

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



Return of Organization Exempt From Income Tax

OMB No 1545-0047

20**12**

Open to Public Inspection

Department of the Treasury

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. 2012, and ending For the 2012 calendar year, or tax year beginning July 1 20 13 D Employer identification number Check if applicable C Name of organization American Fed of Ts WV Fed of Ts #8046 55-0587594 Doing Business As AFT-WV Federation of Teachers, #8046 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 304-344-2679 1610 Washington St., E City, town or post office, state, and ZIP code Terminated G Gross receipts \$ 2,610,942 Amended return Charleston, WV 25311 F Name and address of principal officer Christine Campbell, President H(a) Is this a group return for affiliates? Yes No Application pending H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **✓** 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status 501(c)(3) H(c) Group exemption number ▶ 0787 Website: ▶ Form of organization Corporation Trust ☐ Association ✓ Other ► Union M State of legal domicile wv 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; to strengthen Activities & Governance the institutions in which we work; to improve the qualify 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. 3 Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 24 6 Total number of volunteers (estimate if necessary) 15 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 7b Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h). 2,292,682 2,488,463 Revenue Program service revenue (Part VIII, line 2g) 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 10 894 21 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 111,416 122,458 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2.404.992 2,610,942 13 Grants and similar amounts paid (Part-IX, column (A), lines-1 1,050 10.000 Benefits paid to or for members (Part IX, column (A) Line /4) 0 14 Salaries, other compensation, employee benefits (Part IX, column (A)) link 15 1,231,762 1,401,003 Professional fundraising fees (Part IX, column (A), line 1 1e) 14
Total fundraising expenses (Part IX, column (D), line 25) 16a n Other expenses (Part IX, column (A), lines 11a=11d, 11f-24e) 17 1,094,356 1,289,164 Total expenses. Add lines 13-17 (must equal Part IXEx) lump (A), line 18 2,327,168 2,700,167 Revenue less expenses. Subtract line 18 from line 12 19 77.824 -89,225 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 602,975 587,092 Total liabilities (Part X, line 26) 21 91,155 164,497 22 Net assets or fund balances. Subtract line 21 from line 20 511,820 422,595 Signature Block Under penalties of perjuly, 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 passed on all information of which preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Check | ıf Paid self-employed Preparer Firm's EIN ▶ Firm's name Use Only Phone no Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)

Part I	Ш	Statement of Program Service Accomplishments	
1	Brief	Check if Schedule O contains a response to any question in this Part III	l_
•		mission is to improve the lives of our members and their families; to give voice to their legitimate professional, economic	
		social aspirations; to strengthen the institutions in which we work; to improve the quality of the services we provide;	
		to bring together all members to assist and support one another.	
2	Did :	the organization undertake any significant program services during the year which were not listed on the	
2		r Form 990 or 990-EZ?	No
		'es," describe these new services on Schedule O.	
3	Did	the organization cease conducting, or make significant changes in how it conducts, any program	
		rices?	No
		'es," describe these changes on Schedule O.	
4	Desc	cribe the organization's program service accomplishments for each of its three largest program services, as measure	ed b
		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of total expenses, and revenue, if any, for each program service reported.	i iei :
	uie u	total expenses, and revenue, if any, for each program service reported.	
4a	(Coc	de:) (Expenses \$including grants of \$) (Revenue \$)	
	Staff	f members represent members before the employer. This involves handling grievances and other employee concerns.	
		intent is to protect employee rights and dignity. Staff members also meet with employees site by site over the	
	scho	pol year to determine what issues concern them.	
4b	(Cod	de:) (Expenses \$ including grants of \$) (Revenue \$)	
	Orga	anizing potential members to join the union. Staff members visit the work sites in West Virginia to meet and develop	
		tionships with individuals who wish to join the union and become a part of the larger voice, as well as to obtain the	
	bene	efits that accrue to our members through membership.	
4c		de·) (Expenses \$including grants of \$) (Revenue \$)	
	Rep	resentation of member concerns before the state legislature.	
		in (Description Orbital CO)	
4d		er program services (Describe in Schedule O.) penses \$ including grants of \$) (Revenue \$)	
40		al program service expenses	

Form 990 (2012)

Page 2

Parτ	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,"		Yes	No
^	complete Schedule A	1 2	_	✓
2 3	Did the organization required to complete <i>Schedule B</i> , <i>Schedule or Contributors</i> (see instructions)?	3		▼
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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	✓	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	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		✓
	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		1
	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		✓
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	<u> </u>	1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b	_	1
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		√
b		14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, 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		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b Form	າ 99 0	(2012)
				· (/

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓_	
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	√	
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		√
b c	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	_	NA
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		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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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):	1	(1) (2) (2)	130
	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		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		NA
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	<u> </u>
		For	m 99 0	0 (2012)

Form **990** (2012)

Part				
	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 1a 5		-	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	ļ.,
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 24			<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	···	1
3a b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		NA
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	05		IVE
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		NA
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		NA
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 as charitable contributions?	6a	✓	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch.	1	
-	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
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		NA
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u> </u>	NA
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ	 	<u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		NA NA
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	-	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		NA
h Ω	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		777
8	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		NA
9	Sponsoring organizations maintaining donor advised funds.			
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	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	4		
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	1	1	1
	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		NA
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1000
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		<u>L</u> .
а	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	1		
С	Enter the amount of reserves on hand	 	 	 ,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		NA
h	TIT TYBE TO DOE IT THEM BE HORM TO LETO FERONT TRACE DOLUMENTS? IT "IND " DIOVIDE AR EXPLANATION IN NORACHIE ()			100 1 100

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b below,	and f	or a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change. Check if Schedule O contains a response to any question in this Part VI				
Section	on A. Governing Body and Management		• •	<u></u>	
OCOLII	on A. dovorning body and management		\neg	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	1a 20			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	1b 17 relationship with	2		1
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		→
4 5	Did the organization make any significant changes to its governing documents since the prior Form 9. Did the organization become aware during the year of a significant diversion of the organization	90 was filed?	4 5		1
6 7a	Did the organization have members or stockholders?	elect or appoint	6 7a	√	
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	ndertaken during			
a b	The governing body?		8a 8b	√	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	ot be reached at	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C	ode.)	
				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	of such chapters,	10a	✓	_
	affiliates, and branches to ensure their operations are consistent with the organization's exen		10b	/	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of t		11a	<u> </u>	✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•	12a		1
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		ŇA
C	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? if "Yes,"	12c		NA
13 14 15	Did the organization have a written whistleblower policy?	and approval by	14		7
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	n and decision?	15a	1	
a b	The organization's CEO, Executive Director, or top management official		15b	-	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps	n to evaluate its	100		
Conti	organization's exempt status with respect to such arrangements?		16b		NA
	1 to the second to the second to the filed				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in So		n 501	(c)(3)s	s only)
19	Describe in Schedule O whether (and if so, how), the organization made its governing doc and financial statements available to the public during the tax year.		of inte	rest p	policy
20	State the name, physical address, and telephone number of the person who possesses the bordanization: Province 1510 Washington St. F. #200 Charleston WW 25311	oooks and records	of the	е	

-			7
ra	α	е	•

Form	വവ	m	101

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	ated 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 organize	any rolate	_ <u>J. g</u>))					
(A)	(B)	,		Pos	ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per	officer and a director/trustee)						compensation	compensation from related	amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Christine Campbell President	40 hours	1		✓	✓			17,186	0	
(2) Judith Hale	40 hours									
President	10 hours	1		✓	✓	✓	✓	100,893	0	
(3) Stacey Strawderman	5 hours									
Vice President		✓		✓			_	0	0	
(4) Beth Kitzmiller	5 hours									
Secretary		✓	<u> </u>	✓			_	0	0	
(5) Greg Merritt	5 hours	_		١.						
Treasurer		/		✓	_		_	0	0	
(6) Frank Caputo	40 hours		l	١,						
2nd Vice President		1	<u> </u>	✓	├		-	77,508	0	<u> </u>
(7) John Estep	40 hours			١,		j	i		_	
2nd Vice President		✓	├ —	✓			├	77,508	0	
(8) Fred Albert	5 hours					1		_	_	
Board Member		✓	├		ļ		-	0	0	
(9) Andrea Alfred	5 hours									
Board Member		✓	┝		├			0	0	
(10) Sam Brunett	5 hours	1								
Board Member		-	├	-	┝		-	0	0	
(11) Noel Clinton	5 hours	1							0	
Board Member	P 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	├		┈	 	\vdash	0		<u> </u>
(12) Teresa Cunningham	5 hours	1			1		1	0	0	
Board Member (13) Christy Gill	5 hours	 	\vdash	 -	\vdash		\vdash	<u> </u>		
Board Member		1	1					0	o	
(14) Sue Kelley	5 hours	Ť	+		╁─		1	 		
Board Member	o nours	1						0	o	
Dogra Member		<u> </u>		Ь-	<u></u>		Ь			Form 990 (20

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					-	C)								
(A)		(B)	Position (do not check more than o						(D)	(E)		(F)		
	Name and title	Average hours per	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation from		Estimat amount		
		week (list any				т —	or/trust	<u> </u>	from	related	" "	other		
		hours for related	a de	nstit	Officer) e	혈	Former	the organization	organizations (W-2/1099-MISC)		mpensa from th		
		organizations		ution	ª	Key employee	est c	<u>ā</u>	(W-2/1099-MISC)		0	rganıza	tion	
		below dotted	1 \$ 2	nal tı		oye	<u></u>	1	1			nd relat ganızat		
			stee	Institutional trustee		"	Highest compensated employee					3-		
				ĕ		1	ated	ŀ	,					
(15) Ja	ckee Long	5 hours												
	Member		1						0		<u>. </u>			0
(16) Cy	nthia Phillips	5 hours												
Board	Member		1			_		_	0		<u> </u>			_0
(17) Mi	ke Rogers	5 hours												
Board	Member		✓	_				ļ	0		D			0
	lph Smith	5 hours	١.											
	Member		1			-	ļ	_	0		- 		_	0
	nda Thompson	5 hours	1								.			_
	Member	5 hours							0		0			_0
	gie Turkelson Member	5 Hours	1				:		o					0
	ny Lautar, Jr.	5 hours	<u> </u>	-		\vdash			ļ — <u> </u>		-			
Ex-Offi	cio		1					1	0		o			o
(23)														
				<u> </u>		<u> </u>								
(24)				1	ļ									
			ļ		_	ļ	<u> </u>	<u> </u>	ļ		_			
(25)				'		ŀ					1			
1b	Sub-total			<u> </u>		<u> </u>	L		272.005		0			0
C	Total from continuation sheets to Part		 n A	•	•		•		273,095	 	0			0
ď	Total (add lines 1b and 1c)	-		•	•		•	•	273,095		0			0
2	Total number of individuals (including but	not limited	to th	nose	· list	ted :	above	-) W			<u> </u>			_ <u> </u>
_	reportable compensation from the organi							٠, ٠.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
												Ye	es N	10
3	Did the organization list any former of							emp	oloyee, or high	nest compensa	ted	_		
	employee on line 1a? If "Yes," complete S										_	3 ✓		
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatic	n a	and other comp	pensation from	the			
	organization and related organizations	greater th	an \$	150,	,000)? /	t "Ye	s, "	complete Sch	nedule J for si				<u>_</u> _
_	individual					· ·			· · · · · ·			1		_
5	for services rendered to the organization											5		
Section	n B. Independent Contractors	1 11 100, 0			-									
1	Complete this table for your five highest of	compensat	ed in	den	end	ent	contr	act	ors that receive	ed more than \$	100.000	of		
•	compensation from the organization. Rep	ort compe	nsati	on fo	or th	he c	alend	lar	year ending with	th or within the	organiz	ation':	s tax	
	year.	•							,		•			
	(A)							Π	(B)			(C)		
	Name and business add	ress		_				<u> </u>	Description of s	services	Comp	ensatio	n	
N/A								$oxed{}$						
								_						
								 						
								-						
2	Total number of independent contractor	rs (include	na bi	ıt n	ot	limit	ed to	<u> </u>	nose listed ab	ove) who				
-	received more than \$100,000 of compens							- •1	0					i

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a response	onse to any quest		III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns 1a	0				
ara Jour	b	Membership dues 1b	2,078,913				
ts, (Am	С	Fundraising events 1c	0				
ia i	d	Related organizations 1d	409,550			ļ	-
ns,	е	Government grants (contributions) 1e	0				
er 9	f	All other contributions, gifts, grants,					İ
iệ t		and similar amounts not included above 1f	0				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	Business Code	2,488,463			
) Jue	2a		Business Code	0			<u> </u>
Seve	2a b			0		<u></u>	
ce	C			0			
ervi	d			0			-
m S	e		-	0			
Program Service Revenue	f	All other program service revenue.		0			
P.	g	Total. Add lines 2a-2f	▶	0			
	3	Investment income (including divid	ends, interest,				
		and other similar amounts)	<u> </u>	21			21
	4	Income from investment of tax-exempt b					
	5	Royalties					
	_		(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses	-				
	C	Rental income or (loss) Net rental income or (loss)	•				
	d 7a	Gross amount from sales of (i) Securities	▶ (ii) Other			 	
	, a	assets other than inventory	(1) (1)				
	ь	Less: cost or other basis					
	_	and sales expenses .					
	С	Gain or (loss)				1	
	d	Net gain or (loss)	•				
enne	8a	Gross income from fundraising					
Other Reve		events (not including \$ of contributions reported on line 1c).					
her		See Part IV, line 18 a		l			
ŏ	ı	Less: direct expenses b	L				
		Net income or (loss) from fundraising Gross income from gaming activities.	events . ►				
	94	See Part IV, line 19 a					
	h	Less: direct expenses b					
		Net income or (loss) from gaming act					
		Gross sales of inventory, less					
	''-	returns and allowances a	,			-	
	ь	Less: cost of goods sold b				1	
	c	Net income or (loss) from sales of inv	entory				
		Miscellaneous Revenue	Business Code				
	11a	Affiliate Reimbursements	900099	85,476			
	l	Event Registrations	900099	26,675			
	С	Commission Revenues	900099	9,100			
	d	All other revenue	900099	1,207			
	е	Total. Add lines 11a-11d	🟲	122,458		<u> </u>	
	12	Total revenue. See instructions	▶	2 610 042		1	1 21

	90 (2012)				Page 10
	Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must com-	pplete all columns. Al	l other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, o, 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 United States. See Part IV, line 21	10,000			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	_ 0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	295,902			
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	639,165			
9 10	Other employee benefits	152,808 226,445 86,683			
11 a	Fees for services (non-employees): Management	0			
b	Legal	99,024			
d e	Lobbying	0			
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	13,893			
12 13	Advertising and promotion	22,969 194,615			
14 15	Information technology	0			
16 17	Occupancy	100,695 219,984			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 20 21	Conferences, conventions, and meetings Interest	265,244 0 274,593			
22 23	Depreciation, depletion, and amortization	10,912 1,950			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b	Good & Welfare Member Organizing	4,351 52,711			
c d	Newsletters	27,893			
e 25	All other expenses <u>Miscellaneous Expenses</u> Total functional expenses. Add lines 1 through 24e	330 2,700,167			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Pa	ırt X	· · · · · · · · · · · · · · · · · · ·			
		Check if Schedule O contains a response to any question in this Part			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	0
ı	2	Savings and temporary cash investments	370, 197	2	203,447
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	210,184	4	358,48
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	
	7	Notes and loans receivable, net	0	7	
Hasers	8	Inventories for sale or use	0	8	
`	9	Prepaid expenses and deferred charges	8,408	9	8,71
	10a	Land, buildings, and equipment: cost or			17.0
	104	other basis. Complete Part VI of Schedule D 10a 45,098			
	b	Less: accumulated depreciation 10b 29,652	13,186	10c	15,440
-	11	Investments—publicly traded securities	0	11	
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments - program-related. See Part IV, line 11	0	13	
	14	Intangible assets	0	14	-
	15	Other assets. See Part IV, line 11	1,000	15	1,00
	16	Total assets. Add lines 1 through 15 (must equal line 34)	602,975		587,09
T	17	Accounts payable and accrued expenses	59,018		119,29
-	18	Grants payable	0	18	
1	19	Deferred revenue	9,443	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
riabillues	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
<u>a</u>		disqualified persons. Complete Part II of Schedule L	0	22	
۱ د	23	Secured mortgages and notes payable to unrelated third parties	0	23	
	24	Unsecured notes and loans payable to unrelated third parties	0	24_	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	22,694		45,19
	26	Total liabilities. Add lines 17 through 25	91,155		164,49
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	511,820		422,59
09	28	Temporarily restricted net assets	0	28	
2	29	Permanently restricted net assets	0	29	
Net Assets or rund balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds	0	_30	
20	31	Paid-in or capital surplus, or land, building, or equipment fund	0	_	
3	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	
ַ עַ	33	Total net assets or fund balances	511,820	33	422,59
	34	Total liabilities and net assets/fund balances	602,975	34	587,09

Form 99	90 (2012)		_	Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0,942
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,70	0,167
3	Revenue less expenses. Subtract line 2 from line 1	3		-8	9,225
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		51	1,820
5	Net unrealized gains (losses) on investments	5		_	0
6	Donated services and use of facilities	6		_	0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		42	2,595
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u></u>			
				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	ıplain ır	ו ו		
	Schedule O.			ļ]
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	r		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			<u> </u>	
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	a		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		L		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that assumes responsibilities are committee to the committee that assumes responsibilities are committee that are committeed to the c	versigh	t		
	of the audit, review, or compilation of its financial statements and selection of an independent acco	untant?	2c		NA
	If the organization changed either its oversight process or selection process during the tax year, e	xplain ır	n 🗀		
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1		AL A
	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 undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2012)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 2012

Open to Public Inspection

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 "Ye	s," to Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, I	ine 47 (Lobbying Activities	s), then
• Se	ection 501(c)(3) organizations	that have filed Form 5768 (election und	ler section 501(h)) C	Complete Part II-A. Do not c	omplete Part II-B.
• Se	ection 501(c)(3) organizations	that have NOT filed Form 5768 (electio	n under section 501	(h)): Complete Part II-B Do	not complete Part II-A.
		s," to Form 990, Part IV, line 5 (Proxy			
• Se	ection 501(c)(4), (5), or (6) or	anizations Complete Part III	•		•
	of organization			Employer ide	ntification number
Ameri	can Fed of Ts · West Virgin	ia Fed of Teachers #804			55-0587594
Part	I-A Complete if the	ne organization is exempt und	er section 501(c	c) or is a section 527	
1		the organization's direct and indire			
2	· · · · · · · · · · · · · · · · · · ·		•		\$
3	Volunteer hours				`
•	voidingoi modio , , .				
Part	I-B Complete if the	ne organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶	\$
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶	\$
3	If the organization incur	red a section 4955 tax, did it file Foi	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?	?			Yes No
b	If "Yes," describe in Par				
Part		ne organization is exempt und	er section 501(c	c), except section 50	1(c)(3).
1		tly expended by the filing organiz			
	activities				\$
2	Enter the amount of the	e filing organization's funds contrib	uted to other org	anizations for section	
	527 exempt function ac	tivities			5
3	Total exempt function	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	
					5
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5		sses and employer identification nur			
		nents. For each organization listed,			
		contributions received that were pro			
		d fund or a political action committee			
	· · · · · · · · · · · · · · · · · · ·				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
(4)	·				
(1)					
(2)		}			
					
(3) 	 -				
(4)					
(5) ——–					
(6)					

D	•
PAGE	

	Complete if the organization section 501(h)).					
	Check ► ☐ if the filing organization below name, address, EIN, expense	es, and shai	e of excess lobl	oying expenditur	es).	oup member's
В	Check ▶ ☐ if the filing organization check	ked box A a	and "limited con	trol" provisions a	apply.	
	Limits on Lobbyi				(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ns amounts	paid or incurred.)	organization's totals	group totals
1	1a Total lobbying expenditures to influence p	ublic opinion	(grass roots lobby	/ıng)		
	b Total lobbying expenditures to influence a	legislative bo	dy (direct lobbyin	g)		
	c Total lobbying expenditures (add lines 1a a	and 1b) .				
	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add li	nes 1c and 1	d)			
	f Lobbying nontaxable amount. Enter the columns.	e amount fr	om the following	g table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000		nount on line 1e			
	Over \$500,000 but not over \$1,000,000		15% of the excess	over \$500 000		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			•
	Over \$1,500,000 but not over \$17,000,000		5% of the excess of			'
	Over \$17,000,000	\$1,000,000	070 01 110 000000	70. 01,000,000		1.1
	g Grassroots nontaxable amount (enter 25%					
	h Subtract line 1g from line 1a. If zero or less					·
	i Subtract line 1f from line 1c. If zero or less					
	j If there is an amount other than zero o		1h or line 1i. did	the organization	file Form 4720	
	reporting section 4911 tax for this year?					Yes No
	(Some organizations that made columns below. Se	e a section 5 ee the instru	ctions for lines 2	not have to com a through 2f on pa	plete all of the five	e
	Lobbying E	xpenditures	During 4-Year A	veraging Period	- 	
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
- :	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled l	Form	5768		
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
	iption of the lobbying activity.	Yes	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:					
a	Volunteers?					
b	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?			-		
J	Total. Add lines 1c through 1i					
2a b	If "Yes," enter the amount of any tax incurred under section 4912		-			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				-	
	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) 501(c)(6).)(5), d	or 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	-	.
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		✓
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	R (b)	Parl	: III-A	, line	3, is
1	Dues, assessments and similar amounts from members	٠.	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).					
а	Current year		2a	-		
b	Carryover from last year		2b 2c			
C	Total		3			
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 lobb and political expenditure next year?	ying				
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	•	5	 -		
Par		•				
	ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	Part I	I-A (a	ffiliate	d grou	ıp
	art II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.					
						-
			 -			
						-
						
			-			

	chedule C (Form 990 or 990-EZ) 2012 Page 4					
Part IV	Supplemental Information (continued)					
		•				
••••••						
·						
•••••						

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2012

Department of the Treasury

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

Internal Revenue Service

Name of the organization

Open to Public Inspection Employer identification number

Ameri	can Fed of Ts - West Virginia Fed of Teachers #8046	55-0 <u>587594</u>
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds of	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	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 fun	ds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	· · · · · 🔲 Yes 🗆 No
Par	Conservation Easements. Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line 7.
1	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 h	istorically important land area
	· · · · · · · · · · · · · · · · · · ·	rtified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
_	easement on the last day of the tax year.	
		Held at the End of the Tax Year
_	Total number of conservation easements	2a
a	Total acreage restricted by conservation easements	2b
b	Number of conservation easements on a certified historic structure included in (a)	2c
c d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
u	historic structure listed in the National Register	2d
2	Number of conservation easements modified, transferred, released, extinguished, or terminate	
3		ed by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection	on handling of
5	violations, and enforcement of the conservation easements it holds?	
_	,	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments during the year
_	<u> </u>	No. of the state o
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	is during the year
_	> \$	AL 470/EVAVD
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec (i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	al statements that describes the
_	organization's accounting for conservation easements.	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	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 reve	
	works of art, historical treasures, or other similar assets held for public exhibition, education	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that des	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rever	
	works of art, historical treasures, or other similar assets held for public exhibition, education	ion, or research in furtherance o
	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	> \$
2	If the organization received or held works of art, historical treasures, or other similar asset	ets for financial gain, provide th
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	

ь.	20	_	2

Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Ot	her Similar A	ssets (c	ontinu	ied)
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of the	follow	ving that are a	signıficaı	nt use	of its
а	☐ Public exhibition				or exchange					
b	☐ Scholarly research		е	Other	r					
C	☐ Preservation for future generations	3								
4	Provide a description of the organization	tion's collections	and expla	ain how t	hey further t	the org	janization's exe	mpt pur	ose in	Part
	XIII.			_						
5	During the year, did the organization									1
	assets to be sold to raise funds rather									
Part		angements. Co	omplete i	the org	janization a	answe	red "Yes" to F	orm 990	J, Pan	IV,
	line 9, or reported an amour						other coate n		-	
та	Is the organization an agent, trustee included on Form 990, Part X?								Yes [] No
b	If "Yes," explain the arrangement in P	art XIII and comp	lete the fo	llowing to	able:			_		
							/	Amount		
C	Beginning balance					10	;			
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f			_	
2a	Did the organization include an amou								∕es [JNO
	If "Yes," explain the arrangement in P	art XIII. Check he	re if the e	<u>xplanatio</u>	n has been	provide	ed in Part XIII .			<u></u>
Par	V Endowment Funds. Compl						(d) Three years ba		ur years	back
		(a) Current year	(b) Ph	or year	(c) Two years	SDACK	(u) Three years bar	- (8) 10	ur years	Dack
1a	Beginning of year balance		-							
b	Contributions		 		<u> </u>					
С	Net investment earnings, gains, and									
	losses	_								
d	Grants or scholarships									
е	Other expenditures for facilities and programs							1		
	· · ·		-							
f	Administrative expenses End of year balance		 		 	_		-		
g 2	Provide the estimated percentage of		nd haland	e (line 1c	r column (a)) held	as:			
a	Board designated or quasi-endowme)	, 001411111 (a	,,				
b	Permanent endowment ►	%								
c	Temporarily restricted endowment ▶	%								
_	The percentages in lines 2a, 2b, and 2		00%.							
3a	Are there endowment funds not in th			zation th	at are held	and ad	lministered for t	:he		
	organization by:		-						Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(i	i)	
b	if "Yes" to 3a(II), are the related organ							. 3b		
4	Describe in Part XIII the intended uses									
Part	VI Land, Buildings, and Equip	oment. See For	m 9 <u>90,</u> P	art X, lin	e 10.					
	Description of property	(a) Cost or (investi			or other basis other)		Accumulated epreciation	(d) B	ook valu	9
1a	Land						-			
b	Buildings									
С	Leasehold improvements									
d	Equipment				45,098		29,652			15,446
е	Other			<u> </u>						
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form	990, Part	X, columi	n (B), line 10)(c).)	<u> ▶]</u>			15,446

Part VII	Investments—Other Securities	See Form 990, Part X, I	ine 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	d derivatives		
	held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Relate	d. See Form 990, Part X,	line 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	(b) must equal Form 990, Part X, col (B) line 13.) ▶		
Part IX	Other Assets. See Form 990, P	art X, line 15.	
		(a) Description	(b) Book value
(1) Depos	it - Equipment		1,000
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		· · · · · · · · · · · · · · · · · · ·	
(9)			
(10)			
	umn (b) must equal Form 990, Part X, o	col. (B) line 15.)	
Part X	Other Liabilities. See Form 990		
1.	(a) Description of liability	(b) Book value	
(1) Federa	l income taxes		•
(2) Payab	le to the American Fed of Ts	45,199	
(3)			
(4)			
(5)			
(6)		<u> </u>	
(7)	· · · · · · · · · · · · · · · · · · ·		
(8)			
(9)		1	
(10)			
(11)			1
	(b) must equal Form 990, Part X, col. (B) line 25)		
2 FIN 48 /A	SC 740) Footnote In Part XIII provide the	text of the footnote to the org	anization's financial statements that reports the organization's
liability for u	ncertain tax positions under FIN 48 (ASC	740). Check here if the text of	the footnote has been provided in Part XIII

Schedu	e D (Form 990) 2012				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents '	With Revenue per	Retu	rn
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 XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3_	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<u>}</u>	
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	<u></u>	5	
Part	XII Reconciliation of Expenses per Audited Financial Statem			er Re	turn
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			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	<i>:</i> ·		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 XIII.)	4b		ļ	
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	<u> </u>	5	
	XIII Supplemental Information				
Comp Part V inform	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation	9; Pa). Also	rt III, lines 1a and 4; Footput to complete this part to	Part IV	, lines 1b and 2b; ide any additional
				.	·····
				.	
		••••	·····		
			•••••		

Schedule D (Fo	rm 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
		•
	·	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

1545-0047	12	o Public ection
OMB No	20	Open to Inspe

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

Schedule I (Form 990) (2012) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **% №** (h) Purpose of grant or assistance **Employer identification number** Legislative Issues 0 □ Yes 55-0587594 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. • Ϋ́ (d) Amount of cash (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10,000 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance American Federation of Teachers West Virginia Fed of Teachers #8046 Š 55-0417680 (P) EIN 501 Leon Sullivan Way Chareston, WV 1 (a) Name and address of organization or government (1) West Virginia AFL-CIO Name of the organization Part I (12) E 5 **E** 2 ල 3 2 9 <u>@</u> <u></u>

Schedule I (F	Schedule I (Form 990) (2012)	ă
Part III	TIII Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	
	Part III can be duplicated if additional space is needed.	

ook, (f) Description of non-cash assistance)								mn (b), and any other additional	s to AFT/WV how the funds were			
(e) Method of valuation (book, FMV, appraisal, other)								line 2, Part III, colun	grantee verbally report			
(d) Amount of non-cash assistance								on required in Part I,	States, Once given, the			
(c) Amount of cash grant								ovide the informatic	ions within the United		1	
(b) Number of recipients								te this part to p	given to organizat		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 b c c c c c c c c c c c c c c c c c c
(a) Type of grant or assistance	1 N/A							Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	The organization's Executive Board approves the grants given to organizations within the United States. Once given, the grantee verbally reports to AFTMV how the funds were			
	-	8	ო	4	က	ဖ	_ ^	Par	Lhe (

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization American Federation of Teachers West Virginia Fed of Ts #8046

Employer identification number

55-0587594

Part	Questions Regarding Compensation		 ,	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		Yes	No
	 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees 			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		ļ	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b		NA
	·			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		NA
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		1
С	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			<u> </u>
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of:			
а	The organization?	5a		NA
b	Any related organization?	5b		NI
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		NA
b	Any related organization?	6b		NA
7	If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		NA
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			1
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		NA
9	If 'Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	ı .	NA

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/or 1099-MISC compensation	200	(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Betrement and	a, applicable cold	(5) Intel of columns	
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(D)-(I)(B)	(F) Compensation reported as deferred in prior Form 990
				compensation				
	(6)	100,893	0	0	15,816	5,403	127,515	0
1 Judith Hale, President	E							
	8							
2	€							
	€							
ო	€							
	8							
4	8							
	8							
ις.	€		1	1 1 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	2			
	Θ							
9	8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	8							
2	€	1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6						
	(3)							
80	€							
	8							0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
6	€							
	(2)							
10	(E)							
	Ξ							
11	(ii)							
	(1)							
12	(3)							
	€							
13	E							
	8							
14	≘	1 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	6							
15	€							
	(1)							
16	(E)							
							Sch	Schedule J (Form 990) 2012

Complete this part for any additional information, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	
Schedule J (Form 990) 2012	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 20**12**

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 Employer identification number American Federation of Teachers West Virginia Fed of Teachers #8046 55-0587594 Part VI.6: The entity has members who voluntarily join the organization through local affiliates. Part VI 7a: The members of the organization elect the officers and board members through delegate votes at the entity's annual convention. Delegates are elected from each of the local affiliates. Part VI.7b: Elections of the board and officers are approved by the membership. The annual legislative agenda is approved at the convention by local affiliate delegates as are any changes to the Constitution and/or By-Laws. 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 upon request. Financial statements are available to members upon request.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization American Federation of Teachers West Virginia Fed of Teachers #8046

Part

Related Organizations and Unrelated Partnerships

▶ See separate instructions. ▶ Attach to Form 990.

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

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

OMB No 1545-0047 2012

Open to Public Inspection

Employer identification number 55-0587594

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2012 ž (f) Direct controlling Identification of Related Tax-Exempt Organizations (Complete if 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 AFT/W N/A AFT/W N/A AFT/WV ¥ (e)
Public charity status
(if section 501(c)(3)) (d) Total income 501 c 5 501 c 5 (d) Exempt Code section 501 c 5 501 c 5 (c)
Legal domicile (state or foreign country) Cat No 50135Y (c)
Legal domicile (state or foreign country) (b) Primary activity ≩ ≩ ≩ ≩ Student Achievemen (b) Primary activity Political Activities Political Activities Labor Union For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (4) American Federation of Teachers EIN: 36--0725240 (a) Name, address, and EIN of related organization 1610 Washington St., E #200 Charleston, WV 25311 (2) WV Fed of Ts Solidarity Fund EIN: 20-1106766 1610 Washington St., E #200 Charleston, WV 25311 1610 Washington St, E #200 Charleston, WV 25311 555 New Jersey Ave., NW Washington, DC 20001 (1) WV Fed of Ts COPE EIN: 55-0776014 (3) Innovation Fund EIN: 45-3541565 Part II ε (1) N/A ල 9 <u>O</u> 2 € ত 9

Name, address, and Bly of relating large and states, and Bly of relating large and states, and Bly of relating large and states, and Bly of relating or property and states, and Bly of the states and Bly of the states and states, and s	Part III Identification of F	Identification of Related Organizations Taxable as a Partnership (Complete if 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.)	ions Taxable	as a Partners reated as a pa	ship (Complarthership du	ete if the c uring the ta	organizati ax year.)	on answer	"se ", þe	to Form 990,	Part IV, lii	ne 34	
Interest and EN of related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, lime 34 because it had one or more related organizations trasted as a corporation or Trust (Complete if the organization answered "Yes" to Form 990, lime 34 because it had one or more related organizations trasted as a corporation or Trust during the laxy year.) A	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominal income (relat unrelated, excluded fre tax under sections 512-?	nt Shar ed, m m	(f) e of total S come	(g) thare of end-of- year assets	(h) Disproportiona allocations?	(i) Code V—UB amount in box of Schedule K (Form 1065)	(I) General 20 managii	or Percer	t) ntage rship
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Inc. 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Inc. 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Inc. 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Inc. 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Inc. 34 because it had one or more related organizations are corporated as a corporation and the organization are corporated as a corporation or trust during the tax year.) Inc. 34 because it had one or more related organizations are corporated as a corporation are corporated as a corporation are corporated as a corporated as	A)N(F)						-		1			9	
Interest	(2)												
Interest	(3)											-	
In 34 because it had one or more related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Name, address, and ElN of related organization Ligal domode Name, address, and ElN of related organization Ligal domode Ligal domode Comp. Storp, or trust Type of entry Type	(4)												
Iline 34 because it had one or more related Organizations treated as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Name, address, and EN of related organization Name, address, and EN of related organization (Corp. S.cop, or trust) Innone end-of-year assets ownership of the corporation or trust during the tax year.) (Corp. S.cop, or trust) Innone end-of-year assets ownership ownership ownership ownership ownership ownership of trust of the corporation or trust during the tax year.)	(5)												
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) (b) Name, address, and EN of related organization answered "Yes" to Form 990, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(9)						-						
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Include 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (e)	(7)												
NAM. (a) (b) (b) (b) (c) (comp. Storp, or trust) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		Related Organizat	ions Taxable	as a Corpora ations treated	ation or True	st (Comple ation or tre	ete if the oust during	organizatio 1 the tax ye	n answer ar.)	ed "Yes" to F	orm 990,	Part IV,	
MAA	(a) Name, address, and EIN of relati	ed organization	(b) Primary activity	(c) Legal dc (state or fore)	s) omicile Direc ign country)	(d) xt controlling entity	(e) Type of € (C corp, S corl	intity Sha	total ne	(g) Share of ind-of-year assets	(h) Percentage ownership	(i) Section 512(controlle entity?	(b)(13) ed
(1) MA. (2) (2) (3) (4) (4) (4) (5) (6) (6) (7) (7) (7)												Н	ટ
(2) (3) (4) (4) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(1) N/A												
(3) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(2)												
(5)	(6)												
(6)	(4)												
(θ)	(5)												
	(9)												
	(a)			_									

,	rt IV, line 34, 35b,
	ated Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)
	ion answered "Yes
	te if the organizat
	izations (Comple
	h Related Organ
n 990) 2012	Fransactions With
Schedule R (Forn	Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 2 Receipt of (ii) interest (iii) annuities (iii) royalties or fiv) rent from a controlled entity.	or more related organ	nizations listed ın Part	S II–IV?	Yes No	ž
Gift, grant, or capital contribution to related organiza				1 p	
				2 7	
				P ,	
e Loans or loan guarantees by related organization(s)	· · · · · · ·	· · · · · ·		- В	
Pividends from related organization(s)				11	
Sale of assets to related organization(s)				1g	
h Purchase of assets from related organization(s)				‡	
Exchange of assets with related organization(s)				=	
Lease of facilities, equipment, or other assets to related organization(s)				-	
l ease of facilities equipment or other assets from related organization(s)			•	÷	
Performance of services or membership or fundraising solicitations for related organization(s)				=	L
m Performance of services or membership or fundraising solicitations by related organization(s)				Ę	
				두	
o Sharing of paid employees with related organization(s)				10	
Concerns and (n) mortanians bedalow of bring for energy change				÷	
Reimbulsement baid by related organization(s) for expenses		· · ·		7 0	
	•	•	•		
Other transfer of cash or property to related organization(s)				+	
Other transfer of cash or property from related organization(s)				1s 🗸	
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.	complete this line, incl	uding covered relation	nships and transacti	ion thresho	<u>8</u>
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved) ng amount invo	lved
(1) American Federation of Teachers	p, r	409,550 Cash	Cash		
					ŀ
					l
			Schedule	Schedule R (Form 990) 201	1 20.

Unrelated Organizations Taxable as a Partnership (Complete of 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.

(b) (c) (d) (d) (e)	(a)	(0)	(p)	(e)	(i)		(h)	(a) (b) (c) (d)	()	(K)
Name, address, and Ein of enury	riiiiaiy aciiviiy	(state or foreign	income (related,	section section 501(c)(3)	₽	_	allocations?	amount in box 20 of Schedule K-1		
			from tax under	organizations?				(Form 1065)		
			Section 312-314)	Yes No			Yes No		Yes No	
(1) N/A										
(2)			: :							
(3)										
(4)										
(5)										
(9)										
(2)										
(8)				-						
(6)										
(10)									-	
(11)							-			
(12)	· · · · · · · · · · · · · · · · · · ·									
(13)							·			
(14)										
(15)										
(16)		_						_		
] 				Sch	edule R (Fo	Schedule R (Form 990) 2012

chedule n (r	rom 990) 2012	Page 🔾
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
••••••		
		·
		·
· 		•••••
		••
		·
		•
		•
		
•••••		
·		·