۔ ا	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		413,8						
Revenue	10 1	Program service revenue (Part VIII, line 2g) (7) 14, amp (4) (Part VIII, column (A), line 3g) 4, amp (4) (Part VIII, column (A), line 3g) 4, amp (4) (Part VIII, column (A), line 3g) 4, amp (4) (Part VIII, column (A), line 3g) 100, and 110)			115,4					
æ	11 (Other revenue (Part VIII, column (A), lines 5, 62 Bc, 9c, 10c, and 11e)				375. 350.				
	12 1	otal revenue – add lines 8 through 11 (must equal Part VIII, region (A), line 12)	ļ		536,0					
		Grants and similar amounts paid (Part IX, column (A) Lines 13)	-			500.				
	1	Benefits paid to or for members (Part IX, column (A), line 4).								
	i			257 (0.4.2					
e S	l	dalaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		257,9	943.					
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)								
꿃	ЬТ	otal fundraising expenses (Part IX, column (D), line 25) >								
ш,	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).			328,	751.				
	18 T	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			586,6	694.				
	19 F	Revenue less expenses Subtract line 18 from line 12			-50,6	<u>528.</u>				
88			Beginning of	Year	End of Year					
sets or alances	20 T	otal assets (Part X, line 16)		185.	354,5					
Net As		otal liabilities (Part X, line 26)		648.	157,6					
55	22 N	let assets or fund balances Subtract line 21 from line 20		537.	196,9					
Pa	rt II	Signature Block	231,	. 33 7 . 1	1,70,	710.				
			monte and to the bea		underland and balled at a					
		Under penalties of perjury, I declare that have examined this return, including accompanying schedules and state true, correct and complete peclaration of prepared (other than officer) is based on all information of which prepar	er has any knowledge	l or my kno	owiedge and belier, it is	5				
Sig	ın		1 4	1111)					
He	re	Signature of officer	Date	1.1.1.1	1					
		Clayola Brown	President							
		Type or print name and stitle	riesident							
_		Date	Check if	Pr	eparer's identifying nui se instructions)	mber				
Pa	id	Margary Dutt	self	_ (se	eė instructions)					
Pre		Preparer's signature Margaret Bartel 4/14/	employed	´ Ш _ы	00854656					
pa	rer's	nargary control 7777	' 	IF.	00034030					
Ųs		yours if self	 	56-25	01700					
NA-	, the ID	ALEXANDRIA, VA 22314-3648	Phone no	- 103-						
		S discuss this return with the preparer shown above? (see instructions)			X Yes	No				
BA	A Forf	Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	TEEA011	I3L 12/29/	09 Form 990 ((2009)				

G-13

Form	n 990 (20 0 9) A. Philip Randolph Institute	13-2	54818	1_		Page 2
	rt III Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission					
	See Schedule O					
		 -				
2	Did the organization undertake any significant program services during the year which were not listed on	the prior			_	
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O				_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?		Yes	X	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 and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an expenses, and revenue, if any, for each program service reported	by expend allocation	ses Se ns to otl	ers, t	he tot	(3) al
4 a	a (Code) (Expenses \$ 330,042. including grants of \$) (See Schedule 0	Revenue	\$)
	pee poliedute o					
41	b (Code (Expenses \$ 198, 224. including grants of \$) (Revenue	Ś)
	The APRI Education Conference serves as a mechanism to strengthen			nt		—–′
	leadership and support relationship building among APRI leaders i				ease	
	the presence of trade unionists in the black community. The Conf					
	as a platform to educate APRI members about national policies whi					
	impact on the black community. For example, in the past three ye				iona	1
	Education Conference has aggressively focused on health advocacy	<u>and he</u>	althc	are		
	reform to establish practices and implement programs to insure th					
	race-based healthcare disparities was placed squarely on the nati	<u>on's_a</u>	genda	: ·		
40	c (Code) (Expenses \$ including grants of \$) (Revenue	\$)
					- 	
				- - -		
	d Other program services (Describe in Schedule O)					
4((Expenses \$ Including grants of \$) (Revenue \$,	
	e Total program service expenses ► 528 266					

	13 Z34010	-	<u>_</u>	age .
Par	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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
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		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		×
•	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			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		Х
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		Х
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		Х
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		Х
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		х
	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		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х

Form 990 (2009) A. Philip Randolph Institute

Part IV | Checklist of Required Schedules (continued)

	the following of the damper of the following of the follo			
			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		Х
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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and			
b	complete Schedule K. If 'No, 'go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Х
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		
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
ŀ	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		Х
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
(c 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? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-3 and 301 7701-3 If 'Yes,' complete Schedule R, Part I	33		х
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	Х	
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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
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	:	Х
2 A A		E ~ ~ ~	ann /	מחחמי

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 US 4 Information Returns Enter -0- if not applicable 1 a Ó b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners' 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 2 calendar year ending with or within the year covered by this return Х 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3<u>a</u> Х this return b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account) 4 a **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5 c Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Х solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6ь deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7** g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Х 9 Sponsoring organizations maintaining donor advised funds. Х a Did the organization make any taxable distributions under section 4966? 9a X 9b **b** Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against 11 b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

BAA

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
1 a	Enter the	e number of voting members of the governing body	1a 39			
b	Enter the	e number of voting members that are independent	1b 39			
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business redirector, trustee or key employee? See Schedule O	elationship with any other	2	X	
3	Did the d	organization delegate control over management duties customarily performed by or rs, directors or trustees, or key employees to a management company or other pers	under the direct supervision	3	Х	
4		organization make any significant changes to its organizational documents	000 00 0	4		Х
	since the	e prior Form 990 was filed?	ĺ	·		
5	Did the c	organization become aware during the year of a material diversion of the organization	on's assets?	5		Х
6		e organization have members or stockholders?	ĺ	6	-	X
7 a	Does the	e organization have members, stockholders, or other persons who may elect one or ig body?	more members of the	7a		Х
t	Are any	decisions of the governing body subject to approval by members, stockholders, or c	other persons?	7 b	·	Χ
8	Did the o	organization contemporaneously document the meetings held or written actions und	ertaken during the year by			
а		erning body?		8a	Х	
	-	mmittee with authority to act on behalf of the governing body?		8b	Х	
	Is there	any officer, director or trustee, or key employee listed in Part VII, Section A, who cation's mailing address? If 'Yes,' provide the names and addresses in Schedule O	annot be reached at the	9		Х
Sec		Policies (This Section B requests information about policies not	required by the Internal			
	enue Code	•				
					Yes	No
10 a	Does the	e organization have local chapters, branches, or affiliates?	[10a	Х	
t	If 'Yes,' o	does the organization have written policies and procedures governing the activities oches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10b	Х	
11	Has the	organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х	
11 /	A Describe	in Schedule O the process, if any, used by the organization to review this Form 99	O See Schedule O			
12 a	Does the	e organization have a written conflict of interest policy? If 'No,' go to line 13		12a		Х
t	Are offic to conflic	ers, directors or trustees, and key employees required to disclose annually interests $^{\circ}$	s that could give rise	12b		
C	Does the	e organization regularly and consistently monitor and enforce compliance with the pi e O how this is done	olicy? If 'Yes,' describe in	12c		
13	Does the	e organization have a written whistleblower policy?		13		Χ
14	Does the	e organization have a written document retention and destruction policy?	ļ	14		Х
15	Did the persons,	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent ecision?			
	•	anization's CEO, Executive Director, or top management official See Schedule	e 0	15a	Х	
t		ficers of key employees of the organization See Schedule 0		15b	Х	
	If 'Yes' to	o line 15a or 15b, describe the process in Schedule O (See instructions)				
16 a		organization invest in, contribute assets to, or participate in a joint venture or simila iring the year?	r arrangement with a taxable	16a		х
t	in joint v	has the organization adopted a written policy or procedure requiring the organizatio renture arrangements under applicable federal tax law, and taken steps to safeguar ith respect to such arrangements?	n to evaluate its participation d the organization's exempt	16 b		
Sec	tion C.	Disclosures				
17	List the	states with which a copy of this Form 990 is required to be filed None				
18	Section (6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a on Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) av	aılab	e for	public
		website Another's website X Upon request				
19	statemer	ϵ in Schedule O whether (and if so, how) the organization makes its governing documents available to the public				ancial
		e name, physical address, and telephone number of the person who possesses the		ınızat	ion	
·	<u>Barte</u>	1 & Associates, Inc. 911 Duke Street Alexandria VA	22314 703-548-4250			

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 organizations'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 employees.'
- 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 r	not comper	sate a	ny d	curre	ent (officer	, dır	ector, or trustee		
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week	Po Individual trustee or director	Institutional trustee	officer Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
Clayola Brown										
President	40	Х		Х	Х			84,750.	0.	24,533.
Loretta Johnson Treasurer	5	Х		Х				0.	0.	0.
Nat LaCour Vice Chair	3	Х		Х				0.	0.	0.
Fred Redmond Chairman	4	Х		Х				0.	0.	0.
Edgar Romney										
Secretary	3	X		X				0.	0.	0.
Tina Abbott	1	х						0.	0.	0.
Diane Babineaux	1	^			H		-	0.		
	1	Х						0.	0.	0.
James Bryant	1	Х						0.	0.	0.
Clara Caldwell	1	Х						0.	0.	-
David Claxton	+ +	<u> </u>	-		-	 		0.	<u>0.</u>	0.
	1	Х						0.	0.	0.
Wyatt Cross	1	Х						0.	0.	0.
Mary Fears Crayton	1	Х						0.	0.	0.
George Gresham	1	X						0.	0.	0.
Jean Hervey										
Ruthie Johnson	1	Х						0,	0.	0.
Mallian Mayanian Tour	1 1	_X						0.	0.	0.
William McKinley Joyce	1 1	х						0.	0.	0.
Green_P. Lewis	1	x						0.	0.	0.
BAA			ΓEFΑ	ולחוח	11	/10/09				Form 990 (2009)

Part VII Section A. Officers, Directors, Trust	tees, k	(ey	En	nplo	oye	es,	an	d Highest Con	npensated En	ploye	es	(con	ť.)
(A)	(B)				c)			(D)	(E)		((F)	
Name and Title	Average hours per week			(checl				Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organization (W 2/1099-MISC)	s a	moun comp	mated t of other	
	nours per week	rector	Institutional trustee	er	Key employee	Highest compensate employee	ner	(W 2/1099 MI3C)	(W 211099-MISC)		orgai and	n the nzation related	
		truste	al trus		byee	mpen					organ	izations	•
		, a	tee			sated							
Paula Littles	1	х						0.	o				0.
Catherine Martin	1	x			-		_	0.	0				0.
Fred Mason Jr.													
Douglas Moore	1	Х	\vdash		_			0.	0				0.
Kermit Moore	1	Х	\vdash					0.	0				0.
Fred Norris	1	X	H		L	<u> </u>		0.	0	-			0.
Oscar Owens	1	Х						0.	0	-			0.
Michael Payne	1	X	_					0.	0	-			0.
Robert Richardson	1	Х						0.	0				0.
	1	X						0.	0				0.
Kenneth Rigmaiden	1	Х						0.	0				0.
Earl Robinson	1	х						0.	o	0. 0			0.
Wilbert Robinson	1	Х						0.	0				0.
Charles Spencer	1	Х						0.	0				0.
1 b Total							<u> </u>	84,750.	0		2	4,5	33.
2 Total number of individuals (including but not limite	d to tho	se li	sted	d abo	ove)) wh	o re	ceived more than	\$100,000 in repo	rtable	com	oensa	tion
from the organization > 0											-	Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or trust	ee,	key	emp	oloy	ee,	or h	ighest compensat	ed employee		3		Х
For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the organization.	portable	9 001	npe	nsa If 'Y	tion 'es'	and	d oth	ner compensation	from such		•		
individual	,	Í					•			H	4	\dashv	X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens hedule	atio <i>I for</i>	n fro	om a	any erso	unro n	elate	ed organization fo	r services		5		_X_
1 Complete this table for your five highest compensate	ed inde	pend	dent	cor	ntra	ctors	s tha	at received more t	han \$100,000 of				
compensation from the organization (A)								(B	,		(C))	
Name and business addres	S							Description	of Services	Con		sation	1
													
2 Total number of independent contractors (including	but not	lımı	ted	to th	1056	e lis	ted a	above) who receive	red more than				
\$100,000 in compensation from the organization													

<u> </u>	CVIII Statement of Neverlac	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
			revenue		512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS.	1a Federated campaigns 1a				
A S	b Membership dues 1b 8,385.				
A A	c Fundraising events 1c 1d				
ا≧ِق	e Government grants (contributions) 1 e				
SIS			!		
ĔĦ	f All other contributions, gifts, grants, and similar amounts not included above 1f 405, 503.				
£0	g Noncash contribus included in lins 1a-1f \$:
S &	h Total. Add lines 1a-1f	413,888.			
삥	Business Code				
VEN	2a Conference Income 900099	115,453.	115,453.		
32	b				
Ϋ́	c				
SE	d				
ZA.	e				
Š	f All other program service revenue				
-=	g Total. Add lines 2a-2f ►	115,453.	1		
	Investment income (including dividends, interest and other similar amounts)	375.			375.
ĺ	4 Income from investment of tax-exempt bond proceeds	3,3.			3,3.
	5 Royalties	-			
i	(i) Real (ii) Personal				-
ļ	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss). ▶				
	7 a Gross amount from sales of assets other than inventory (ii) Securities (ii) Other				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ►				
4UE	8a Gross income from fundraising events (not including \$				
REVENUE	of contributions reported on line 1c)				
8	See Part IV, line 18				
OTHE	b Less direct expenses b				
١ .	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances , a 6,350.				
İ	b Less cost of goods sold b				
-	c Net income or (loss) from sales of inventory	6,350.			6,350.
}	Miscellaneous Revenue Business Code				
	11a				
					
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	536,066.	115,453.	0.	6,725.

Part IX | Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

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

	not include amounts reported on lines 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				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	109,283.	98,355.	10,928.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.,	0.	0.
7	Other salaries and wages	78,500.	70,650.	7,850.	_
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,500.	16,650.	1,850.	
9	Other employee benefits	37,191.	33,472.	3,719.	
10	Payroll taxes	14,469.	13,022.	1,447.	
11	Fees for services (non-employees)				
i	a Management	7,881.	7,093.	788.	
1	L egal				
(Accounting	27,700.		27,700.	
	1 Lobbying				
	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees				
,) Other				
12	Advertising and promotion				
13	Office expenses.	8,766.	7,889.	877.	
14	Information technology	5,947.	5,352.	595.	
15	Royalties				
16	Occupancy				
17	Travel	49,785.	49,785.	_	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	209,685.	209,685.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,553.		2,553.	
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)				
;	Printing and Publications	7,600.	7,600.		
ı	Dues & Subscriptions	6,494.	6,494.		
	Postage and Shipping	1,215.	1,094.	121.	
	Contribution	1,125.	1,125.		
	·				
	All other expenses .	500.00	F00 055	50 100	
	Total functional expenses Add lines 1 through 24f	586,694.	528,266.	58,428.	0.
26	Joint costs. Check here ► ☐ 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				
BAA				<u>-</u> 1	Form 990 (200

Page 11

			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	323,245.	1	267,097
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	96,000.	3	59,098
	4	Accounts receivable, net	1,037.	4	28,361
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
	ĺ	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
3	7	Notes and loans receivable, net		7	
\ 5 5 7 5	8	Inventories for sale or use		8	
,	9	Prepaid expenses and deferred charges	4,903.	9	
	10 a	Land, buildings, and equipment cost or other basis. 10a			
		Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10 c	
	11	Investments – publicly-traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	-
	16	Total assets Add lines 1 through 15 (must equal line 34)	425,185.	16	354,556
	17	Accounts payable and accrued expenses	177,648.	17	157,645
	18	Grants payable		18	
	19	Deferred revenue		19	
-	20	Tax-exempt bond liabilities		20	
À B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
l L I	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ţ		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	1
	26	Total liabilities. Add lines 17 through 25	177,648.	26	157,646
N E		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets	247,537.	27	196,910
A SSETS	28	Temporarily restricted net assets		28	
Š	ı	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here ► and complete			
		lines 30 through 34.			
FUND	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ņ	33	Total net assets or fund balances	247,537.	33	196,910
BALANCES	34	Total liabilities and net assets/fund balances	425,185.	34	354,556
3A.		Total liabilities and flet assetshall balaness	125,105.	<u> </u>	Form 990 (200

roim 990 (2009) A. Fillip Kandolph Institute	13-2346161		ra	ge 12
Part XI Financial Statements and Reporting				
			Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
b Were the organization's financial statements audited by an independent accountant?		2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?		2 c		
If the organization changed either its oversight process or selection process during the tax year, ex in Schedule O	plain			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year consolidated basis, separate basis, or both	were issued on a			
Separate basis Consolidated basis Both consolidated and separate basis				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?		3 a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	go the required audit	3 b		

BAA

Form 990 (2009)

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See instructions for Form 990.

A. Philip Randolph Institute

Part I | Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees (A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average hours per week	Pos	tion (hat app	ly)	Reportable	Reportable	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	amount of oner compensation from the organization and related organizations
Al Squire	1	х						0.	0.	0.
Foster Stringer	1	Х						0.	0.	0.
Brooks Sunkett	1	Х						0.	0.	0.
Pierrette Talley	1	Х						0.	0.	0.
Sam Thomas	1	Х						0.	0.	0.
Robin_Williams	1	X						0.	0.	0.
Richard Womack Sr.	1	Х						0.	0.	0.
Richard Womack Jr. Vice President	1	Х						0.	0.	0.
						-				

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Open to Public Inspection

2009

OMB No 1545-0047

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. P See separate instructions.

(F)
Direct controlling
entity Employer identification number 13-2548181 (E) End-of-year assets Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) **(D)** Total income (C) Legal domicile (state or foreign country) (B) Primary activity (A) Name, address, and EIN of disregarded entity A. Philip Randolph Institute Name of the organization

Part II Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had

one or more related tax-exempt organizations du	during the tax year.)				
$(oldsymbol{A})$ Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	Legal domicile (state exempt Code section Public charity status or foreign counity)		(F) Direct controlling entity
A. Philip Randolph Educational Fund	1				
	Research &				A. Philip
Washington, DC 20006	education on				Randolph
	labor issues.	DC	501 (c) 3	Type III	Institute
	,				
	•				
	•				
	,				

Schedule R (Form 990) (2009)

TEEA5001L 02/05/10

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

13-2548181

Schedule R (Form 990) 2009 A. Philip Randolph Institute

Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

200000		מנסם סוא	מיים היים	מים מים של שים שם	בככבב כל הומי פיוני פו ווופי ביומים של מי היבתיפוים וויסבים ביומים וויסבים ליום ליום ליום ליום ליום ליום ליום	,				
(A) Name, address, and EIN of Primary Activity	(B) Primary Activity	(C) Legal		(E) Predominant		(F) (G) (H) Share of of of otal income Share of end-of-year Dispropor-	(H) Dispropor-	() Code V-UBI	(J) General or	o
related organization		domicile (state or	tity	income (related, unrelated, excluded		assets	tionate allocations?	amount in box	manag	تاري وري
		foreign		from tax under				 		
		country)		sections 512-514)			Yes No	(Form 1065)	Yes	٩
										1
									-	
	,									
		•								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cord organizations	poration or Trust treated as a corp	t (Complete	of the organizations the	ration answered 'Ye tax year.)	es' to Form 990, Pa	rt IV,
Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign con country)	(D) Direct itrolling entity	(E) Type of entity (C corp, S corp, or trust)	(B) (C) (D) (D) Type of entity (C) (F) (Corp., S corp., S country) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(G) Share of end-of-year assets	(H) Percentage ownership
	•	-					

Schedule R (Form 990) (2009)

TEEA5002L 02/05/10

BAA

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

200	066 -	R (Form	Schedule R (Form 990) (2009)	BAA TEEA5003L 02/05/10
				(5)
				(4)
				(3)
				(2)
	:	:		(I)
p	(C) It involv	(C) Amount involved	(B) Transaction type (a-r)	(A) Name of other organization
		lds.	ationships and transaction thresho	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
$\times \times$		10		 q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s)
×		1		p Reimbursement paid by other organization for expenses
×		10		 Reimbursement paid to other organization for expenses
$ \times $		٦		n Sharing of paid employees.
×		E		m Sharing of facilities, equipment, mailing lists, or other assets
< ×		= =		K Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s)
×		7		j Lease of facilities, equipment, or other assets from other organization(s)
×		=		i Lease of facilities, equipment, or other assets to other organization(s)
×		두		h Exchange of assets
×		10		a Purchase of assets from other organization(s)
×		7		f Sale of assets to other organization(s)
$ \times $		1e		e Loans or loan guarantees by other organization(s)
×		19		d Loans or loan guarantees to or for other organization(s)
×		1 c		c Gift, grant, or capital contribution from other organization(s)
×		1 P		b Gift, grant, or capital contribution to other organization(s)
×			العاري الدام	 During the tax year did the organization engage in any or the rollowing transactions with one or more related organizations listed in Farts first a Receipt of (i) interest (iii) annuttes (iii) royalties (iv) rent from a controlled entity
ş	Yes		:	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2009 A. Philip Randolph Institute

Part VI | Unrelated Organizations Taxable as a Partnership (Complete of 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 asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

ופאפוותב) ווושו אשא ווחו ש ופושופת חולשוווידשווחון אפר ווואו מכיוחויא וכלשו	מיינים מיינים ליינים	כפו נשויו וויאבאוויפיוי אמ	מלווגר מסורומו מווימו						
(A) Name, address, and EIN of entity		(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	ners SI	(E) Share of end-of-year assets	(F) Disproportionate allocations?	or- Code V-UBI amount in box 20 of in Schedule K-1 Form (1065)	nt General	(H) General or managing partner?
			Yes	No		Yes	No	Yes	8
			•						
									
				<u> </u>					
								_	
				•					
								_	
								-	
									•
								Ļ	
								_	
									. <u> </u>
				ļ. <u>.</u> .					
0 A A Q		01120100 1700141111		$\frac{1}{2}$			Schodule B (Earn 990) (2000)	000	(6000)
BAA		1EEA5004L 0Z/05/10					פרו ופחחום שיני לי	, שלה ווווע	(5002)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
A. Philip Randolph Institute	13-2548181
Form 990, Part III, Line 1 - Organization Mission	
APRI's primary mission is to fight for racial equality and	economic justice. It
works with black trade unionists and the black community.	APRI_spearheads_the
"Black Labor Alliance" an iniative to build black community	support for the trade
union movement and to convey to Labor the needs and concerns	s of black Americans. It
has 114 chapters in 36 states.	-
Form 990, Part III, Line 4a - Program Service Accomplishments	
National program outreach to like-minded organizations such	as the Black Trade
Unionists and leaders in communities where APRI chapters are	e located. APRI's civic
engagement program works to increase black participation in	the political process.
Within our communities, APRI is involved in breast cancer as	wareness, healthcare
advocacy, community service projects and alliances with locations	al policy makers. By
boosting the political impact of black voters and increasing	g black participation in
labor's base support, APRI has become a leading voice on eco	onomic, political and
industrial_policy_affecting_all_American_workersAPRI_als	o works to develop black
leadership in the trade union movement. Black labor leaders	s are important to the
trade union movement, to local communities and to our nation	n. Black labor leaders
and community activists regularly turn to the Institute for	training and networking
contacts. APRI members serve in state legislatures, school	boards, city councils,
local and international unions and governmental and communi	ty leadership.
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Dire	ctors, Etc.
Richard Womack Sr. and Richard Womack Jr. are father and so	n. Both are active in
their own right with APRI.	
Form 990, Part VI, Line 3 - Description of Delegated Duties to Management	Company
Accounting is outsourced to Bartel & Associates.	