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## Return of Organization Exempt From Income Tax 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.

OMB No 1545-0047 2016 Open to Public Inspection

		the Treasury	▶ Do not enter social security numbers on this form as it may be n ▶ information about Form 990 and its instructions is at www.irs.gu			Open to Public Inspection
<u> </u>			ndar year, or tax year beginning 07/01/16, and ending 12/31/16		<del></del>	( mspection
<u>~</u> В	Check if ap		Name of organization		Employer i	dentification number
$\bar{\Box}$	Address ch	`	West Virginia AFL-CIO, Inc.	t		
$\vdash$	Name char	, F	Doing business as		55-04	17680
		٠	,		Telephone	
$\sqcup$	Initial return		501 Leon Sullivan Way  City or town, state or province, country, and ZIP or foreign postal code	<del></del>	<u> 304 - 3</u>	44-3557
	terminated			l l	_	505.054
	Amended r	and the same	Charleston WV 25301  Varne and address of principal officer	<u> </u>	Gross receip	ots\$ 606,964
$\overline{\Box}$	Application	· ·	Joshua D. Sword	H(a) is this a group	return for sub	ordinates? 🗌 Yes 🕱 No
لت			501 Leon Sullivan Way	H(b) Are all subord	inates includ	ed? Yes No
		1	Charleston WV 25301			ee instructions)
-	Tax-exem		501(c)(3)		,	•
<u> </u>	Website:		v.wvaflcio.org	H(c) Group exempt	ion oumber	1338
<u>.</u> к	Form of or			of formation 19		State of legal domicile W
	art I	Sumr		orionnadon 22		otate of legal dofflictie 74 4
	~		be the organization's mission or most significant activities:		-	<del></del>
æ	' -		union formed to aid workers in securing improved w	ages, ben	efits	, and
Activities & Governance	}		g conditions; assist affiliated unions; secure fav	-		
Ē	}	and re	-		· ,	•
٥ ٥	2 C	heck this bo	ox ▶ if the organization discontinued its operations or disposed of more than 25%	of its net assets	S.	
Ő			oting members of the governing body (Part VI, line 1a)			16
S			dependent voting members of the governing body (Part VI, line 1b)		-	14
Ę	l		of individuals employed in calendar year 2016 (Part V, line 2a)			9
Ę	1		of volunteers (estimate if necessary)		-	0
Q.	1		ed business revenue from Part VIII, column (C), line 12		7a	0
	1		I business taxable income from Form 990-T, line 34		7b	0
			and grants (Bart VIII line 1b)  RECEIVED	Prior Year		Current Year
Revenue 17	8 C	ontributions	and grants (Fait VIII, line III)			106,400
<u>~</u> ₹	9 P	rogram serv	rice revenue (Part VIII, line 2g) Icome (Part VIII, column (A), lines 3, 4, and 7d)	1,109,		490,615
<b>3</b> €	<b>10</b> In	vestment in	come (Part VIII, column (A), lines 3, 4, and 7d)		475	79
	11 0	ther revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		445	4,113
UEC	12 To	otal revenue	9 - add lines 8 through 11 (must equal Part VIII, column (A), line (2) DEN, UT	1,334,		601,207
	13 G	rants and si	milar amounts paid (Part IX, column (A), lines 1–3)	51,	625	228,108
Ses	1	•	to or for members (Part IX, column (A), line 4)			0
Ses			er compensation, employee benefits (Part IX, column (A), lines 5–10)	626,	807	322,835
SE SE			fundraising fees (Part IX, column (A), line 11e)			0
SECON			ing expenses (Part IX, column (D), line 25) ▶ 0		250	214 525
iii		-	es (Part IX, column (A), lines 11a-11d, 11f-24e)	645,		314,186
		•	es Add lines 13–17 (must equal Part IX, column (A), line 25)	1,324,		865,129
- v	19 R	evenue less	expenses Subtract line 18 from line 12	10,		-263,922 End of Year
Net Assets or Fund Balances	20 To	ntal accete /	Part X, line 16)	466,		205,660
Asse	21 To	=	s (Part X, line 26)		84	3,662
E E	22 N		fund balances Subtract line 21 from line 20	465,		201,998
	art II		ture Block			
				and to the hest of	of my know	ledge and helief it is
tru	e, correc	t, and comple	ry, I declare that I have framined this return, including accompanying schedules and statements are Declaration of preparation of which preparer has	any knowledge	,	/
			The Market of the Control of the Con		11/15	1/17
Sig	n	Signatur	re of officer		Date	
Her		Jo	oshua D. Sword Preside	nt		
		Type or	print name and title			
		Pnnt/Type prepa	arer's name Preparer's signature	Date	Check	IF PTIN
Paid	,   <sub>3</sub>	John D. Bl	lair, Jr. John D. Blair, Jr	11/14/17	self-employ	/ed   P00429514
Prep		Firm's name	BLAIR & COMPANY, A.C.		EIN )	55-0720049
Use	Only		P.O. BOX 1991			
	1.	Firm's address	CHARLESTON, WV 25327	Phone	a no 3	304-343-4603
May			s return with the preparer shown above? (see instructions)	-		X Yes No
=			Act Nation, one the congrete instructions			000

4d Other program services (Describe in Schedule O.)
(Expenses \$ Including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶

	`		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		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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	X	
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	Х	
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		X
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
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		X
0	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		X
1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	المدا	x	
	complete Schedule D, Part VI	11a	^	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1116		X
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b	<del>- i</del>	
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	12b	х	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			_
	fundraising, business, investment, and program service activities outside the United States, or aggregate		ļ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
5	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		<u> </u>
6	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	-	<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	_		77
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			37
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,,		v
	If "Yes," complete Schedule G, Part III	19	- 990	<u>X</u>

Checklist of Required Schedules (continued)

•	`		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	0a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	0ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ď		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	L
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	- 1		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		ĺ
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1	1	1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		
	through 24d and complete Schedule K. If "No," go to line 25a	4a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	4b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ļ	- 1	ı
	to defease any tax-exempt bonds?	4c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>4d</u>		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		i	
		5a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	Ì	1	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		ľ	
	If "Yes," complete Schedule L, Part I	5b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		ľ	
	current or former officers, directors, trustees, key employees, highest compensated employees, or	}	1	
	disqualified persons? If "Yes," complete Schedule L, Part II	6		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		1	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	_		4.5
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	7+	-+	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-	- 1	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		ł	<b>7</b> .
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	sa		<u>x</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete  Schedule L, Part IV  28	.		v
_	Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00		X
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		j	x
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		_	$\frac{\lambda}{X}$
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	+	$\dashv$	
•	conservation contributions? If "Yes," complete Schedule M	n	ł	x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	+	$\dashv$	
•	Part I	,	1	X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1	$\neg \uparrow$	
_	complete Schedule N, Part II	2	ļ	X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	$\top$		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	3	į	X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	T		
	or IV, and Part V, line 1	4	x	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	_	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	T		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	ь		X
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	T		
	related organization? If "Yes," complete Schedule R, Part V, line 2	6		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	T	T	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		-	
	Part VI	7		<u>x</u> _
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O.	3 .	X	
			aan,	

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

X

14a

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 16 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 if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 14 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 X 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a 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 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X with a taxable entity during the year? 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? 16b Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Own website 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: > Andy Walters 501 Leon Sullivan Way WV 25301 304-344-3557 Charleston

orm 000*/2016\	West	Virginia	ARTCTO	Tnc
orm 990 (2016)	MESE	viruinia	ALTI-CIO,	THC.

55-0417680

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order, individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (F) Reportable Name and Title Average Position Reportable Estimated (do not check more than one compensation compensation from hours per amount of box, unless person is both an from related (list any officer and a director/trustee) the organizations compensation hours for organization (W-2/1099-MISC) from the (W-2/1099-MISC) related organization stitutional ghest compensated nployee employee organizations and related below dotted organizations line) Itrustee (1) Kenneth M. Perdue 37.00 X X 8.00 47,799 0 President 16,447 (2) Joshua D. Sword 37.00 President 8.00 X X 38,206 0 17,670 (3) Robert Brown 0.50 X 0.50 0 0 Executive Board 0 (4) Mike Caputo 0.50 0.50 X 0 0 Executive Board 0 (5) Joe Carter 36.00 X 0 4.00 0 Secretary Treasurer 0 (6) Dan Doyle 0.50 0.50 X 0 0 Executive Board (7) Dave Efaw 0.50 0.50 X 0 0 Executive Board 0 (8) Elaine Harris 0.50 0.50 X 0 0 Executive Board 0 (9) Randall T. Moore 0.50 0.50 X 0 0 Executive Board 0 (10) Daniel J. Poling 0.50 Executive Board 0.50 X 0 0 0 (11) Vernon Swisher 0.50 0 0 Executive Board 0.50

(A) Name and title	(B) Average hours per week (list any hours for	(d	o not x, unl	Pos check ess pe	C) sition more erson i	than c s both r/trust	one an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estimat amount other compensa	t of r ation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	((, )	l	organiza and rela organizat	ition ited	
(12) Gary Tillis	0.50												
Executive Board	0.50	X					<u> </u>	ĺo	0	ĺ			C
(13) Chuck Miller													
	0.50		Ì	1				}					
Executive Board	0.50	X		<u> </u>				0	0	<del>                                     </del>			0
(14) Kathy McCorm		ļ								i			
Executive Board	0.50	x						o	o				0
(15) Chuck Parker	0.30	A	$\vdash$	<del> </del> -	<u> </u>		_	ļ <del>-</del>	<del>   </del>				
(=0, 0::40:: 242;102	0.50	ľ							{				
Executive Board	0.50	X						0	o	ı			0
(16) Christine Can								, ·					
	0.50												_
Executive Board	0.50	X				-		0	0				0
		}				1		!					
		1											
						ľ		•					
						ĺ			ł				
1b Sub-total							<b>•</b>	86,005			3	4,1	.17
c Total from continuation shee	ets to Part VII, S	Secti	on A	١				06.005				4 4	
d Total (add lines 1b and 1c)  2 Total number of individuals (inc	aludina but not l	mito	d to	those	o list	od a	boye	86,005	\$100,000 of		3	4,1	.17
reportable compensation from						cu a							
									4-4	Г	<del></del>	Yes	No
3 Did the organization list any fo employee on line 1a? If "Yes,"								byee, or nignest compensa	tea	Ī	3	-	X
4 For any individual listed on line	1a, is the sum	of re	porta	ble (	com	ens	atıor			Γ			
organization and related organ individual	izations greater	than	\$15	0,00	0? If	"Yes	s," co	omplete Schedule J for suc	ch	- [	4		X
5 Did any person listed on line 1	a receive or acc	rue c	omp	ensa	ation	from	any	unrelated organization or	ındivıdual				
for services rendered to the org		es,"	comj	olete	Sch	edul	<u>e J f</u>	for such person			5		<u> </u>
Section B. Independent Contractor								- 4 4- 4- 4	h #400 000 (				
Complete this table for your five compensation from the organization.										ar			
Name and t	(A) business address							Descript	(B) ion of services		Comp	(C) censatio	—.—. И
						}							
									<del></del>				
						ł							
Total number of independent or	ontractors (inclu	dına	but i	not li	mıte	d to	thos	e listed above) who					
received more than \$100,000 c	of compensation	from	the	orga	iniza	tion	<u> </u>	·	0		<del></del>	000	
DAA											Form	990 (	2016)

Part Vill Statement of Revenue

	•	Check	k if Schedule	O conta	ains a	response of	r note to any line	in this Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1 1a	Federated ca	mpaigns	1a	_				•	
ia i	b	Membership	_	1b						
O E		Fundraising e		1c						
# Z		i Related organ		1d						
S,E	e	Government grants		1e	-					
Contributions, Gifts, Grants land Other Similar Amounts	1	f All other contribution	•	1f		106,400				
ĒĢ	g	Noncash contribute	ons included in lines 1a-							
ည်မှ	h	Total. Add lin		🔻		•	106,400			
<u>e</u>	<del>                                     </del>	1 1000111100 1111	<u> </u>			Busn Code			***************************************	
en (	2a	Annual	Per Capita T	ax		5555555	437,879	437,879		
æ	b		ees & Salary				43,661	43,661		
<u>8</u>	C		ation Fees	NO IND			9,075	9,075	···	
ē	d	_	acion rees				2,010			
S	۾ ا	-				1				
gra	۽ ا	· · All other progr	ram service reve	nue		<del>                                     </del>				
Program Service Revenue	ď			iiue		<b>•</b>	490,615	L	<del></del>	L <u>.,</u>
	3		come (including	dividend	e intere	<del></del>	150,025		·····	
	ľ	and other sim	, •	ai via ci ia	o, intere	,	79			79
	4		nvestment of tax	-evemnt	bond n	roceeds				
	l -		iivestillelit üi tax	-exempt	bona p	loceeds				
	5	Royalties	(ı) Real	<u> </u>	/u\ I	Personal			<del></del>	
		Cross roots	(i) real		(11)	ersonar		ļ		
	l .	Gross rents								
	b	•		-						
	C	• •								
	d 7a				4	Other				
		sales of assets	(i) Securities	-+	(11)	) Other				
		other than inventory						:		
	b	Less cost or other								
		basis & sales exps	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del></del>			ļ		
		Gain or (loss)						İ		
			•			<b>•</b>				
9	8a		om fundraising evei	nts		[				
		(not including \$								
ě			reported on line 1c)							
<u>-</u>		See Part IV, line		a		9,870				
Other Reven		Less: direct ex	•	b[_		5,757	4 440			
_			(loss) from fund		vents	<b>•</b>	4,113			4,113
	<b>9</b> a		om gaming activities	s		1	1			
		See Part IV, line		a						
		Less: direct ex	•	b_						
			(loss) from gam	ing ac <u>tiv</u>	ities					
	10a	Gross sales of	finventory, less				1			
		returns and all	owances	a						
	b	Less. cost of g	oods sold	b_			<u> </u>			
	С	Net income or	(loss) from sales	of inve	ntory	<b>•</b>				
		Misc	cellaneous Revenue			Busn Code				
ſ	11a				_					
ļ	b									
	С									
	d	All other reven	ue							
	е	Total. Add line	s 11a–11d			<b>&gt;</b>				
	12	Total revenue	. See instruction	s		<u>▶</u>	601,207	490,615	0	4,192

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses Do not include amounts reported on lines 6b. Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 228,108 and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, 120,124 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 130,966 Other salaries and wages Pension plan accruals and contributions (include 22,091 section 401(k) and 403(b) employer contributions) 33,023 Other employee benefits 16,631 Payroll taxes 10 Fees for services (non-employees): 11 Management 939 b Legal 3,750 Accounting c 4,000 d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 71,009 (A) amount, list line 11g expenses on Schedule O) 7,750 Advertising and promotion 12 22,391 Office expenses 13 14 Information technology Royalties 15 24,727 Occupancy 16 9,181 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 48,465 Conferences, conventions, and meetings 19 20 interest 65,824 21 Payments to affiliates 10,852 Depreciation, depletion, and amortization 22 10,583 Insurance 23 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) 11,082 Other Union Activity 9,596 Other Political Activity 6,868 Equipment Rental C 4,539 Automotive Expense 2,630 e All other expenses 865,129 0 0 0 Total functional expenses. Add lines 1 through 24e 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

following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 118,409 366,510 Cash-non-interest bearing 52,465 2 52,465 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 175,001 other basis Complete Part VI of Schedule D 10a 142,715 44,529 10b 32,286 10c b Less accumulated depreciation Investments—publicly traded securities 11 11 2,500 2,500 Investments-other securities See Part IV, line 11 12 12 13 13 Investments-program-related See Part IV, line 11 14 14 intangible assets 15 15 Other assets See Part IV, line 11 466,004 205,660 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 3,662 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 84 26 3,662 Total liabilities. Add lines 17 through 25 26 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 271,427 185,601 27 Unrestricted net assets 194,493 16,397 Temporarily restricted net assets 28 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 465,920 201,998 33 33 Total net assets or fund balances 466,004 205,660 Total liabilities and net assets/fund balances

Forr	n 990 (2016) West Virginia AFL-CIO, Inc. 55-0417680			Pa	age <b>1</b> 2
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	_•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			207
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	65,	129
3	Revenue less expenses. Subtract line 2 from line 1	3			922
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	65,	920
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	_ 10	2	01,	998
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	·			
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1
	Schedule O.				İ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:			Ì	1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				ł
	Separate basis X Consolidated basis			- 1	l
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1 1		1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		L
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			- 1	ı
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		1	Ī	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	990	(2016)

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

#### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- ► Attach to Form 990 or Form 990-EZ. Complete If the organization is described below.
- ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.

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

If the organization answered "Yes," 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.

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 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

-		1(C)(4), (5), or (6) organizations. Complete Part 1	<u>''</u>	· <del></del>	<del></del>	
Nan	ne of organ		170 T.:		1	tification number
		West Virginia AFL-C		W. T	55-04176	
	art I-A	Complete if the organization is exer				on.
1		a description of the organization's direct and indi	ect political campaign activ	rities in Part IV (see ins	tructions for	
		of "political campaign activities")				
2	Political	campaign activity expenditures (see instructions)			▶ \$	285,469
_3		r hours for political campaign activities (see instr			<u>_</u>	.00
Pa	ert I-B	Complete if the organization is exer		)1(c)(3).		·
1		e amount of any excise tax incurred by the organi			▶ \$	
2	Enter the	e amount of any excise tax incurred by organizati	on managers under section	4955	▶ \$	
3	If the org	anization incurred a section 4955 tax, did it file F	orm 4720 for this year?			Yes No
-		orrection made?				Yes No
		describe in Part IV	<del></del>			
Pa	art I-C	Complete if the organization is exer			on 501(c)(3).	
1	Enter the	amount directly expended by the filing organizate	tion for section 527 exempt	function		
	activities				▶ \$	85,469
2	Enter the	amount of the filing organization's funds contrib	uted to other organizations	for section		
		npt function activities			▶ \$	200,000
3	Total exe	mpt function expenditures Add lines 1 and 2 Er	iter here and on Form 1120	)-POL,		
	line 17b				▶ \$	285 <u>,4</u> 69
4	Did the fi	ling organization file Form 1120-POL for this yea	ar?			Yes X No
5		names, addresses and employer identification r	•	•	•	
	organizat	ion made payments. For each organization listed	i, enter the amount paid fro	m the filing organization	n's funds Also enter	
		int of political contributions received that were pr		•	•	
	as a sepa	arate segregated fund or a political action commi	ttee (PAC). If additional spa	ace is needed, provide i	nformation in Part IV.	_ <del>-</del>
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)	WV AFL	-CIO COPE Contribution Fund	Charleston			
	501 Le	on Sullivan Way	WV 25301	91-2083573		50,700
(2)	West V	irginia Family Values	Charleston			
	P.O. B	ox 2845	WV 25330		200,000	
(3)	•					
(4)						
5)						
6)						

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).  A Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  B 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.)  12 Table by the general files or the files of the files o	
A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  B 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.)  (b) Affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).	
name, address, EIN, expenses, and share of excess lobbying expenditures).  B 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.)  (b) Affiliated group totals	
B 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.)  (b) Affiliated group totals	
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  (a) Filing (b) Affiliated organization's totals (group totals)	
(The term "expenditures" means amounts paid or incurred.) organization's totals group totals	
<del></del>	
4. Total labburga avagadituras ta influence public comien (groce roots labburga)	
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	
c Total lobbying expenditures (add lines 1a and 1b)	
d Other exempt purpose expenditures	
Total exempt purpose expenditures (add lines 1c and 1d)	
f Lobbying nontaxable amount Enter the amount 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	
g Grassroots nontaxable amount (enter 25% of line 1f)	
h Subtract line 1g from line 1a. If zero or less, enter -0-	
i Subtract line 1f from line 1c If zero or less, enter -0-	
j 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?	No
4-Year Averaging Period Under section 501(h)	
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.	
See the separate instructions for lines 2a through 2f.)	
Labbeing Evenanditures During A Very Averaging Poyled	
Lobbying Expenditures During 4-Year Averaging Period	
Calendar year (or fiscal year	1
beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) Total	1
2a Lobbying nontaxable amount	
b Lobbying ceiling amount	
(150% of line 2a, column(e))	
(130 % of line 2a, Widiffine))	
c Total lobbying expenditures	
d Grassroots nontaxable amount	
e Grassroots celling amount	
(150% of line 2d, column (e))	
f Grassroots lobbying expenditures	
Schedule C (Form 990 or 990-E	Z) 2016

Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed No Yes description of the lobbying activity. **Amount** 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 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? 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 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? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). No Yes Were substantially all (90% or more) dues received nondeductible by members? X Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 X Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2b b Carryover from last year 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 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? Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1 Also, complete this part for any additional information

Schedule C, Part I-A, Line 1

Supplemental Information

WV AFL-CIO Committee on Political Education - Education Fund: expends funds for printing, publications, meetings, media airtime and associated educational activities with the purpose to encourage workers to register to vote; to educate and inform trade union members and the general public on the political issues of the day, and to encourage widespread study and

Part IV

Supplemental Information (continued)

discussion of such issues and related candidates; to recommend approval and disapproval of state and local candidates and proposals in both primary and general elections, and to get out the vote each election day.

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 16

Open to Public Inspection

Nam	e of the organization		Employe	r identification number
W	West Virginia AFL-CIO, Inc.			417680
P	art I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on I	nds or Other Similar Funds or A Form 990, Part IV, line 6.	Accoun	ts.
		(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	<u></u>		
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	usive legal control?		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose		
· · · · ·	conferring impermissible private benefit?			Yes No
P	art II Conservation Easements.  Complete if the organization answered "Yes" on F	Form 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 a historically imp	ortant lan	d area
	Protection of natural habitat	Preservation of a certified histori	c structure	9
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization held a qualified conser	rvation contribution in the form of a conse	ervation	
	easement on the last day of the tax year			Held at the End of the Tax Yea
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
¢	Number of conservation easements on a certified historic structure incl	uded ın (a)	2c	
þ	Number of conservation easements included in (c) acquired after 8/17/0	06, and not on a	1	
	historic structure listed in the National Register		2d	<u> </u>
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	tion during	g the
	tax year ▶			
4	Number of states where property subject to conservation easement is le			
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, handling of		
c	violations, and enforcement of the conservation easements it holds?	Fuldahan and onfereing apparation a		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	i violations, and emorcing conservation e	asements	during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violating \$\blacktrianglerightarrow\$	ations, and enforcing conservation easen	nents duri	ng the year
R	Does each conservation easement reported on line 2(d) above satisfy the	he requirements of section 170(hV4VRVi	`	
٠	and section 170(h)(4)(B)(ii)?	The requirements of section Tracing (A)	,	Yes No
9	In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense statemen	it. and	
	balance sheet, and include, if applicable, the text of the footnote to the	•	=	he
	organization's accounting for conservation easements	· ·		
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		Similar	Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	··	palance st	neet
	works of art, historical treasures, or other similar assets held for public	-		
	public service, provide, in Part XIII, the text of the footnote to its financia			
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balan	nce sheet	
	works of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthe	erance of	
	public service, provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b>	\$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	vide the	
	following amounts required to be reported under SFAS 116 (ASC 958) r	elating to these items		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$
b	Assets included in Form 990, Part X			\$

	irginia AFL-				741/680	Page
Part III Organizations Mainta						ts (continued)
3 Using the organization's acquisition, ac collection items (check all that apply):	cession, and other record	ls, check any of the fo	ollowing that	are a signi	ficant use of its	
a Public exhibition	d 🗌	Loan or exchange pro	ograms			
b Scholarly research	е 🗍	Other				
c Preservation for future generations						
4 Provide a description of the organization	n's collections and explai	n how they further the	organization	i's exempt	purpose in Part	
XIII						
5 During the year, did the organization so	olicit or receive donations	of art, historical treasu	ures, or othe	rsımılar		
assets to be sold to raise funds rather t		part of the organization	n's collection	12	<u>.                                  </u>	Yes No
Part IV Escrow and Custodia	_					
Complete if the organiz	ation answered "Yes	" on Form 990, Pa	art IV, line	9, or rep	oorted an amour	nt on Form
990, Part X, line 21.	· · · · · · · · · · · · · · · · · · ·					
1a Is the organization an agent, trustee, co	ustodian or other intermed	diary for contributions	or other asse	ets not		
included on Form 990, Part X?						Yes No
<b>b</b> If "Yes," explain the arrangement in Pa	rt XIII and complete the fo	llowing table			<del></del>	
					<u> </u>	Amount
c Beginning balance					1c	
d Additions during the year					1d	- <del></del>
e Distributions during the year					1e	
f Ending balance					1f	
2a Did the organization include an amount	on Form 990, Part X, line	e 21, for escrow or cus	stodial accou	nt liability?	>	Yes No
b If "Yes," explain the arrangement in Pai	t XIII Check here if the e	xplanation has been p	provided on F	art XIII		
Part V Endowment Funds.						
Complete if the organize	ation answered "Yes	<u>" on Form 990, Pa</u>	art IV, line	<u> 10.                                      </u>	<del>,</del>	<del></del>
	(a) Current year	(b) Pnor year	(c) Two ye	ars back	(d) Three years back	(e) Four years back
1a Beginning of year balance			-		<u></u>	
<b>b</b> Contributions	L		<b>-</b>		<b>}</b>	
c Net investment eamings, gains, and						Į.
losses		 	<del> </del>		ļ	
d Grants or scholarships	·	 	<u> </u>		ļ	
e Other expenditures for facilities and					<b>\</b>	
programs	ļ		ļ			
f Administrative expenses			<del> </del>		ļ	- <del></del>
g End of year balance	L	<u>L</u> .	<u> </u>		L	
2 Provide the estimated percentage of the	e current year end balanc	e (line 1g, column (a))	) held as:			
a Board designated or quasi-endowment						
b Permanent endowment ►	%					
c Temporarily restricted endowment ▶	%	•				
The percentages on lines 2a, 2b, and 2						
3a Are there endowment funds not in the p	ossession of the organiza	ation that are held and	l administere	d for the		<u></u>
organization by						Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(ii)
b If "Yes" on line 3a(ii), are the related org	·					3b
Describe in Part XIII the intended uses		wment funds				
Part VI Land, Buildings, and E		' F 000 D-		44- 0	- F 000 D	LV 15 40
Complete if the organiza						
Description of property	(a) Cost or other to	1		1	Accumulated	(d) Book value
<del>, , , , ,</del>	(investment)	(oth	(e) )		epreciation	
a Land				<b></b> -		
b Buildings	<u> </u>			<b> </b>		<del></del>
c Leasehold improvements	ļ		75 001	<u></u>	140 515	20.000
d Equipment	<del></del>	<u>_</u>	75,001	ļ	142,715	32,286
e Other				L		
otal. Add lines 1a through 1e. (Column (d) m	iust equal Form 990, Part	X, column (B), line 10	uc.)		<u> </u>	32,286

D	-
Page	

Part VII	Investments—Other Securities.			
•	Complete if the organization answered "Yes" or	n Form 990, Part IV, lir	ne 11b See Form 990, I	Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method	
	(including name of security)		Cost or end-of-ye	ear market value
(1) Financial		<u></u>	<b>_</b>	
_	eld equity interests	ļ	<del> </del>	
(3) Other				<del></del>
(A)		<del> </del>	<del>}</del>	<del></del>
(B)		<del></del>	<del></del>	<del></del>
(C)		<del> </del>	<del></del>	
(D)			<del></del>	
(E)				
(F)		<del> </del>	<del></del>	
(G) (H)		<del> </del>	<del> </del>	<del></del>
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶	ļ	<del> </del>	<del></del>
Part VIII	Investments—Program Related.		<del> </del>	
1 221 2 121	Complete if the organization answered "Yes" or	n Form 990. Part IV. lir	ne 11c See Form 990. F	Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
		·	Cost or end-of-ye	
(1)			<del>                                     </del>	<del></del>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			ļ	
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		<del></del>	
Part IX	Other Assets.	E 000 D (N/ "	4410 5 000 5	
	Complete if the organization answered "Yes" or	1 Form 990, Part IV, III	ie 11d. See Form 990, F	
	(a) Description	<del></del>	<del></del>	(b) Book value
(1)				
(2)				<u> </u>
(3)			<del></del>	
(4)			<del></del>	· · · · · · · · · · · · · · · · · · ·
(5) (6)	<del></del>			
(7)		<del></del>	<del></del>	<del></del>
(8)		······································		
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	
Part X	Other Liabilities. Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11e or 11f. See Form	990, Part X,
1.	line 25. (a) Description of liability	(b) Book value		
	Income taxes	1,2,250,100	†	
(2)	TOOTHO WAGO	<del>                                     </del>	1	
(3)		<del>   </del>	†	
(4)		1	1	
(5)		1	7	
(6)			1	
(7)	···	1	1	
(8)		1	7	
(9)	······································		1	
	n (b) must equal Form 990, Part X, col. (B) line 25 ) ▶		7	
	uncertain tax positions. In Part XIII, provide the text of the foo	otnote to the organization's	financial statements that repo	rts the
-	liability for uncertain tax positions under FIN 48 (ASC 740) C			

Supplemental Information. Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

Schedule D (Form 990) 2016 West Virginia AFL-CIO, Inc.

Part XIII Supplemental Information (continued)

55-0417680

Page 5

Schedule D (Form 990) 2016

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public Inspection 2016 OMB No 1545-0047

Employer identification number X Yes 55-0417680 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Inc. General Information on Grants and Assistance West Virginia AFL-CIO, the selection criteria used to award the grants or assistance? Name of the organization Part !

Š Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ves" on Fo 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	it that received n	nore than	\$5,000. Part II car	n be duplicated if	additional space	e is needed.	
(a) Name and address of organization     or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Human Resource Development Found							
Morgantown WV 26505		50163	8.150				Disaster Relief '
9							
P.O. Box 188		-					Disaster Relief
Stubenville OH 43952		50105	8,000				
(3) West Virginia Family Values							
	**						Political Comm
Charleston WV 25330		527	200,000				
(4)							
			-				
. (5)							
(9)							
(2)							
(8)							
			-				
(6)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	t organizations listed	In the line	1 table				4
		)					r

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

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

Schedule I (Fc	Schedule (Form 990) (2016) West Virginia AFL-CIO,	AFL-CIO, Inc.		55-0417680		. Page
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	Domestic Individual	is. Complete if the o	rganization answered	1 "Yes" on Form 990, Part	-
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)
1						
7						
ო						
4						
2						
9				,		
7						
Part 1V	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ide the information re	quired in Part I, line	2; Part III, column (b)	; and any other additional	nformation.

effectiveness of the Organization's specific grant or contribution. The WV AFL-CIO does not make contributions of any significance unless it has the organizations for which it has knowledge of the entity's operations and Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds sufficient continued association to enable the evaluation of the The WV AFL-CIO makes grants and contributions to those separate opportunity to so monitor its effectiveness. SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

West Virginia AFL-CIO, Inc.

55-0417680

Employer identification number

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The Organization is a nonstick, nonprofit corporation affiliated with the American Federation of Labor and Congress of Industrial Organizations

(AFL-CIO). Eligibility for membership in the Organization is set forth in the Constitution of the West Virginia AFL-CIO. In general, members may include local unions and other organizations chartered by or otherwise affiliated with the AFL-CIO; and such other similar constituency groups approved by the Executive Board that are located in West Virginia.

Applicants for membership must comply with and be subject to the requirements imposed by the Organization's By-laws and the National AFL-CIO Constitution.

Form 990, Part VI, Line 7a - Election of Members and Their Rights
Representatives of the Organization's members elect the officers and
directors to serve a four-year (4) term at the Organization's quadrennial
convention in accordance with the Constitution and By-laws. Any delegate
who has been seated in the convention in accordance with the applicable
provisions of the Constitution is eligible to be nominated for the offices
of President and Secretary-Treasurer. Delegates for one of the fourteen
Vice-President positions must be nominated by Congressional District
caucuses in accordance with procedures set forth in Article XIII of the
Constitution.

Form 990, Part VI, Line 7b ~ Decisions Subject to Approval of Members

The Organization's Executive Board has complete authority to conduct its

Name of the organization

West Virginia AFL-CIO, Inc.

Employer identification number

55-0417680

affairs subject to the provisions of the Organization's Constitution and By-laws, the National AFL-CIO's Constitution, and applicable laws and statutes. All amendments to the Organization's By-laws shall be made by a two-thirds (2/3) majority vote of the delegates at a Constitutional or Special Convention of the Organization.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Organization's President and/or Secretary-Treasurer reviews the return with the independent accountant for completeness and accuracy when it is presented for signature. The Officer(s) inform the Executive Board at its next meeting that the return has been filed, a public inspection copy has been made available in the Organization's main office, and a complete copy is available for inspection by Board Member in the office. The Officer(s) will also typically discuss with the Board any significant changes or observations that come from the return preparation.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The President's salary and benefits are fixed by the Organization's
Constitution and By-laws, and are subject to change through amendment to
said By-laws by vote of the delegates at the quadrennial convention. A
committee of the Executive Board is charged with making any such
compensation recommendations to the convention for approval, rejection or
amendment.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The same compensation approval process described for the President is also applied to the Secretary-Treasurer, the Organization's only other elected

Schedule O (Form 990 or 990-EZ) (2016)

Employer Identification number

Name of the organization

West Virginia AFL-CIO, Inc.

55-0417680

paid officer.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The Organization's governing documents and Form 990 are available for
inspection in the main office during normal business hours. Advance notice
is requested.

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

2016

OMB No 1545-0047

Open to Public Inspection Employer identification number

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

55-0417680 Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. West Virginia AFL-CIO, Inc. Parti

	(а) Name, address, and EIN (if applicable) of disregarded entrty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)			·			
(4)						
(2)						
Part II	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.	nplete if the organiz x year.	ation answered "Ye	s" on Form 990, Pa	rt IV, line 34 becaus	e it had

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public chanty status	(f) Direct controlling	(g) Section 512(b)(13)	(b)(13)
			or foreign country)	-	(if section 501(c)(3))	entity	Yes	2
(1) HUMAN RESOURCE DEVELOP FOUND, INC.								
1644 MILEGROUND	55-0516532							
Morgantown WV 26505		PROGRAMS	MΛ	501c3	7	N/A		×
(2) HUMAN RESOURCE DEVELOP & EMPLOY INC								
1644 MILEGROUND	55-0561496						-	
Morgantown WV 26505		HUD HSG	ΜΛ	501c3	10	N/A		×
(3) CABELL-HUNTINGTON UNITY APART, INC.								
1644 MILEGROUND	55-0745599							
Morgantown WV 26505		HUD HSG	WV	501c3	10	N/A		×
(4) EASTVIEW UNITY APARTMENTS, INC.								
1644 MILEGROUND	55-0678215							
Morgantown WV 26505		HUD HSG	MΛ	501c3	10	N/A		×
FAYETTE HILLS UNITY, INC.								
1644 MILEGROUND	30-0019874							

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

WV 26505

Morgantown

Schedule R (Form 990) 2016

N/A

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501c3

HUD HSG

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

West Virginia AFL-CIO, Inc.

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

Open to Public 2016 Inspection Employer identification number

OMB No 1545-0047

55-0417680

(f)
Direct controlling
entity 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. (e) End-of-year assets Identification of Disregarded Entitles Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (c)
Legal domicile (state
or foreign country) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II Part 1 3 <u></u>  $\Xi$ <u>@</u> (2)

(g) Section 512(b)(13) controlled entity?	2		*			*	•		<b>&gt;</b>	4		<b>&gt;</b>	4		<b>&gt;</b>
Section 5	CD D														
(f) Direct controlling entity			N/A			W/W			4/N			W/8	B /N		N/A
(e) Public chanty status (if section 501(c)(3))			10			10			10			10	3	·	10
(d) Exempt Code section			501c3			501c3			50163			50163			501c3
(c) Legal domicile (state of foreign country)			WV			W			ΣM			Μ			WV
(b) Pnmary activity			HUD HSG			HUD HSG			HUD HSG			HUD HSG			HUD HSG
		31-1072016			55-0757841			55-0695850			55-0678214			55-0687740	
(a) Name, address, and EIN of related organization	ENTS, INC.		WV 26505	RIMENTS, INC.		WV 26505	TMENTS, INC.		WV 26505	MENTS, INC.		WV 26505	MENTS, INC.		WV 26505
Name, addres:	(1) GIHON UNITY APARTMENTS, INC.	1644 MILEGROUND	Morgantown	(2) HIGHVIEW UNITY APARTMENTS, INC	1644 MILEGROUND	Morgantown	(3) LINCOLN UNITY APARTMENTS, INC.	1644 MILEGROUND	Morgantown	(4) MARION UNITY APARTMENTS, INC.	1644 MILEGROUND	Morgantown	(5) ROMNEY UNITY APARTMENTS, INC.	1644 MILEGROUND	Morgantown
:	Ξ			2			ල			4)			(2)	-	

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

Schedule R (Form 990) 2016

N/A

**SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

West Virginia AFL-CIO, Inc.

Open to Public Inspection 2016 OMB No 1545-0047

Employer identification number

55-0417680

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling entity Yes 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. (f)
Direct controlling entity (e) End-of-year assets N/A N/A N/A N/A (e)
Public chanty status
(if section 501(c)(3)) 10 10 10 10 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (d) Exempt Code section 501c3 501c3 501c3 501c3 (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) ⋛ ⋛ 圣 ₹ Primary activity (b) Primary activity HUD HSG HSG HUD HSG HUD HSG **E** 55-0745598 45-4965095 55-0731330 55-0751157 (a) Name, address, and EIN (if applicable) of disregarded entity (1) SOUTH CHARLESTON UNITY APART, INC (a)
Name, address, and EIN of related organization THOMAS P MARONEY UNITY APTS, INC. 26505 26505 WV 26505 26505 UNITY COURT APARTMENTS, INC. UNITY HOUSE APARTMENTS, INC. ⋛ ⋛ 1644 MILEGROUND 1644 MILEGROUND 1644 MILEGROUND 1644 MILEGROUND Morgantown Morgantown Morgantown Morgantown Part II Part 1 . (7 <u>4</u> ල  $\Xi$ 8 ල <u>4</u> 9

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

WV 26505

UNITY HOUSING, INC.

. (2)

1644 MILEGROUND

Morgantown

Schedule R (Form 990) 2016

N/A

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HUD HSG

55-0489647

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Open to Public Inspection

2016

OMB No 1545-0047

(f)
Direct controlling entity Employer identification number 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. 55-0417680 (e) End-of-year assets Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income Legal domicile (state or foreign country) (b) Primary activity West Virginia AFL-CIO, Inc. (a) Name, address, and EIN (if applicable) of disregarded entity Part II Part € E 3 3 3

Section 512(b)(13)
Controlled entity? × × × (f)
Direct controlling entity N/A N/A N/A (e)
Public chanty status
(if section 501(c)(3)) 10 10 (d) Exempt Code section 501c2 501c3 501c3 (c)
Legal domicile (state
or foreign country) ₹ ₹ ₹ TITLE HLDG (b) Primary activity HUD HSG HUD HSG 55-0489646 31-1072033 55-0757843 (a)
Name, address, and EIN of related organization WV 26505 WV 26505 WV 25301 WELLSBURG UNITY APARTMENTS, INC. WEST HAMLIN UNITY PLACE, INC. WV AFL-CIO UNITY CENTER, INC. 501 LEON SULLIV AN WAY 1644 MILEGROUND 1644 MILEGROUND Morgantown Morgantown Charleston Ξ (2) ල ₹ 3

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

Schedule R (Form 990) 2016

boodage a rida chief charee of gaintzanens a caree as a painteising unit tax year.	טו אמו וולמווטווט וו		as a partifici	aill Billinn dille	lax yeal.					
(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Onsproportionate alloc?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
(1)Unity Housing Apartments, L.P. 1644 Mileground Morgantown 26-1941800	но нед	¥.	N/A	N/A	N/A		N/A N/A	N/A	N A	
_										
										}
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	itions Taxable related organiza	as a (	Corporation treated as a	or Trust Composition or t	lete if the orgar rust during the	ization answere tax year.	ed "Yes" on	Form 990, Pa		
(a) Name, address, and EIN of related prganization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	age hip	l 은호호함하
(1)Unity Insurance Group, Inc. 501 Leon Sullivan Way Charleston WV 25301 20-5392565	Ingur Agt	tr	WV	N/A	υ	N/A		N/A	N/A	Ves No
		- <del></del> -								
DAA ·								Schedule R (Form 990) 2016	R (Form	990) 201

Schedule R (Form 990) 2016

West Virginia AFL-CIO, Inc.

Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

55-0417680

Page 3

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Yes

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•		ted in Parts II-IV?
		one or more related organizations lis
	shedule.	and transactions with or
,	ed in Parts II, III, or IV of this so	ganization engage in any of the follow
	lote: Complete line 1 if any entity is listed in Parts II, III, or IV o	During the tax year, did the organizal
	ž	~

- Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity **b** Gift, grant, or capital contribution to related organization(s)

  - c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
  - e. Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i. Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)
  - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

    - o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)
- 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

2 . If the allower to any of the above is the mentioned of miles that the allower to any of the above is the mentioned the allower to any of the above is the mentioned the allower to any of the above is the allower to any of the allower to allower the allower to allower the allower to allower the allower to allower the allower t	ille, illeladilig covered in	יומנויטווא מוות נומוואמרני	ion unesinoida
(e)	(q)	(၁)	(p)
Name of related organization	Transaction	Amount involved	Method of determining amount involved
	type (a–s)		
(1)			
-			
(2)			
(3)			
(4)			
(5)			
(9)			

Schedule R (Form 990) 2016

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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 entity	(b) Primary activity	(c)	(d) Predominant	(e)	į	_	(h)	4	قِ	9		(x)
		domicile (state or foreign	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	end-of-year assets	allocations?	of Schedule K-1 of Schedule K-1 (Form 1065)	-081 1 box 20 lule K-1 1065)	partner?		ownership
				Yes No	0		Yes	N <sub>O</sub>		Yes	2	
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Part VII Supplemental Information

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Part VII

Provide additional information for responses to questions on Schedule R (See instructions).