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Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0047

**2010** 

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2010 calendar year, or tax year beginning 2010, and ending , 20 11 July 1 June 30 C Name of organization AFT-WV Federation of Teachers #8046 D Employer identification number Check if applicable Doing Business As AFT-WV Federation of Teachers #8046 55-0587594 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number ■ Name change 1610 Washington St , East 200 304-344-2679 Initial return City or town, state or country, and ZIP + 4 Terminated Charleston, WV 25311 G Gross receipts \$ Amended return 2,156,994 F Name and address of principal officer Judy Hale, President H(a) Is this a group return for affiliates? Yes No Application pending 1610 Washington St., East Charleston, WV 25311 H(b) Are all affiliates included? ☐ Yes ✓ No If "No," attach a list (see instructions) √ 501(c) ( 5 ) 
√ (insert no ) 
√ 4947(a)(1) or 501(c)(3) Tax-exempt status 0787 Website: ▶ H(c) Group exemption number ▶ Form of organization ☐ Corporation ☐ Trust ☐ Association ✓ Other ► Union 1988 M State of legal domicile W۷ L Year of formation Part I Summary Briefly describe the organization's mission or most significant activities: The mission is to improve the lives of our members and their families; to give voice to their legitimate professional, economic, and social aspirations; Activities & Governance 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. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a). 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 16 6 Total number of volunteers (estimate if necessary) 6 15 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 2,186,346 2,069,639 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20 23 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 131,173 87,332 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,317,539 2,156,994 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 30,600 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,078,718 1,128,989 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column-(D)-line-25)b Other expenses (Part IX, column (A), lines 11a-136, 121-241 17 1,060,638 905,856 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 18 2,139,356 2,065,445 Revenue less expenses. Subtract line 18 from line 12 19 178,183 91,549 Beginning of Current Year End of Year

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

					-	
Sign Here	Signature of officer  Type or pur rame and title	Hale	Judith Ha	Date	President 5.9.	<u>'</u>
Paid Preparer	Print//ype preparer's name	Preparer's signature	Date		Check if self-employed	
Use Only	Firm's name ►	Firm's EIN ▶				
	Firm's address ►	_		Phone	e no	
May the IRS	discuss this return with the pi	reparer shown above? (see instruc	ctions)		· · · · · · · · Yes	No
For Panenyo	rk Reduction Act Notice, see the	senarate instructions	Cat No. 11282	,	Form 990 (	2010

Total assets (Part X, line 16)

Signature Block

Total liabilities (Part X, line 26) .

Net assets or fund balances. Subtract line-24

Cat No 112821

445,663

103,334

342,329

503,492

69,614

433,878



Form 99	(2010)		Page 2
Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
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		☐ Yes	✓ No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∐ Yes	✓ No
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by exp 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$		_)
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ Organizing potential members to join the union. Staff members visit the work sites 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.		)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ Representation of member concerns before the state legislature.		)
4d 4e	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses >		

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . 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		√ ✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		NA
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<b>√</b>	
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		<b>✓</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		١.,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	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	11c		✓
	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	11d		1
e f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		<b>√</b>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		NA
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		<b>√</b>
15	business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	14b 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? <i>If</i> "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	17		<b>√</b>
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
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		NA
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rart	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
21	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓ ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 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	24d 25a		v 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		NA
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		<b>√</b>
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		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/
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		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<b>✓</b>
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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,	6-		/
38	Part VI	37	1	_
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Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<b>√</b>	
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 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u> </u>	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	NA
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		IVH
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		/
b	If "Yes," enter the name of the foreign country. ▶	-14		
_	See instructions for 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		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a	<b>✓</b>	ļ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۵.		
-	gifts were not tax deductible?	6b	✓	
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		NA
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		NA
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			70.
	required to file Form 8282?	7c		NA
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		NA
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		NA
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		NA
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		NA
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	<b>organizations.</b> 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		NA
9	Sponsoring organizations maintaining donor advised funds.	Ů		707
а	Did the organization make any taxable distributions under section 4966?	9a		NA
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		NA
10	Section 501(c)(7) organizations. Enter:			
а	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 members or shareholders		Ì	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		NA
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120		WA
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		NA
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>√</b>
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	NA
		For	n ササし	(2010)

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.	es in	and	
	Check if Schedule O contains a response to any question in this Part VI	• •		<b>V</b>
Section	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18  Enter the number of voting members included in line 1a, above, who are independent 1b 17			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . <b>1b</b> 17 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		1
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	_	<u>√</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6 7a	Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	6 7a	<u>√</u> √	
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	✓	
а	The governing body?	8a	<b>√</b>	
b	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	9		./
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	ode.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	✓	
b	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	✓	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	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	Does the organization have a written whistleblower policy?	13		1
14 15	Does the organization have a written document retention and destruction policy?	14		<b>V</b>
а	The organization's CEO, Executive Director, or top management official	15a	1	<u> </u>
b	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
	with a taxable entity during the year?	16a		✓
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?	165		NA
Secti	on C. Disclosure	16b	i	1011
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.	)s onl	y) ava	ulable
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public	of inte	rest p	olicy
20	State the name, physical address, and telephone number of the person who possesses the books and records organization. Lura Hodge 1610 Washington St., East #200 Charleston, WV 25311	of the		

Par	30

Fortn	aan	1201	'n

# 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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.																	
(A)	(B)				<b>&gt;</b> )			(D)	(E)	(F)							
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	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)	Estimated amount of other compensation from the organization and related organizations							
(1) Judy Hale	45							95,756	o	0							
President	1.0	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓_		00,700	J.	, and the second
(2) Cynthia Phillips	10							0	ol	0							
Vice-President		✓	_	✓													
(3) Beth Kıtzmiller	10							0	l ol	o							
Secretary		<b>✓</b>		✓					Ŭ								
(4) Tony Lautar, Jr.	10							0	0	0							
Treasurer		✓		✓				ľ	Ĭ								
(5) Fred Albert	5			·				o	اه	o							
Vice President		✓							·								
(6) Andrea Alfred	5							0	l	0							
Vice President	,	<b>\</b>								•							
(7) Sam Brunett	5							o	0	0							
Vice President	3	✓						U	l "								
(8) Christine Campbell	5							0	o	0							
Vice President	]	✓							"	U							
(9) Teresa Cunningham	5	_															
Vice President	1 5	1						0	0	0							
(10) Debra Elmore	_																
Vice President	5	✓						0	0	0							
(11) Sue Kelley								_	_	_							
Vice President	5	✓						0	0	0							
(12) Jackee Long							<u> </u>	<u> </u>									
Vice President	5	1						0	0	0							
(13) Greg Merritt				$\vdash$	_												
Vice President	5	1					ļ	0	0	0							
(14) Mike Rogers							ı			<del></del>							
Vice President	5	✓			l		1	0	0	0							
(15) Ralph Smith					_	l				-							
Vice President	5	1	l					0	0	0							
(16) Stacey Strawderman		<u> </u>	T				Ι-	-	· ·								
Vice President	5	1						0	0	0							
					ــــــــــــــــــــــــــــــــــــــ			1									

Part	Section A. Officers, Directors, Trus (A)	stees, Key (B)	Emplo	oyee		and C)	Highe	est	Compensated (D)	Employees (cor (E)	tinued) (F)	
	Name and title	Average	Posit	on (c	•	•	hat ap	olv)	Reportable	Reportable	Estimated	
		hours per week		r –	Officer			Former	compensation from	compensation from related	amount of other	
		(describe hours for	vidua	tutio	er	Key employee	nest c	ner	the organization	organizations (W-2/1099-MISC)	compensation from the	1
		related organizations	Individual trustee or director	Institutional trustee		loyee	ompe		(W-2/1099-MISC)		organization and related	
		in Schedule O)	tee	stee			Highest compensated employee				organizations	3
(17)	nda Thompson				_	_	<u>ă</u>				<del> </del>	
J	resident	5	1						0		P	0
(18) De	lores Campbell	5							0			0
	resident		<b>✓</b>						•			
(19)												
(20)												
(21)												
(22)												
(23)						-						
(24)							- <u></u>	-				
(25)									-			
(26)												<del></del>
(27)												
(28)												
1b	Sub-total		1	<u>-</u>	Щ.		•	<b></b>	95,756	(		0
C	Total from continuation sheets to Part							<b>•</b>	0	Ļ	D .	0
d								<u>▶</u>	95,756		000 :-	0
2	Total number of individuals (including bur reportable compensation from the organi			iose	e IISI	tea :	above	e) w	no receivea m	ore than \$100,0	JUU IN	
												No
3	Did the organization list any <b>former</b> or employee on line 1a? If "Yes," complete							emp	ployee, or high	nest compensa	. <b>3</b>	1
4	For any individual listed on line 1a, is the							n a	nd other comp	pensation from		
	organization and related organizations	greater th	an \$	150,	,000	)? /:	f "Ye	s,"	complete Sch	nedule J for su		
_	individual			nco	tion	froi	m anı				. 4	<u>√</u>
5	for services rendered to the organization										- <del>  -  </del>	✓
	on B. Independent Contractors			<del>-</del>								
1	Complete this table for your five highest compensation from the organization	compensat	ed inc	дер	end	ent	contr	act	ors that receive	ed more than \$1	100,000 of	
	(A) Name and business add	Iress							(B) Description of s	services	(C) Compensation	
N/A								$\vdash$	·			
								$\vdash$				
								$\vdash$			<del></del>	
2	Total number of independent contractor	•	_						nose listed ab	ove) who		
	received more than \$100,000 in compens	sation from	the o	rgar	nıza	tion	<b>▶</b> 0	)				

Part	: VIII	Statement of Revenue			<del></del>		
	<u>-</u>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns 1:	9 0				
ıran	b	Membership dues 1	1,750,019				
Contributions, gifts, grants and other similar amounts	С	Fundraising events 1	0				
gift ar	d	Related organizations 10	0 E				
ıs, imil	e	Government grants (contributions) 1	9 0			: 	
tior r si	f	All other contributions, gifts, grants,			•		
ibu		and similar amounts not included above 1	f 319,620				
ontr od o	g	Noncash contributions included in lines 1a-1f	0				
	h	Total. Add lines 1a-1f		2,069,639			
Program Service Revenue			Business Code				
3ve	2a		-	0			
ě.	b		-				
Ş.	С						
Š	ď						
a.	е		-				
ē .	f	All other program service revenue .		_			L
	g	Total. Add lines 2a–2f		0			<del>                                     </del>
	3	Investment income (including div and other similar amounts)	idenas, interest,	22	22		
				23	23	0	0
	4 5	Income from investment of tax-exempt		0			
	3	Royalties	(u) Personal	U			
	60	Gross Rents	(ii) t ersonal				
	6a						
	b	Less rental expenses Rental income or (loss)					
	d	Net rental income or (loss) .	•	0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	.~	assets other than inventory	<u> </u>				
	ь	Less cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	. <u></u>	0		,	
en.							
Revenue	8a	Gross income from fundraising					
Š		events (not including \$					
		of contributions reported on line 1c).					}
Other		See Part IV, line 18	a				
ŏ		Less: direct expenses	b[				
		Net income or (loss) from fundraisir Gross income from gaming activities		0			
	Ja	See Part IV, line 19					
	ь	Less: direct expenses	b				
	C	Net income or (loss) from gaming a		0			
	_	Gross sales of inventory, less					
		returns and allowances					
	ь	Less. cost of goods sold	b				
	C	Net income or (loss) from sales of in		0	<del></del>	<del></del>	
		Miscellaneous Revenue	Business Code			-	
	11a	Affiliate Reimbursements	900099	74,431			
	b	Event Registrations	900099	4,690			
	С	Commission Revenues	900099	7,100			
	d	All other revenue	900099	1,111			
	е	Total. Add lines 11a-11d		87,332			
	12	Total revenue. See instructions.	<sub>.</sub> <u>. ▶</u>	2,156,994			

### 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).

	All other organizations must complete co	numm (A) but are not	required to comple		and (D).
	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	30,600			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
2	·	0			
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	91,083			
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			
7 8	Other salaries and wages	678,360			
0	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	123,324			
9	Other employee benefits	167,120	<u> </u>		
10	Payroll taxes	69,102			
11	Fees for services (non-employees):	11,12			
а	Management	0			
b	Legal	34,972			
С	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g 12	Other	6,995 23,872			
13	Office expenses	168,962		<del></del>	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	72,492			
17	Travel	165,552			
18	Payments of travel or entertainment expenses	•			
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	142,544			
20 21	Interest	219,782		<del></del>	
21	Payments to affiliates	2,733			
23	Insurance	1,524			
24	Other expenses. Itemize expenses not covered	.,,,,,			
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	Good & Welfare	5,746			
b	Member Organizing	52,415			
C	Newsletters	7,845			
d e		0		-	
f	All other expenses Miscellaneous Expense	422			<u></u> , <u>.</u>
25	Total functional expenses. Add lines 1 through 24f	2,065,445			
26	Joint costs. Check here ▶ ☐ If following	2,232,112			
	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation	o o			

Part X				rage 11
		(A) Beginning of year	_	(B) End of year
1	Cash-non-interest-bearing	0	1	0
2	Savings and temporary cash investments	146,082	_2_	175,534
3	Pledges and grants receivable, net	0	3_	0
4	Accounts receivable, net	255,128	4	292,426
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
	Schedule L	0	5	0
σ 6 σ	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
Assets	Notes and loans receivable, net	0	7	0
8   As	Inventories for sale or use	0	8	0
9	Prepaid expenses and deferred charges	24,123	9	11,971
10a				
Ь		4,050	10c	7,281
11	Investments – publicly traded securities	0	11	0
12	Investments—other securities. See Part IV, line 11	15,280	12	15,280
13	Investments-program-related See Part IV, line 11	0	13	0
14	Intangible assets	0	14	0
15	Other assets. See Part IV, line 11	1,000	15	1,000
16	Total assets. Add lines 1 through 15 (must equal line 34)	445,663	16	503,492
17	Accounts payable and accrued expenses	103,334	17	69,614
18	Grants payable	0	18	0
19	Deferred revenue	0	19	0
20	Tax-exempt bond liabilities	0	20	0
တ္က 21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilities 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
<b>二</b>	Complete Part II of Schedule L	0	22	0
23	Secured mortgages and notes payable to unrelated third parties .	0	23	0
24	Unsecured notes and loans payable to unrelated third parties	0		0
25	Other liabilities. Complete Part X of Schedule D	0	<del></del>	0
26	Total liabilities. Add lines 17 through 25	103,334	26	69,614
ces	Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
<u>E</u> 27	Unrestricted net assets	342,329		433,878
28	Temporarily restricted net assets	0		0
면 29	Permanently restricted net assets	0	29	0
or Fu	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
<u>د</u> 30	Capital stock or trust principal, or current funds	0		0
76 I	· · · · · · · · · · · · · · · · · · ·	^	31	l o
စ္တိ 31	Paid-in or capital surplus, or land, building, or equipment fund	0		
31 32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
un I			32 33	0 433,878 503,492

Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	_		_	
	Officer if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>	<u> </u>	<u>. u</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,1	6,994
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,00	55,445
3	Revenue less expenses. Subtract line 2 from line 1	3		,	1,549
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		34	12,329
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			-	
	column (B))	6		4:	33,878
Part					. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olaın i	n		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		1
b	Were the organization's financial statements audited by an independent accountant?		. 2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account	_			NA
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plaın ı	n		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the years usued on a separate basis, consolidated basis, or both.	ar wer	е		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n		
	the Single Audit Act and OMB Circular A-133?		. 3a		NA
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		NA
			For	m <b>99</b> (	(2010)

### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Oursele-Alema Foreign Francisco Touristador con Alem FOR(a) and con Alem F

2011

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

		that have filed Form 5768 (election und		·	·
		that have NOT filed Form 5768 (electio		• • • •	•
	•	" to Form 990, Part IV, line 5 (Proxy 1	ax) or Form 990-E	Z, Part V, line 35c (Proxy 1	ax), tnen
	ection 501(c)(4), (5), or (6) orga of organization	anizations Complete Part III		Employer ider	ntification number
	VV Federation of Teachers, a	#90AG		Zinpioye, ide.	55-0587594
Part		e organization is exempt und	or soction 501/	Noris a section 527	
		the organization's direct and indire			organization.
1	· ·	_		igh activities in Part IV.	<u>.</u>
2	Political expenditures .				)
3	Volunteer hours		• •		
Part	-B Complete if the	e organization is exempt und	er section 501(c	c)(3).	
1		excise tax incurred by the organiza	ation under section	n 4955 . ▶ \$	)
2	•	excise tax incurred by organization			)
3	•	ed a section 4955 tax, did it file Fo	-		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt und	er section 501(	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
				🕨 \$	
2	Enter the amount of the	filing organization's funds contrib	outed to other org	anizations for section	
	527 exempt function acti			•	
3	Total exempt function e	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
	line 17b			. ▶ \$	
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	Enter the names, address	ses and employer identification nui	mber (EIN) of all so	ection 527 political organi	zations to which the filing
		ents. For each organization listed,			
	·	ontributions received that were pro			_
	as a separate segregated	fund or a political action committe	ee (PAC) If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				tulius il florie, eriter -0-	delivered to a separate
			l		political organization If none, enter -0-
					none, enter -o-
(1)					
(2)		ļ			
		· · · · · · · · · · · · · · · · · · ·			
(3)					
	. = 44				
(4)					
(5)					
/C\			1		1

Page	2
Page	

Pa	t II-A Complete if the organization section 501(h)).	on is exempt u	ınder section 5	01(c)(3) and filed	d Form 5768 (ele	ction under
A	Check ► ☐ if the filing organization be name, address, EIN, expe					oup member's
В	Check 🕨 🗌 if the filing organization cl			trol" provisions a	ipply.	
	Limits on Lob (The term "expenditures" n	bying Expendit neans amounts		.)	(a) Filing organization's totals	(b) Affiliated group totals
1	Total lobbying expenditures to influence	e public opinion	(grass roots lobby	/ıng)		
	Total lobbying expenditures to influence	•			_	
	Total lobbying expenditures (add lines	_	• •	<del>-</del> :		
	Other exempt purpose expenditures .	· · · · · · · · · · · · · · · · · · ·				
	Total exempt purpose expenditures (ad	d lines 1c and 1	d)		" "	
•	Lobbying nontaxable amount. Enter columns		•	g table in both		
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	it is:		
	Not over \$500,000	20% of the an	nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 2	5% of line 1f)				
	Subtract line 1g from line 1a. If zero or	ess, enter -0-				
	Subtract line 1f from line 1c. If zero or le	ess, enter -0-				
	If there is an amount other than zero reporting section 4911 tax for this year		1h or line 1i, did	•	file Form 4720	Yes No
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)					•
	Lobbyin	g Expenditures	During 4-Year A	veraging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) Total
2	Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column (e))					
	Total lobbying expenditures					
	d Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					
			1	1		·

Schedule C (Form 990 or 990-EZ) 2011

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	d F	orm	5768		
For ea	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	)		(b)	
	lobbying activity.	s	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	_				
C	Media advertisements?	_				
d	Mailings to members, legislators, or the public?	$\dashv$				
e	Publications, or published or broadcast statements?	-				_
f	Grants to other organizations for lobbying purposes?	$\dashv$				
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	$\dashv$				
i	Other activities?	$\dashv$				
i	Total Add lines 1c through 1					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912	$\neg$				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6).	), o	r se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1	<u> </u>
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		<b>✓</b>
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (lines answered "Yes."				line 3	3, is
1	Dues, assessments and similar amounts from members	╗	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts o political expenses for which the section 527(f) tax was paid).	f				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3_			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?	r	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Par	rt II	-A; aı	nd Par	II-B,	line
1. Als	o, complete this part for any additional information.					

Schedule C (For	m 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information (continued)	
***		

### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

OMB No 1545-0047

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

► Attach to Form 990. ► See separate instructions.

Open to Public

Name of the organization Employer identification number AFT/WV Federation of Teachers, #8046 55-0587594 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . (ii) Assets included in Form 990, Part X . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 . Assets included in Form 990, Part X

Dago	2
raue	-

Part	t III Organizations Maintaining Collect	ctions of Art,	Historio	al Treasures,	or Other Similar A	ssets (continued)
3	Using the organization's acquisition, accessi					
	collection items (check all that apply):					
а	☐ Public exhibition		d 🔲	Loan or exchan		
b	☐ Scholarly research		е 🗌	Other		
С	<ul> <li>Preservation for future generations</li> </ul>					
4	Provide a description of the organization's co	ollections and e	explain h	ow they further t	the organization's exe	mpt purpose in Part
_	XIV.	_				
5	During the year, did the organization solicit					
Dow	assets to be sold to raise funds rather than to					
Part	t IV Escrow and Custodial Arrangem line 9, or reported an amount on Fo				inswered tes to F	orm 990, Part IV,
	Is the organization an agent, trustee, custoo				ons or other assets n	not
,	included on Form 990, Part X?					☐ Yes ☐ No
b						
-						Amount
С	Beginning balance				1c	
d					1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fo	orm 990, Part X,	line 21?			☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XIV.					
Par	<b>Endowment Funds.</b> Complete if the		n answe			
	(a) Cu	ırrent year (t	b) Prior yea	r (c) Two years	s back (d) Three years back	
1a						
b	<u> </u>					
С	Net investment earnings, gains, and				,	
	losses					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g 2	End of year balance Provide the estimated percentage of the year	end balance h	ald ac			
a	Board designated or quasi-endowment		siu as			
b		/"				
c	Term endowment ▶ %					
3a		ession of the or	ganizatio	n that are held a	and administered for t	he
	organization by	·	-			Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b						3b
4	Describe in Part XIV the intended uses of the					
Par	t VI Land, Buildings, and Equipment.	See Form 990	D, Part X	(, line 10.		
	Description of investment	(a) Cost or other ba (investment)	isis (b) (	Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment		0	18,334	11,053	7,281
<u>e</u>	Other					
Total.	. Add lines 1a through 1e. (Column (d) must equ	uai Form 990, P	art X, co	iumn (B), line 10	(c).) ▶	7,281

Part VII	Investments - Other Securitie	s. See Form 990, Part X	line 12.	
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year m	
(1) Financial	derivatives			
(2) Closely-I	neld equity interests			
(3) Other				
(A)				· ·
(B)				
(C)				<u> </u>
(D)				
(E)				
(F) (G)	•••••			
(H)		-		
(I)				- · · · · · · · · · · · · · · · · · · ·
	(b) must equal Form 990, Part X, col (B) line 12)	·		
Part VIII	Investments – Program Relate	<u> </u>	Cline 13	
	(a) Description of investment type	(b) Book value	(c) Method of val	uation
	(a) Description of investment type	(b) book value	Cost or end-of-year m	
(1)				
(2)				
(3)	•			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13) 🕨			
Part IX	Other Assets. See Form 990, F			
		(a) Description		(b) Book value
(1) Deposit	1			1,000
(2)	<del> </del>			
(3)				
(4)				<del>-</del> -
(5)		<del></del> .		
(6)				
(7)			*****	
(8)				
(9)				
Total (Colu	ımn (b) must equal Form 990, Part X,	col (B) line 15 )		1,000
Part X	Other Liabilities. See Form 990			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1.	(a) Description of liability	(b) Amount		
	income taxes	.,		
(2)				
(3)		<del></del>	_	
(4)				
(5)			_	
(6)	<u> </u>			
(7)				
(8)				
(9)			7	
(10)				
(11)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25 ) ▶	•	T	
2. FIN 48 (A	SC 740) Footnote. In Part XIV, provid	le the text of the footnote to	the organization's financial stater	nents that reports the
organizatio	n's liability for uncertain tax positions	under FIN 48 (ASC 740).		

Schedu	e D (Form 990) 2010		Page <b>4</b>
Par	XI Reconciliation of Change in Net Assets from Form 990 to A		ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)	<i>.</i> [	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
10	Excess or (deficit) for the year per audited financial statements. Combine	lines 3 and 9	10
Part	XII Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
е	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 ·		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XIII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses p	er Return
1	Total expenses and losses per audited financial statements .		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	_
С	Other losses		
d	Other (Describe in Part XIV.)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIV )	4b	
_c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	le 18.)	5
Part			
	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII.		
	dditional information.	, iiilos za ana 4b. Also con	piete this part to provide
,			
	•••••••••••••••••••••••••••••••••••••••		••••••

Schedule D (For		Page <b>5</b>
Part XIV	Supplemental Information (continued)	
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		•••
		····

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

AFT/WV Federation of Teachers, #8046

Employer identification number 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.
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 upon request.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

AFT-WV Federation of Teachers, #8046

Part I

# Related Organizations and Unrelated Partnerships

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

► See separate instructions. ▶ Attach to Form 990. Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.)

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OMB No. 1545-0047

Employer identification number

55-0587594

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2010 ŝ (f) Direct controlling 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 during the tax year.) Yes (f)
Direct controlling
entity (e) End-of-year assets N/A Ϋ́ Public charity status (if section 501(c)(3)) **e** (d) Total income (d) Exempt Code section 50105 50105 (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) ত (b)
Primary activity ≩ ≩ (b) Primary activity Political Activities Political Activities For Paperwork Reduction Act Notice, see the Instructions for Form 990. (2) WV Fed of Ts Solidarity Fund, c/o Judy Hale EIN. 20-1106766 1610 Washington St., E #200 Charleston, WV 25311 EIN. (1) WV Fed of Ts COPE, clo Judy Hale EIN· 55-0776014 (a) Name, address, and EIN of disregarded entity (a) Name, address, and EIN of related organization 1610 Washington St., E #200 Charleston, WV 25311 (4) (5) Part II ල (2) Ξ 8 ල € © 9 E

Cat. No 50135Y

(a) Name, address, and EIN of related 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 512-514)		(f) Share of total income	<del></del>	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	- UBI box 20 of ile K-1 1065)	(i) General or managing partner?	(k) Percentage ownership
									Yes No			Yes No	
(1)						·							
(2)				_									
(3)													
(4)													
(5)							5			:			
(9)													
(A)													
Part IV Identific	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.)	d Organiza	ations Taxa related orga	able as a Cc	orporation (eated as a	or Trust (corporation	Complete on or trust	if the organize during the tax	ation ans year.)	wered "Yes	s" to Forn	n 990, Pa	π IV,
Name, addre	(a) Name, address, and EIN of related organization	organization	ę.	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of t	(f) Share of total income	(g) Share of end-of-year assets	) e of ar assets	(h) Percentage ownership
(1)								:					
(2)											:		
(3)													
(4)													
(5)													
(9)						_							
(7)													

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes
of the following transactions with one or more related organizations listed in Parts II-IV?	nizations listed in Parts II-IV?		1
Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			
		<u>우</u>	
		<u>و</u>	
		<b>+</b>	
		2	1
		<u>۔</u>	
organization(s)		<u>= </u> :	
		]:	
er organization(s)		<b>;=</b>	
solicitations for other organization(s)		<b>¥</b>	
solicitations by other organization(s)		<b>=</b>	_
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		=	
		<u></u> •	
		<u>₽</u>	
		<u></u>	
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.	uding covered relationships and tr	transaction thr	resholds.
	(b) (c) Transaction Amount involved	) Method of	(d) Method of determining
		amount	amount involved
	S	Schedule R (Form 990) 2010	rm 990) 201

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI 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) (b) (c) (d) (d) (e) Name, address, and EIN of entity Primary activity Legal domicile Are all partners Share section end-of-	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Are all partners	of vear	(f) Disproportionate allocations?		(h) General or managing
		country)	501(c)(3) organizations?	assets		of Schedule K-1 (Form 1065)	partner?
			Yes No		Yes No		Yes No
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(1)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
						Schedule R (Form 990) 2010	rm 990) 2010

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Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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