

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



efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493130022217

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Return of Organization Exempt From Income Tax

Inspection

4 F	or the .	2015 ca	lendar year, or tax year beginni	ng 07-01-2015 , and ending 06-30-20	016				
3 Che	eck if ap	plicable	C Name of organization GRADUATE TEACHING FELLOWS			D Emplo	yer ide	ntification number	
_	ldress cl	_	FEDERATION LOCAL 3544			93-07	76682	4	
	ame cha ıtıal retu	-	Doing business as						
Fı		stad	Number and street (or P O box if n	nail is not delivered to street address) Room/:	suite	E Telepho	one num	ber	
	/termina nended r		609 E 13TH AVE	,		(541)	344-0	832	
ПАр	plication	pending	City or town, state or province, cou EUGENE, OR 97401	ntry, and ZIP or foreign postal code					
			·	-1.6		!		\$ 566,764	
			F Name and address of princi KADIE MANION	palofficer		s this a group ubordinates?	return	ifor	
			609 E 13TH AVE EUGENE,OR 97401			No		Tes	
[Ta	x-exem	pt status	•	(insert no) 4947(a)(1) or 527		Are all subordi ncluded?	nates	□Yes □ No	
ı w	ebsite	:▶ GT	FF NET	1 13 17 (4)(1) 61 1 327		•		(see instructions)	
						Group exempt of formation 19		mber ► State of legal domicile Ol	
∢ Forr	n of org	anızatıor	Corporation Trust Associ	ation Other >	L rear	or formation 19	70 19	State of legal doffliche Of	
Pa	rt I	Sum	nmary		<u> </u>		'		
	cc	ONŤRA	scribe the organization's mission CT NEGOTIATIONS, ENFORCE NG FELLOWS FEDERATION LOG	EMENT, ADMINISTRATION AND ME	DIATION	FOR ALL MEN	1BERS	OF THE GRADUATE	
Governance	_								
Ē									
o Ae	2 C	heck th	nis box 🕨 🥅 if the organization d	iscontinued its operations or disposed	d of more th	nan 25% of its	net a	ssets	
ງ •	3 N	lumber	of voting members of the govern	ing body (Part VI, line 1a)			з	11	
e S			-	of the governing body (Part VI, line 1b			4	11	
Activities &	5 T	otal nu	mber of individuals employed in		5	2			
AC	6 T	otal nu	mber of volunteers (estimate if n	ecessary)			6	45	
				art VIII, column (C), line 12			7a	0	
	b Ne	et unrei	ated business taxable income fro	om Form 990-T, line 34	<u> </u>	Prior Year	7b	Current Year	
	8	Contr	ibutions and grants (Part VIII. I	ne 1h)		25,	748	450	
₹	9		am service revenue (Part VIII, I	527,		497,664			
Jō Ac	10	Inves	tment income (Part VIII, colum			C			
Ravenue	11		revenue (Part VIII, column (A)	64,	896	68,650			
	12	Total 12)	revenue—add lines 8 through 11	(must equal Part VIII, column (A), li	ne	618,	419	566,764	
	13	Grant	s and similar amounts paid (Part	IX, column (A), lines 1-3)				C	
	14	Benef	its paid to or for members (Part			(
82	15	Saları 5–10		ee benefits (Part IX, column (A), lines	i	161,	059	174,193	
Expenses	16a	Profe	, ssional fundraising fees (Part IX	, column (A), line 11e)				C	
ă	b	Total f	undraising expenses (Part IX, column (E	o), line 25) ▶ <u>0</u>					
_	17	Other	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)		396,	836	399,949	
	18 19		·	ist equal Part IX, column (A), line 25)	-	557,		574,142	
× 0.	19	Revei	iue less expenses Subtract line	18 from line 12		60,		-7,378	
Net Assets or Fund Balances					Beginn	ing of Current	_	End of Year	
Ass	20		assets (Part X, line 16)		.	444,	-+	384,780	
ž Ž	21		liabilities (Part X, line 26) . ssets or fund balances Subtract		•	120, 323,	-+	80,991 303,789	
	t II		nature Block		<u> </u>	3237		3007, 03	
my ki	nowled	ge and		amined this return, including accompa nplete Declaration of preparer (other					
		***	K * K			2017-05-02			
Sign		Sign	ature of officer			Date			
Here	9		HAEL HUDAK TREASURER 16-17						
		<u> </u>	Print/Type preparer's name	Preparer's signature	Date		PTIN		
Paid	t		KARÍ YOUNG	KARI YOUNG	2017-05-08 Check If P01325552 self-employed				
	pare	r ⊢	Firm's name JONES & ROTH PC			Firm's EIN ▶ 9			
Use	Onl	у ˈ	Firm's address ► PO BOX 10086			Phone no (541	.) 68 <i>7</i> -2	320	
			EUGENE, OR 97440						

✓Yes No

Par	t IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		
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	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
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		No
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, Pait V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Yes	
	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		No
	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	11 c		No
	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	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	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	11 f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a		No
b	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	12 b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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		No
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		No
202	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		No
		20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

29

31

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

P	artiv Checklist of Required Schedules (continued)		
2	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	
2	2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part	22	

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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?

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pait I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🛮 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Nο

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

38

Yes

Yes

Form 990 (2015)

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Par	t V	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		V			
		effect if seffective of contains a response of flote to any fine in ans	- GIC	v	·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		ا	o vend	fors and reportable			
·		g (gambling) winnings to prize winners?		· · · · · ·	1c		
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	22	2			
.	•	s return	2a		2b	Yes	
D		if the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the	year?	3a		No
ь	If "Ye:	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i>	on in S	Schedule O	3b		
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	ıgnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities ac	count,	or other financial	4a		
	accou	nt)?			70		No
b		s," enter the name of the foreign country	1				
	(FBAF	istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank ()	k and	Financial Accounts			
5a	•	·· he organization a party to a prohibited tax shelter transaction at any time durir	na the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited i					No
			can on	crear cransaction	5b		
С	IT "Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$10	00,00	0, and did the	6a		No
	organi	ization solicit any contributions that were not tax deductible as charitable cont	tributi	ons?			
b		s," did the organization include with every solicitation an express statement the not tax deductible?	hat su	ch contributions or gifts	6 b		
7		izations that may receive deductible contributions under section 170(c).	• •		- 00		
	_	e organization receive a payment in excess of \$75 made partly as a contributi	ıon an	d partly for goods and	7a		
-		es provided to the payor?					
b	If"Ye	s," did the organization notify the donor of the value of the goods or services p	rovide	ed?	7 b		
c		e organization sell, exchange, or otherwise dispose of tangible personal proper	rty for	which it was required to	7c		
а		rm 8282?	 7d		70		
u	11 10	s, maleute the number of forms 5252 filed during the year	, u				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	oerson	al benefit contract?			
	Didth	a arganization, during the year, have promitting directly or indirectly, on a personal	onal b	onafit contract?	7e 7f		
		e organization, during the year, pay premiums, directly or indirectly, on a person organization received a contribution of qualified intellectual property, did the o					
y	requir		· ·	ation me roini 6699 as	7 g		
h	Ifthe	organization received a contribution of cars, boats, airplanes, or other vehicles	s, did	the organization file a			
		1098-C?	•		7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bu	isines	s holdings at any time			
		the year?		· · · · ·	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966	? .		9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10		on 501(c)(7) organizations. Enter		-			
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	faciliti				1		
		on 501(c)(12) organizations. Enter	ایدا				
		Income from members or shareholders	11a				
D		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12-	Cost!-	on 4047(a)(1) non-exempt charitable trusts to the exempetion files From 200) in li-	u of Form 10413	12a		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 s," enter the amount of tax-exempt interest received or accrued during the	וווו כ 	u 01 F01111 1041 /	ı∠a		
U	year	5, since the amount of tax-exempt interest received of accrued duffing the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
_	Ic +L -	corganization become of to recus such field health along the second the second to	lota C	oo the instructions for			
а		organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ore. S	tee the instructions for	13 a		
b		the amount of reserves the organization is required to maintain by the states					
		ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	ation ir	Schedule O	14b		

orm	990 (2015)								Рa
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, of describe the circumstances, processes, or changes in Schedule O. See instructions.										w,
		Check if Schedule O contains a response or note to any line in this Part VI								
Se	ction	A. Governing Body and Management								
									Yes	N
1a	Enter year	the number of voting members of the governing body at the end of the tax	1a				11			
		re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee								

	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c		
3	Did the organization have a written whistleblower policy?	13		No
4	Did the organization have a written document retention and destruction policy?	14		No
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

- Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►MICHAEL HUDAK 609 E 13TH AVE EUGENE, OR 97401 (541) 344-0832

Νo

16a

16b

Part VII

. マ

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

✓ Check this box if neither the organization no		ganıza	tion	com	pen	sated	any	y current officer, o	director, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) SHAWNA MEECHAN PRESIDENT 15	10 00	×		×				0	0	0
(2) DENIELLE PERRY TREASURER 15	10 00	×		×				0	0	0
(3) JESSICA NEAFIE	10 00			Ī.,						
VP OPS 15-1		X		X				0	0	0
(4) ELEANOR WAKEFIELD VP GRIEVANCE	10 00	х						0	0	0
(5) NATALIE BRENNER VP EXTRELATI	10 00	х						0	0	0
(6) MEAGHAN EMERY	10 00	х						0	0	0
VP EQUITY&IN	10 00									
(7) CAMILA ALVAREZ VP MBERSHIP		х						0	0	0
(8) PATRICK GREINER VP COMM 15-	10 00	x						0	0	0
(9) ANNIE CARUSO VP ORGANIZIN	10 00	×						0	0	0
(10) KADIE MANION PRESIDENT 16	10 00	×		x				0	0	0
(11) MICHAEL HUDAK TREASURER 16	10 00	х		×				0	0	0
(12) GENEVIEVE PERDUE VP GRIEVANCE	10 00	х						0	0	0
(13) DIEGO CONTRERAS MEDRANO VP EXTRELATI	10 00	х						0	0	0
(14) NICOLE FRANCISCO	10 00	х						0	0	0
VP EQUITY&IN										Form 900 (2015)
										Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) A verage hours per week (list any hours for related	m unle	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportate compensa from rela organizati (W- 2/10)	ition ted ions 99-	Estin amou oth compei from	nated int of ner nsation i the
		organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC	ı	organi and re organiz	elated
(15)	WIN MCLAUGHLIN	10 00	×						(0		0
VP ME	MBERSHI		^						,		0		U
	IEFF EWING	10 00	x						(0		0
(17) DEVIN LEA VP ORGANIZIN		10 00	х						()	0		0
(18) LOLA LOUSTAUNAU CO-VP POLIT		10 00	х						()	0		0
(19)	ARISSA PETRUCCI	10 00	V						,		0		0
CO-VI	POLIT		×						(,			
1b c	Sub-Total			•	•						_		
d	Total (add lines 1b and 1c)	<u></u>			>								
2	Total number of individuals (including but n \$100,000 of reportable compensation from			ed al	bove	e) w	ho red	ceiv	ed more than				
												Yes	No
3	Did the organization list any former officer, on line 1a? If "Yes," complete Schedule I for							ghe:	st compensated	employee	3	1.55	No
4	For any individual listed on line 1a, is the sorganization and related organizations grea									n the			

			1 63	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4		No
	<i></i>	4		INO
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 99									Page S
Part V	7++-	Statement o							_
		Check IT Schedi	lie O contains a re	<u>s pon</u>	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns	1a					
ant	ь	Membership du	es	1b					
G.	c	Fundraising eve	ents	1 c					
ifts. ar ⊿	d	Related organiz	ations	1 d					
S, €	e	Government grants	s (contributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f		ons, gifts, grants, and	1 f	450				
but the	q	Similar amounts no	ot included above ons included in lines						
a d		1a-1f \$							
<u> </u>	h	Total. Add lines	s 1a-1f	•	• • •	450			
ile Le	_	MEMBER GUID BUE	_		Business Code				
N-V-	2a b	MEMBERSHIP DUE:	5	-		497,664	497,664		
ı Çξ	C			-					
∑ ₹	d			-					
8	e			-					
Program Service Revenue	f	All other progra	ım service revenue	-					
Æ	g	Total. Add lines	s 2a-2f	٠ .	•	497,664			
	3		ome (including divi						
	4		ar amounts) tment of tax-exempt b						
	5	Royalties			🕨				
		_	(ı) Real		(II) Personal				
	6a	Gross rents							
	Ь	Less rental expenses							
	C	Rental income or (loss)							
	d	Net rental inco		٠,	•				
	7a	Gross amount from sales of assets other than inventory	(i) Securities		(II) O ther				
	ь	Less cost or other basis and sales expenses							
	c	Gain or (loss)							
	d 8a	Gross income f	s)	 I	· · · · >				
Other Revenue		events (not inc \$	luding reported on line 1						
the i	ь	less directex	penses	a b					
Ó	c		loss) from fundrais	L	events >				
	9a	Gross income f See Part IV, lin	rom gaming activit e 19	ies a					
	b c	Less direct ex Net income or (penses loss) from gamıng	b activ	rities				
	10a	Gross sales of returns and allo		a					
	b c	Net income or (oods sold loss) from sales of	b					
	110	Miscellaneous			Business Code	68,650	68,650		
	11a b	INSURANCE A	DMIN FEES	. }		30,030	30,030		
	C			-					
	d	All other reven	ue	-					
	e	Total. Add lines	s 11a-11d	. '	🕨	68,650			
	12	Total revenue.	See Instructions		· · · •	566,764	566,314		

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)			
Check if Schedule O contains a response or note to any line in this Part IX	•	•	

	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	134,974			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,689			
9	Other employee benefits	19,708			
10	Payroll taxes				
		13,822			
11	Fees for services (non-employees)				
а	Management				
b	Legal	8,031			
С	Accounting	20,485			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,470			
12	Advertising and promotion				
13	Office expenses	11,340			
14	Information technology				
15	Royalties				
16	Occupancy	34,885			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	28,205			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	406			
23	Insurance	1,341			
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)				
а	AFFILIATE FEES	279,986			
b	EQUIPMENT RENTAL	4,962			
c	MISCELLANEOUS	3,282			
d	ORGANIZING, BARGAINING	2,516			
e	All other expenses	40			
25	Total functional expenses. Add lines 1 through 24e	574,142	0	0	0
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)				
		•			(2015)

		Palana Chart					Page 11
Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in	this F	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			323,741	1	311,624
	2	Savings and temporary cash investments			10,102	2	10,102
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			107,718	4	55,813
	5	Loans and other receivables from current and former officers,	, direc	tors, trustees,			
		key employees, and highest compensated employees Compl Schedule L	lete P			5	
Assets	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c)(9 employees' beneficiary organizations (see instructions) Com Schedule L)(B),) volu	and contributing ntary		6	
SS	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use	•			8	
	9	Prepaid expenses and deferred charges			1,192	9	
	10a	Land, buildings, and equipment cost or other basis	•		1,142		
			10a	16,270			
	b	Less accumulated depreciation	10 b	9,529	800	10 c	6,741
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			500	15	500
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			444,053	16	384,780
	17	Accounts payable and accrued expenses			120,574	17	80,991
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
(A	21	Escrow or custodial account liability Complete Part IV of Sc	hedul	eD		21	
bilities	22	Loans and other payables to current and former officers, directively employees, highest compensated employees, and disquar	alıfıed	·			
		persons Complete Part II of Schedule L				22	
Lia	23	Secured mortgages and notes payable to unrelated third part	ies			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete Part X of Schedule D	lated	third parties,			
		Tablication Addition 47 through 05	•	• •	400 574	25	20.001
	26	Total liabilities. Add lines 17 through 25			120,574	26	80,991
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.	· ~	and complete			
<u>lan</u>	27	Unrestricted net assets			323,479	27	303,789
æ	28	Temporarily restricted net assets				28	
рц	29	Permanently restricted net assets				29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here	► and			
	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
t A	32	Retained earnings, endowment, accumulated income, or othe	r fund	s		32	
Ne	33	Total net assets or fund balances			323,479	33	303,789
	34	Total liabilities and net assets/fund balances			444,053	34	384,780
	•						form 000 (2015)

Both consolidated and separate basis

Separate basis

Single Audit Act and OMB Circular A-133?

Schedule O

✓ Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

3a Nο 3b

Yes

2c

DLN: 93493130022217

Employer identification number

93-0766824

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

GRADUATE TEACHING FELLOWS FEDERATION LOCAL 3544

Political expenditures

Volunteer hours

1

2

3

Political Campaign and Lobbying Activities

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.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

Service
If the organization answered "Yes" on 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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

	A.T. D. Commisso if the ou		section FO1/s	- \(2\)	
		ganization is exempt under			
1	,	e tax incurred by the organization un			\$
2	•	e tax incurred by organization manag		1 4 9 5 5	\$
3	<u> </u>	ection 4955 tax, did it file Form 472	20 for this year?		Yes No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	· · · · · · · · · · · · · · · · · · ·	ganization is exempt under	-		1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to of	ther organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments if amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	ie amount paid fro Iirectly delivered	m the filing organization's f to a separate political orga	unds Also enter the nızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	D-EZ.	at No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

Subtract line 1g from line 1a $\,$ If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (- (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	file	ed Form 5768	(election
١.	Check	>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ıng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)	organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines $1a$ and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount 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 over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

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 separate instructions for lines 2a through 2f.)							
Lobbying Expe	nditures During	4-Year Avera	ging Period				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total		
Lobbying nontaxable amount							
Lobbying ceiling amount (150% of line 2a, column(e))							
Total lobbying expenditures							
Grassroots nontaxable amount							
Grassroots ceiling amount (150% of line 2d, column (e))							
Grassroots lobbying expenditures							
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 (d)2015 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))		

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	TO			
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	<u>(</u>	p)
ctiv		Yes	No	A mo	unt
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	163			
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?				
е	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	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				
c	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?				
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01 (c)(5), (or secti	on
			_	Ye	
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2 Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	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?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
P	art IV Supplemental Information	1	1		
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	in liet\	Dart II	-A lines	1 and
	see instructions), and Part II-B, line 1. Also, complete this part for any additional information	יל וופני),	, and II	A, IIIICS	ı and

Explanation

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493130022217

Open to Public

Na	nal Revenue Service	<u> </u>	Empl	oyer identification number
	ADUATE TEACHING FELLOWS DERATION LOCAL 3544		93-0	766824
Pā	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar Ford "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	<u> </u>	or advis	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	3 3		purpose Yes No
Pa	rt III Conservation Easements. Comple	te if the organization answered "Yes" o	n Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organızatıon (check all that apply)		
	Preservation of land for public use (e g , recreeducation)		n histor	ically important land area
	Protection of natural habitat	Preservation of a	certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	neld a qualified conservation contribution in t	he form	
	Total number of concentration are amonts			Held at the End of the Year
a	Total number of conservation easements Total acreage restricted by conservation easeme	nte	2a	
b	Number of conservation easements on a certified		2b 2c	
c d	Number of conservation easements included in (chistoric structure listed in the National Register	, ,	2d	
3	Number of conservation easements modified, trar	nsferred, released, extinguished, or terminate	ed by the	e organization during the
	tax year >		,	J
4	Number of states where property subject to conse	ervation easement is located ►		
5	Does the organization have a written policy regard violations, and enforcement of the conservation e	· · · · · · · · · · · · · · · · · ·	dling of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, i year	nspecting, handling of violations, and enforci	ing cons	ervation easements during the
	>			
7	A mount of expenses incurred in monitoring, inspering \$	cting, handling of violations, and enforcing c	onserva	tion easements during the year
8	Does each conservation easement reported on Iir (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of sec	tion 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial		· · · · · · · · · · · · · · · · · · ·
Pa	Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historical Treasures,	or Oth	er Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footr	AS 116 (ASC 958), not to report in its rever assets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	AS 116 (ASC 958), to report in its revenue assets held for public exhibition, education,	stateme	ent and balance sheet
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	
	ii) Assets included in Form 990, Part X			

Revenue included on Form 990, Part VIII, line 1

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

Par	t III	Organizations Maintaining (continued)	Collections of Ar	t, His	storic	cal T	reas	sures, or	Othe	er Simila	ar Asse	ets	
3		the organization's acquisition, acce ction items (check all that apply)	ession, and other reco	rds, cl	neck a	n y of	the fo	ollowing that	are a	a significa	nt use of	its	
а		Public exhibition		d	Г	Loar	nore	xchange pro	gram	ıs			
b	Γ	Scholarly research		e	Г	Oth	er						
C		Preservation for future generations											
4	Provi Part >	de a description of the organization's KIII	s collections and expl	aın ho	w they	furth	er the	e organizatio	n's e	xempt pur	pose in		
5		g the year, did the organization solic is to be sold to raise funds rather tha								mılar [_ Yes	∏ No)
Pai	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	IV, lı	ne 9, or re	port	ed an an	nount o	n Forr	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interm	nediary	forco	ontrib	utions	s or other as	sets		_ Yes	┌ No	•
b	If'	'Yes," explain the arrangement in Pa	art XIII and complete	the fo	llowing	j table	2				A moun	t	
c		ginning balance	·					10	:				
d		ditions during the year						10	1				
e		tributions during the year						16	•				
f		ding balance						11	-				
2 a		ne organization include an amount or	n Form 990, Part X, III	ne 21,	for es	crow	orcus	stodial acco	unt lı	ability?	Yes	┌ No)
b	If"Ye	es," explain the arrangement in Part	XIII Check here if th	e expl	anatio	n has	beer	n provided in	Part	XIII			
Pa	rt V	Endowment Funds. Complete											
		·	(a)Current year	(b) Pr	or year	r	b (c)⊤	wo years back	(d)	Three years	back (e) Four ye	ars back
1 a	Begir	nning of year balance											
b	Cont •	ributions · · · · · · · ·											
С	Net i losse	nvestment earnings, gains, and es											
d	Gran	ts or scholarships											
e		r expenditures for facilities programs											
f	A dmi	nistrative expenses											
g	End o	of year balance											
2	Provi	de the estimated percentage of the o	urrent year end balar	nce (lir	ne 1g,	colun	nn (a)) held as			•		
а	Board	I designated or quasi-endowment			_								
b		anent endowment >											
c	Temp	orarily restricted endowment >	-hldl										
_	·	ercentages on lines 2a, 2b, and 2c	·										
3a	organ	nere endowment funds not in the pos lization by	J					i administere	еа тог	tne		Yes	No
		related organizations						•			3a(i) 3a(ii)		
b		elated organizations es" on 3a(ii), are the related organiza									. 3b		
4		ribe in Part XIII the intended uses o					•		•				
Par	rt VI	Land, Buildings, and Equip											
		Complete if the organization a	inswered 'Yes' to Fo	orm 9					Forr				
		Description of property		(a		or othe vestme		(b) Cost or other l (other)	basis	Accum (c)depre	ulated ciation	(d) Bo	ok value
1 a	Land												
b	Buildin	gs		. [
c	Leasel	nold improvements		. [1	,813		22		1,791
d	Equipn	nent		. [14	,457		9,507		4,950
	Other							l					

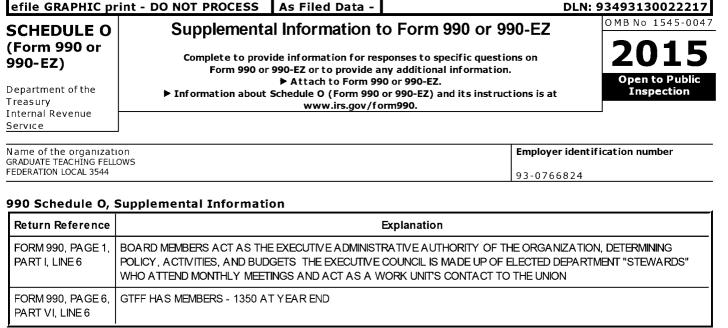
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

	See Form 990, Part X, line 12.			
	(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
1) Financia	al derivatives			Cost of end-of-year market valu
2) Closely-	-held equity interests			
3) O ther				
otal. (Colun	nn (b) must equal Form 990, Part X, col (B) line 12	} ▶		
art VIII	Investments—Program Related	•		
	Complete if the organization answe	red 'Yes' on Form 9		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
	onn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organiz	-	n Form 990, Part IV, line	11d See Form 990, Part X, line 15
	Other Assets. Complete if the organiz	-	n Form 990, Part IV , line	11d See Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organiz (a) De	ation answered 'Yes' description		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De	ne 15)		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De (a) De (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the complete if the complete in the complet	ne 15)		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De	ne 15)		(b) Book value
otal. (Colu	Timn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization of the Complete in the organization.	ne 15) organization answer		(b) Book value
otal. (Colu	Timn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization of the Complete in the organization.	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
Part IX Otal. (Colu Part X	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu Part X	Other Assets. Complete if the organiz (a) De Imm (b) must equal Form 990, Part X, col (B) Ir Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability ome taxes	ne 15)		(b) Book value
otal. (Colum	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15)	ed 'Yes' on Form 990,	(b) Book value Part IV, line 11e or 11f.

Schedule D (Form 990) 2015

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	er R	eturn
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 (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	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		
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)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	•	Return.
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
с -	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	XIII Supplemental Information		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b /, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to nation		de any additional
	Return Reference Explanation		

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	



Return Reference Explanation

FORM 990, PAGE 6, PART VI, LINE THE BOARD OF DIRECTORS IS BLECTED BY THE MEMBERS OF GTFF

990 Schedule O, Supplemental Information

7A THE TREASURER OVERSEES THE PROCESS AND PRESENTS THE REPORT TO THE EXECUTIVE BOARD FOR APPROVAL

LINE 15B	WRITTEN UP IN THE STAFF UNION CONTRACT
FORM 990, PAGE 6, PART VI,	THE FORM 990 IS PROVIDED UPON REQUEST
I INF 19	

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990. PART VII

THE TERM FOR THE BOARD OF DIRECTORS RUNS FROM MAY 15 TO MAY 15 EACH YEAR

efile GRAPHIC print - DO NOT PROCESS	OO NOT PROCESS As Filed Data -					DLN: 93493130022217	0022217
SCHEDULE R	Related Or	Irganizations and Unrelated Partnerships	nd Unrelated	Partnerships		OMB No 1545-0047	45-0047
(Form 990)	► Complete if the orga	► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37	" on Form 990, Part I	V, line 33, 34, 35b, 3	16, or 37.	2015	15
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Info	► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	R (Form 990) and its	instructions is at <u>w</u>	ww.irs.gov/form99		Public tion
Name of the organization GRADUATE TEACHING FELLOWS					Employer identification number	cation number	
FEDERATION LOCAL 3544 Satt T Tdentification	CAL3544 Identification of Disconarded Entities Complete	93-076 93-076	do "seV" berewood	Form 990 Dart 1	93-0766824		
-1			מווס מבו בם חוו	101111 330, Fait 1			
Name, address, and EIN	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End-	(e) End-of-year assets	(f) Direct controlling entity	
Part II Identification or more related	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	tions Complete if th tax vear.	e organization ans	wered "Yes" on F	orm 990, Part IV, I	ine 34 because it ha	ad one
Name, address, an	(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	
(1)GTFF HEALTH & WELFARE TRUST 870 E 13TH AVE	Ε.	BENEFITS	NO.	501C9		A/N	No No
EUGENE, OR 97401 93-1268942							
For Panenwork Reduction Act Notice	Notice see the Instructions for Form 990		Cat No 50135V	\ \		Schodule P (Form 990) 2015	2017

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

(k) Percentage ownership (J) General or managing partner? Yes No (h)

i Disproprionate Code V-UBI Ge and allocations? amount in box m 20 of F Schedule K-1 (Form 1065) ŝ Yes (g)
Share of End-of-year assets (f) Share of total income (e)
Predominant
income(related,
unrelated, excluded from tax under sections 512-514) (d)
Direct
controlling
entity (c)
Legal
domicile
(state or
foreign
country) (b) Primary activity (a)
Name, address, and EIN of related organization

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line

	2			
(I) Section 512 (b)(13) controlled entity?	Yes			
(h) Percentage ownership				
(g) Share of end- of-year assets				
(f) Share of tota income				
(e) pe of entity (C corp, S corp, or trust)				
(d) Direct controlling Ty entity				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of related organization				

)
Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes	Yes No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) Interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	S N
the City and a properties to an analytical form the solution the solution the solution that the solution the solution that the solution the solution the solution that	4	Š

Yes No		S.	S.	S.	S.	S.	Š		8	8 8	8 8 8	2 2 2 S	2 2 2 2	2 2 2 2	9	2 2 2 2 2 2 2 2	\(\frac{\pi}{2} \ \fr	No N		
<u>×</u>		1a	1b	1c	PT	1e	#		1g	¹ 11 11 11 11 11 11 11 11 11 11 11 11 1	1 th	15 th 15 th 15 th	8 4 2 5	11 11 11 11 11 11 11 11 11	11 11 11 11 11 11 11 11 11 11 11 11 11		11 11 11 11 11 11 11 11 11 11 11 11 11			
	<u> </u>																	<u> </u>	<u> </u>	<u> </u>
					•	_														
	~				•					•	٠.									
	transactions with one or more related organizations listed in Parts II-IV 2											· · · .								
	Parts										· · .									
	ui pa					•						· · · .								
	ıs lıst	•		٠				•		•		٠	• • •							
	ızatıoı																			
	organ										•									
	lated		•		•						٠.									
	ore re										•	· · ·								
	or mo															(s)L	(5)	(\$)	(5)	(5)
	:h one						•					· · .			 zatior	zation	zation	zation zation zation	zation zation n(s).	zation zation n(s).
<u>a</u>	ns wit	entity	٠		٠						٠.				organii	rgani	rganiz	rganı: rganızırganızı	organi: rganiz rzatior	organiz rrganiz
chedu	actio	controlled entity										· · .	· · .		n(s)) ated o	n(s)	n(s)) ated o) ated o
this schedule		contro						•			٠.	 	. (s)u		n(s) . tion(s	η(s) tion(s or rela	r(s) . tion(s or rela	n(s) . tion(s or rela by rela	ارد) المراد الم	ارد)، tion(s or relذ by relذ
V of t	owing											 zatior	 zatior	zatior zanizat	zatior zatior anizat ions fe					
I, or I	ne follo	ent fro	· (s)	n(s)	•							·	rganı	rganiz	rganiz d orga	organız d orga	organiz d orga icitati icitati	organiza d orga icitati icitati	organiz	organiz d orga icitati icitati ets wi
11, 111	y of th	r(iv)	ation(ıızatıo	ion(s)		•	:				 ated o	ated o	ated o	ated o relate	ated o relate ng soli	ated or relate or soli	ated or relate on soli on soli or soli cirasseli rasseli	ated o relate relate	ated o relate on soling soling soling soling soling soling soling (s).
arts	ın any	les, ol	ganıza	organ	nızatı	on(s)) to rela) to rela) to rela) to rela to rela from r) to rela to rela from r fransin) to rela from r fraisin) to rela from r fraisin iraisin r othe) to rela from r fraisin fraisin r othe) to relation in the relation (
ed In F	gage	royalt	ted or	lated	d orga	ınızatı	•	:	ition(s		tion(s	tion(s	tion(s	tion(s sets i	tion(s sets t ssets or fund	tion(s sets t ssets or fund	tion(s sets t ssets or fund	tion(s sets i sets i refund refund refund	tion(s sets t ssets or fund or fund sts, ol	tion(s sets t ssets or fund or fund sts, or
s liste	ion en	Ē	o relat	om re	elate	d orga	· (s)	on(s)	ganıza		anızal	anızat her as	anızal her as	anızat her as her as	anızal her as her as	anızat her as her as ship o	anizal her as her as ship o	anızather asher aship o	anizal her as her as ship o ship o ling lis	anızather asher asship o
ntity i	anızat	ulties	tion to	tion fr	r for r	elate	zation	nızatı	ed org		ed org	ed org	ed org or oth	ed org or oth	ed org or oth , or ot	or oth	or oth or oth or other or othe	or oth or oth or oth mber. ember. ember.	ed org or oth mber. ember. t, mai	ed org or oth mber ember ember t, mai
any e	orgra	ii)ann	ntrıbu	ntribui	s to o	s by r	rgani	- d orga	ı relat		relate	relate ment,	relate ment,	relate ment, oment,	relate ment, oment,	relate ment, oment,	relate ment, oment, or me	relate ment, ment or me or me or me	relate ment, ment, or me or me pmeni	relate ment, or me or me pment
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of	lid the	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a	Gift, grant, or capital contribution to related organization(s) .	Gift, grant, or capital contribution from related organization(s)	Loans or loan guarantees to or for related organization(s)	Loans or loan guarantees by related organization(s)	Dividends from related organization(s)	Sale of assets to related organization(s).	Purchase of assets from related organization(s) .		Exchange of assets with related organization(s).	Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization	s with equip	Exchange of assets with related organization(s)	Exchange of assets with related organization(s)	s with equipi	 i Exchange of assets with related organization(s). j Lease of facilities, equipment, or other assets to related organization k Lease of facilities, equipment, or other assets from related organizations i Performance of services or membership or fundraising solicitations m Performance of services or membership or fundraising solicitations 	Exchange of assets with related organization(s)	Exchange of assets with related organization(s). Lease of facilities, equipment, or other assets to related Lease of facilities, equipment, or other assets from relate Performance of services or membership or fundraising so Performance of services or membership or fundraising so Sharing of facilities, equipment, mailing lists, or other ass Sharing of paid employees with related organization(s).	equipi equip vices ', equi
te lin	ear, d) inter	r capit	capit	ר guar	ר guar	ım relä	S to re	assets		assets	assets lities,	ities,	ities,	ities, ities, of ser	ities, ities, of ser	ities, ities, of ser	ities, ities, of ser of ser of ser itilities	ities, ilities, of ser of ser of ser illities	itles, of ser of
omple	tax y	: of (i)	ant, or	ınt, or	ır loar	ır loar	ds fro	asset	se of a		je of a	je of a ffacili	je of a ffacili	je of a f facili of facil	je of a f facili of facil	je of a f facili of facil ance o	f facili f facili of facil ance o	ge of a fracill fracill of facill ance or a ance or ance of facil or fracil of facil of facil or facil	ge of a fraciling fraciling ance or a ance of a coffaciling of faciling of page of pag	ge of a fracult fracult fracult ance or a ance of a coffact of fact of pa
ote. C	ng the	eceipt	ıft, gra	ıft, gra	oans o	o suec	ıvıden	ale of	urchas		chang	chang ase o	chang ase o	chang ase o	cchang sase or ease o	cchang case o ease o	cchang case o ease o erforma	cchang case o ease o erforma erforma	cchang case o ease o erforma rrforma aring	cchang sase o ease o erforma erforma aring
ž	f 1 During the tax year, did the orgranization engage in any of the following	a Re	<u>ه</u>	<u>5</u>	p	e L	f DI	g S	ր	F		j Le	. j Le	j Le k Le		j. Le J. Le J. Pe	j Le j Le R Le	j Le j Le R Le Pe 	j Le j Le H Pe n Sh	j Le j Le n B Pe o St

_									_	_	\perp				Ľ	<u> </u>	Ĺ	_		
		1а	1 p	10	14	1e	1f	19	무	11	1j	1ķ	11	1 m	11	10	1 p	19	ä	1s
				•		•						 			•					
				•																•
		•	•	•	•														•	•
			•		•										•		•		•	
			•		•	•					-	٠		•			•	•	•	
											•			•		-		٠		
		•		•					•	•	•					•				•
	_	•	•	•	·				٠						•				•	٠
	>		•		•	•					_	•			•		•		٠	
	Ξ					•					-	٠		•			•	•		
	ES]						•	•			•			•		•		•		
	ar	•		•					•	•						•				•
	П	•	•	•	•				•						•				•	٠
	p		•		•	•						•			•		•	Ī	٠	
	Ste					•	-				•	٠		•			٠	•		
	-S			•			•	•		•	•			•	_	•		٠		_
	10	•		•					•					•	-	•				•
	zat	٠	•		•				•			Ċ		_	•				•	•
	anı		•		•	•						٠		-	•		•	•	٠	
	org	_				•			_		•			•			٠	٠		
	ρ	-		•			•	•	Ī	•	•			•		•				•
	ate	•		•					•	•					•	•				•
	<u>-</u>		•		•				•			•			•		-		•	
	ore		•		•	•						٠		•			•	•	٠	
	Ĕ					•		•		·	•		_				•	•		
	0	•	_	•	_		•	•	•		•		(s)	(s)		•				•
	one	•	-	•	•				•				01.	101	_	٠			•	٠
	담		•		•	•					_	•	zat	zat	n(s		•		•	
	₹	tıt				•					-	٠	anı	an	tio		•	•	٠	
<u>e</u>	g transactions with one or more related organizations listed in Parts II-IV 2	controlled entity.		•			1	•		•	•		for related organization(s)	by related organization(s)	lated organization(s)	•		٠		
this schedule	ctic	eq		•				•	•				pa	p p	gan	•				•
ch	sa(<u>e</u>	•	•	•				•			tion(s).	late	ate	0.0	•			•	•
IS S	ran	ıntı	•		•	•					s))n(<u>r</u> e	<u>e</u>	ed		•	-	•	
th	g ti	S				•	•		_		n(s)	ij	for	by	at		٠	•		

Schedule R (Form 990) 2015

ž S

Yes

(d)
Method of determining amount involved

(c) Amount involved

(b)
Transaction
type (a-s)

ACTUAL VALUE OF CASH PAID

68,650

Q

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

s Other transfer of cash or property from related organization(s).

(a)
Name of related organization

(1)GTFF HEALTH AND WELFARE TRUST

r Other transfer of cash or property to related organization(s).

q Reimbursement paid by related organization(s) for expenses .

Page 4

Schedule R (Form 990) 2015

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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) Name, address, and EIN of entty	(b) Рптагу асtivity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-	Are all ser 501.	(e) Are all partners section Sol(c)(3) organizations?	Share of total income	Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
			514)	Yes	No			Yes	°Z		Yes No	
				Н								1 .
										Schedu	Schedule R (Form 990) 2015	990) 2015

