Form . 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public the numbers on this form as it may be made public the numbers on this form as it may be made public the numbers on this form as it may be made public the numbers on this form as it may be made public the numbers on this form as it may be made public the numbers on this form as it may be made public the numbers on this form as it may be made public the numbers on this form as it may be made public the numbers on this form as it may be made public the numbers on this form as it may be made public the numbers on this form as it may be made public the numbers on this form as it may be made public the numbers on this form as it may be made public the numbers on this form as it may be made public the numbers on this form as it may be made public the numbers on this form as it may be made public the numbers on the numbers of the numbers o

20**17** Open to Public

	A		nue Service Go to www.irs.gov/Forms90 for instructions and the lates			
	<u>~</u>		2017 calendar year, or tax year beginning July 1 , 2017, and end	ــــــــــــــــــــــــــــــــــــــ	June 30	, 20 18
	B		f applicable C Name of organization American Federation of Teachers #4444/Kanawha F	ed of 1S	— D Employe	er identification number
	님		change Doing business as Kanawha Federation of Teachers #4444		E Talantan	55-0663521
	님	Name c	• !		E Telephor	
	片	Initial re		300		304-344-2679
	닏		City or town, state or province, country, and ZIP or foreign postal code			
	닖		d return Charleston, WV 25311	 .	G Gross re	
	Ш	Applicat	ion pending F Name and address of principal officer Fred Albert, President			oubordinates? 🔲 Yes 💆 No
			1615 Washington St , E #300 Charleston, WV 25311			included? Yes No
	<u></u>			09		list. (see instructions)
	<u></u>	Website			iroup exemption	 _
			organization. ☐ Corporation ☐ Trust ☐ Association ☑ Other ► Labor Union L Year of form	nation 1	986 M State	of legal domicile. WV
	P	art I	Summary			
	_	1	Briefly describe the organization's mission or most significant activities: The			
	ည	1	working conditions of the entity's members and their families, to give voice to the	r profession	onal economic	and social
	Ta	_	aspirations, and to strengthen the institutions in which our members work			
	Ş	2	Check this box ▶☐ if the organization discontinued its operations or disposed		1 _ 1	
	Ö	3				15
	જ	4	Number of independent voting members of the governing body (Part VI, line 1)	0)		15
	Activities & Governance	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0
	cţ	6	Total number of volunteers (estimate if necessary)		6	10
	ď	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
		<u> </u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0
				Pri	or Year	Current Year
တ	e	8	Contributions and grants (Part VIII, line 1h)	ļ	672,038	656,868
2019	Revenue	9	Program service revenue (Part VIII, line 2g)	 	0	0
4 2	Ř	10	Investment income (Part VIII, column (A), lines 3, 4, and 76RECEIVED.		12	12
	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	10
		12	Total revenue — add lines 8 through 11 (must equal Path III, pp 14mg (A), jineg 2)	 	672,050	656,890
AUG		13	Grants and similar amounts paid (Part IX, column (A), Phoes 1–3)	<u> </u>	26,850	17,275
		14	Benefits paid to or for members (Part IX, column (A) line 4. Salaries, other compensation, employee benefits (Part IX, column (A) line 4. Salaries, other compensation, employee benefits (Part IX, column (A) line 4. Salaries (Part IX, column (A) line 4. Salarie		0	0
Ω	es	15			0	0
岁	eus	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
SCANNED	Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
3	ш.	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		650,010	652,799
Š		18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		676,860	670,074
		19	Revenue less expenses. Subtract line 18 from line 12	<u> </u>	-4,810	-13,184
	s or			Beginning	of Current Year	End of Year
	sset	20	Total assets (Part X, line 16)		213,860	200,676
	Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		0	0
			Net assets or fund balances. Subtract line 21 from line 20	<u>. </u>	213,860	200,676
	_	art II	Signature Block			
	Und	der pena	ities of perjury, I declare that I have examined this return, including accompanying schedules and sta t, and complete Declaration of preparer (other than officer) is based on all information of which prepa	tements, and	to the best of m	ny knowledge and belief, it is
			1 the second sec	CO a	Townedge /	1.4
	0:-		The Steve Shawdin	1 Cas	1 5/20	7/7
	Sig		Signature of officer	Tra	Date ASUVU	۸
	He	re	Division scent for some sugmonn	, 110	20010	<u>ルーーー</u>
			Type or print name and title	Data		IDTIN
	Pa	id	Preparer's signature	Date	Check [
	Pre	epare	<u>r</u>		self-emp	loyed
		e Onl			Firm's EIN ▶	
			Firm's address >		Phone no.	
	_		RS discuss this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	Yes No
	For	Paperv	vork Reduction Act Notice, see the separate instructions. Cat	No 11282Y		Form 990 (2017)

c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
	Training of individu	ual members in professional iss	sues			
						·
-						
-						
-						
•						
-						
_						
٠						
		vices (Describe in Schedule C				
(Expenses \$	including grants of	\$) (Re	evenue \$)	
• 1	Total program sen	vice expenses >				-
				-		Form 990 (

COR

Part	V Checklist of Required Schedules			, ago (
	•		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		~
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3	~	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		NF
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	<u> </u>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	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		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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 .	11f		,
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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		,
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		V
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		,
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		,
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		~
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		,
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		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		V
		<u>. </u>		

Part	Checklist of Required Schedules (continued)			
٠,			Yes	No
20 a		20a		V
21	'If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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	20b		NIT
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		~
	to defease any tax-exempt bonds?	24c		V
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		NA
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	-	NA
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	y
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u></u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	~	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<i>'</i>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		NPS
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	33		_
	Part VI	37		~
38 	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	~	
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Part	Statements Regarding Other IRS Filings and Tax Compliance			
•	Check if Schedule O contains a response or note to any line in this Part V			. 🛚
			Yes	No
1a	`Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	Í	ĺ	ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		NA
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			<u></u>
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		M/X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		NA
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		-
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			1
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		NA
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	/	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	~	
7	Organizations that may receive deductible contributions under section 170(c).		-	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		NA
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		NA
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			Γ.
	required to file Form 8282?	7c		NA
d	if "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		NA
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		NA
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		NA
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		NA
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		NA
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		WA
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		NA
10	Section 501(c)(7) organizations. Enter:	,		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	}		ĺĺ
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			اا
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		NA
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			لمبا
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		NA
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		NX

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a15			7
	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.			
þ	Enter the number of voting members included in line 1a, above, who are independent . 15			[
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		
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		/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6	~	
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	/	
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	~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
		r	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		N/A
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a		NA
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		1
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		~
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		NA
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		NA
13	Did the organization have a written whistleblower policy?	13		V
14	Did the organization have a written document retention and destruction policy?	14		~
15	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		NV
b	Other officers or key employees of the organization	15b		NA
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	—	<u> </u>
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?	16b		NA
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	☐ 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 int financial statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Steve Shamblin 1615 Washington St., E #300 Charleston, WV 25311 304-344-2679	cords	>	

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Part VII	Compensation of Officers,	Directors, Tr	rustees, Key	Employees,	Highest C	ompensated	Employees,	and
	Independent Contractors							

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Officer this box if fletther the organiza	ation not any relate	u org	ai iiz		C)	ompe	1130	led any curren	it officer, directo	i, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles	neck ss pe d a d	rson Irect	e than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Fred Albert	10 hours									
President]		~				0	О .	0
(2) Cynthla Phillips Vice President	5 hours			,				0	0	0
(3) Jerry Throckmorton Secretary	5 hours			,		- -		0	0	0
(4) Steve Shamblin Treasurer	5 hours			,				0	0	0
(5) Lisa Austin	2 hours		-	<u> </u>	\vdash	 			<u> </u>	
Executive Board Member	2 110013	~						0	o	0
(6) Meg Britt Executive Board Member	2 hours	v						0	0	0
(7) Jennifer Cavender-McNeal	2 hours								-	
Executive Board Member		-		<u> </u>	╙	├		0	0	0
(8) Elizabeth Evans	2 hours	,	ŀ					0	0	
(9) Patricia Hamilton	2 hours	-	\vdash	 	-			· · · · · · · · · · · · · · · · · · ·		0
Executive Board Member	2 110013	~						0	0	0
(10) Linda Monday	2 hours									
Executive Board Member		~						0	0	0
(11) Debra Stollings	2 hours									
Executive Board Member		~						0	0	0
(12) Julee Strahler	2 hours									
Executive Board Member		~				ļ		0	0	0
(13) Marcia Wandling	2 hours									
Executive Board Member		~			L	ļ	<u> </u>	0	0	0
(14) Treva Woodson	2 hours							_		_
Executive Board Member	l l	/		l		l	l	0	0	0

rai	VII - Section A. Officers, Directors, Trus	lees, Key E	mpio	yees		na r C)	iigne	St C	ompensated E	:mpioyees (co	ntinu 	lea)
•	(A) Name and title	(B) Average	,		Pos neck	ition more	e than o		(D) Reportable	(E)		(F) Estimated
		hours per week (list any hours for related organizations below dotted line)	office or directo				bot will Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation fr related organizations (W-2/1099-MIS		amount of other compensation from the organization and related organizations
(15)	Pat Snead	2 hours										
	tive Board Member		~						0		0	
(16)		 	}						}			
(17)								_				
(18)												
(19)												
(20)							-				-	<u></u>
(21)												
(22)											\top	
(23)												· · · · · · · · · · · · · · · · · · ·
(24)												
(25)												
1b	Sub-total							L	0		0	0
c	Total from continuation sheets to Part							•	0		0	0
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0		0	
2	Total number of individuals (including but reportable compensation from the organi		l to th	ose	list	ed a	above	e) w	ho received me	ore than \$100	,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							mp	oloyee, or high	est compens	ated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	oortal	ole d	com	per	nsatio					
5	individual											
Section	on B. Independent Contractors	rii res, c	отр	ele .	SCI	leau		or s	uch person	· · · · ·	•	5 /
1	Complete this table for your five highest of compensation from the organization. Replyear.											
	(A) Name and business add	ress							(B) Description of s	ervices	((C) Compensation
N/A												
	Table and the Section			<u> </u>								
2	Total number of independent contracto		-					τn	ose listed abo	ove) wno		\$ 10 ST

Par	VIII	Statement of Revenue	· · ·			 	
<u> </u>		Check if Schedule O contains a res	ponse or note to				
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	0			<u> </u>	
Sra	b	Membership dues 1b	650,765				
ts, (С	Fundraising events 1c	0		1		
Gif Îa	d	Related organizations 1d	0				
ns, Sim	е	Government grants (contributions) 1e	0				
er S	f	All other contributions, gifts, grants,	1		1		
털		and similar amounts not included above 1f	6,103	ļ			
ont nd (g	Noncash contributions included in lines 1a-1f: \$	0				
<u>a</u> C	h	Total. Add lines 1a-1f	Business Code	656,868			
Program Service Revenue	2a		Dusiness Code	0	_		
Revi	b			0			<u> </u>
ce	C		-	0			
ervi	d			0			
m S	e			0			
gra	f	All other program service revenue.		0			
Pro	g	Total. Add lines 2a-2f	▶	0			
	3	Investment income (including divid	ends, interest,		-	•	
		•	▶	12	0	0	12
	4	Income from investment of tax-exempt be		0			·
	5	Royalties		0			· · · · · · · · · · · · · · · · · · ·
			(ii) Personal				
	6a	Gross rents .					
	b	Less: rental expenses	<u> </u>				
	C	Rental income or (loss) Net rental income or (loss)		0			
	d 7a	Gross amount from sales of (i) Securities	(ii) Other				
	, a	assets other than inventory	(1) 0 11 0				
	b	Less: cost or other basis					1
		and sales expenses .					'
	С	Gain or (loss)					
	d	Net gain or (loss)	▶	0		·	
ne	8a	Gross income from fundraising					
Other Revenue		events (not including \$]		F	•	
F. Fe		of contributions reported on line 1c).					
ē		See Part IV, line 18 a					
₹		Less: direct expenses b					
		Net income or (loss) from fundraising	events . >	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b					
	C 100	Net income or (loss) from gaming acti Gross sales of inventory, less	vities ▶	0			
	10a	returns and allowances a					
	b	Less: cost of goods sold b					
	C	Net income or (loss) from sales of inve		0			
ł		Miscellaneous Revenue	Business Code				<u></u>
ŀ	11a	Miscellaneous Income	900099	10			
	b			0			
	С			0			
	d	All other revenue		0			
	е	Total. Add lines 11a-11d	•	10			
	12	Total revenue. See instructions	▶	656 890			12

Part IX	· Sta	tement	of	Function	onai	Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	ns must complete col	umn (A).
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, b, 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	3,275			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	14,000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 8	Other salaries and wages	0			
9	Other employee benefits	0			
10	Payroli taxes	0			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
С	Accounting	0			_
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0	 –	 	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	 	-	
12	Advertising and promotion	7,542			
13	Office expenses	187	·····		
14	Information technology	0	<u> </u>		
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	10,865			
20	Interest	0			
21	Payments to affiliates	633,351			
22	Depreciation, depletion, and amortization .	0			
23	Insurance	60			
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.)		. <u> </u>		
а	Good & Welfare (Gifts, cards, etc)	794			
b		0			
C		0			-
d		0	-		
e	All other expenses	0 70 074		ļ. ————————————————————————————————————	
25_	Total functional expenses. Add lines 1 through 24e	670,074		ļ	
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				

	art χ				
	•	Check if Schedule O contains a response or note to any line in this Parl	tX		[
_			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	7,462	1	2,518
	2	Savings and temporary cash investments	206,398	2	198,158
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	0	4	(
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.	The same of the sa	, ===.	mengamba gada gada
		Complete Part II of Schedule L	0	5	(
v	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	
set	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	0	8	
•	_	}	0	9	
	9 10a	Prepaid expenses and deferred charges	<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	0	100	
	l a b	· · · · · · · · · · · · · · · · · · ·		10c	
	11	Investments—publicly traded securities		12	
	12) <u></u>	0	13	
	13	Investments—program-related. See Part IV, line 11			
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11		15	200 (7)
	16	Total assets. Add lines 1 through 15 (must equal line 34)	213,860	16	200,676
	17	Accounts payable and accrued expenses	0	17	<u> </u>
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	C
	20	Tax-exempt bond liabilities	0	20	C
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	(
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		· <u>·</u>	
iab		disqualified persons. Complete Part II of Schedule L	0	22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23_	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	C
	26	Total liabilities, Add lines 17 through 25	0	26	<u></u>
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	<u> </u>		
<u>a</u>	27	Unrestricted net assets	206,398	27	198,158
Ba	28	Temporarily restricted net assets	7,462	28	2,518
or Fund Balances	29	Permanently restricted net assets	0	29	C C
S	30	Capital stock or trust principal, or current funds	0	30	` <u> </u>
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.	0	32	
e	33	Total net assets or fund balances	213,860		200,676
Z	34	Total liabilities and net assets/fund balances	213,860	34	200,676
	· · ·	. The manufacture and not according to a large and the control of			

_	4	•
Page	1	4

•	10 (2017)			_	ye iz
Par	XI · Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		65	6,890
2	'Total expenses (must equal Part IX, column (A), line 25)	2		67	0,074
3	Revenue less expenses. Subtract line 2 from line 1	3_		-,1	3,184
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_4		21	3,860
5	Net unrealized gains (losses) on investments	_5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8		_	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	İ	_	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		20	0,676
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		
			(Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	n I		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:				· ·
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:				<u>/</u>
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant'	? 2c		NA
	If the organization changed either its oversight process or selection process during the tax year, example O.				√ ¹ 1-
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		. За		NA
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		NA
			For	m 990	(2017)

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

OMB No. 1545-0047 **2017**

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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.
- · 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.
- 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.

	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Prox) hen	/ Tax) (see separate	e instructions) or Form 990	P-EZ, Part V, line 35c (Proxy
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	of organization			Employer ider	ntification number
	can Federation of Teachers			<u> </u>	55-0663521
Part		e organization is exempt und			
1 2 3	definition of "political car Political campaign activit	f the organization's direct and in mpaign activities") by expenditures (see instructions) .cal campaign activities (see instruc	·	⊳ \$	•
Part		e organization is exempt und			
1 2 3 4a b Part 1 2 3 4 5 5	Enter the amount of any Enter the amount of any If the organization incurre Was a correction made? If "Yes," describe in Part I-C Complete if the Enter the amount direct activities Enter the amount of the 527 exempt function act Total exempt function act ine 17b Did the filing organization Enter the names, address organization made payme the amount of political co	excise tax incurred by the organization excise tax incurred by organization ed a section 4955 tax, did it file Form. IV. e organization is exempt under ly expended by the filing organization funds contributions. filing organization's funds contributions. Add lines 1 and 2 for this year's ses and employer identification numbers. For each organization listed, contributions received that were pro-	er section 501(er section for section 501(er section 501(er section 501(er section for sec	section 4955	Yes No Yes No Yes No Yes No Yes No Xestions to which the filing ization's funds. Also enter political organization, such
(4)	(a) Name	fund or a political action committe (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)					
(2)			_		
(3)					
(4)					
(5)					
(6)					

Cat No. 50084S

0011		1 330 01 330 - L.Z.) 2017					Page
Pa	rt II-A	Complete if the organizate section 501(h)).	ntion is exem	pt under section 5	01(c)(3) and file	d Form 5768 (ele	
A	Check ▶	if the filing organization be address, EIN, expenses, a				filiated group memb	er's name,
В	Check ▶	if the filing organization cl	necked box A a	and "limited control" p	rovisions apply.		
		Limits on L	obbying Expe	nditures		(a) Filing	(b) Affiliated
		(The term "expenditures	" means amou	ints paid or incurred	!.)	organization's totals	group totals
1	a Total le	obbying expenditures to influe	nce public opir	nion (grass roots lobb	ying)		
	b Total le	obbying expenditures to influe	nce a legislativ	e body (dırect lobbyir	ng)		
	c Total le	obbying expenditures (add line	es 1a and 1b)				
	d Other	exempt purpose expenditures					
		exempt purpose expenditures					
	f Lobby	ing nontaxable amount. En ns.	er the amour	nt from the following	g table in both		
	If the ar	mount on line 1e, column (a) or (o) is: The lobb	ying nontaxable amour	nt is:	* 1	
	Not ove	r \$500,000	20% of th	e amount on line 1e.			
	Over \$5	00,000 but not over \$1,000,000	\$100,000	plus 15% of the excess	over \$500,000.	. 4	* ,
	Over \$1	,000,000 but not over \$1,500,000	\$175,000	plus 10% of the excess	over \$1,000,000.	ļ' .	-
	Over \$1	,500,000 but not over \$17,000,00	0 \$225,000	plus 5% of the excess of	over \$1,500,000.		• •
	Over \$1	7,000,000	\$1,000,00	00.			The state of the s
	g Grassr	oots nontaxable amount (ente	r 25% of line 1	f)			
	h Subtra	ct line 1g from line 1a. If zero	or less, enter -()			
	i Subtra	ct line 1f from line 1c. If zero o	or less, enter -0				
	-	e is an amount other than z ng section 4911 tax for this y	_	line 1h or line 1i, di	_	Г	∐Yes ∐No
	(Som	e organizations that made a	section 501(h	ing Period Under sed) election do not have nstructions for lines	e to complete all	of the five columr	s below.
		Lobby	ing Expenditu	res During 4-Year A	veraging Period		
	Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2	a Lobbyi	ng nontaxable amount					
		ng ceiling amount of line 2a, column (e))	13 13 W		, , , , , , , , , , , , , , , , , , , ,		
	c Total lo	obbying expenditures					
	d Grassr	oots nontaxable amount					
		oots ceiling amount of line 2d, column (e))	3	ş.	the second secon	1 . J	
	f Grassr	oots lobbying expenditures]	

Schedule C (Form 990 or 990-EZ) 2017

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Forn	1 5768	;	
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)	
	iption of the lobbying activity.	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?			'_		£
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
_ d	Mailings to members, legislators, or the public?	_	-			
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)?			1		
b	If "Yes," enter the amount of any tax incurred under section 4912	- 1	, , , , , ,			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			, 1, 1		
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	~	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	~	Π.
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		NP
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OI answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members					
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	or		1		
а	Current year	٠	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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ıng	* -			
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	_5_			
Par						
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.	ısı qı	t); Pai	t II-A,	ines 1	1 and
The or	ganization contributes to candidates supporting the organization's interests in school education and othe	r rela	ted is	sues		
					, 	
	······································					

Schedule C (For	m 990 or 990-EZ) 2017	Page 4
Part IV_	Supplemental Information (continued)	
•	·	•
•		
=======================================		
	·	
		
		· · · · · · · · · · · · · · · · · · ·
·		·····
·		
` ••••••		
		/*Y
· 		

SCHEDULE 0 (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.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

American Federation of Teachers #4444/Kanawha Federation of Teachers	55-0663521
Part VI.A.6: The entity has members who voluntarily join the organization	
Part VI A 7a The members of the organization elect the officers and board members through election	·
Part VI.A 7b: The members of the organization vote on changes to the local's constitution and other g	overning documents.
Part VI C.19. Governing and financial documents are available upon request. The organization's 990 i	s available on another's website.
······	
······································	······································
	ħ.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Go to www.irs.gov/Form990 for instructions and the latest information.

▶ Attach to Form 990.

Open to Public 2017

OMB No. 1545-0047

Employer identification number

55-0663521

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. American Federation of Teachers #4444/Kanawha Federation of Teachers Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	Prima	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	gullo
(1) N/A				<u>=</u>			
(2)		-					
(6)				-			
(4)							
(5)							
(9)							
Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations during	ons. Complete if the grant of the tax year.	ne organization a	ons. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had not tax year.	ו Form 990, Part	: IV, line 34, beca	use it ha	٦
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) standard
						Yes	No
(1) American Federation of Teachers EIN: 36-0725240 555 New Jersey Ave , NW Washington, DC 20001	Labor Union	20	501 c		'NIA NIA		>
(2) AFT/West Virginia EIN: 55-0687594 1615 Washington St, E Ste 300 Charleston, WV 25311	Labor Union	WV	501 c		IN/A N/A		,
	Political Committee	WV	501 c		N/A N/A		,
(4)				_			
(5)							
(9)							
(Δ)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat	Cat. No 50135Y	-	Schedule R	Schedule R (Form 990) 2017	0) 2017

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Section 512(b)(13) controlled entity? Schedule R (Form 990) 2017 (k) Percentage ownership ŝ 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. **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Yes (J) General or managing partner? Yes No (h) Percentage ownership amount in box 20 of Schedule K-1 (Form 1065) (i) Code V—UBI (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total Yes Income (g) Share of end-of-(e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income because it had one or more related organizations treated as a partnership during the tax year. (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) (c)
Legal domicile
(state or foreign country) (d)
| Direct controlling | entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (a)
Name, address, and EIN of related organization Name, address, and EIN of related organization œ Part IV Part III (1) N/A (1) N/A 8 € E 2 ල 3 9 8 ල € 2 9

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

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														•					•	•	 					sehine and transac	ואווט מווט וומוואמר	(e Method of determin		Cash		Cash		Cash			Scheduk
	_			- • • • •	-					_				•						•	 		•			ding covered relation	dillig covered relation	(c) Amount involved		293,634 Cash		339,718		3,103			
	ì													•					•	•	 					iloni ani atta talam	inplete tins lifte, inclu	(b) Transaction type (a—s)		_		_		S			
	Peceint of (i) interest (ii) annuities (iii) roualties or (iv) rent from a controlled entity		b Girt, 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 of Ioan guarantees by related organization(s)		f Dividends from related organization(s)	a Sala of accate to related organization(s)		h Purchase of assets from related organization(s)	i Exchange of assets with related organization(s)	i I ease of facilities, equipment, or other assets to related organization(s)			k Lease of facilities, equipment, or other assets from related organization(s)	1 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)		o Sharing of paid employees with related organization(s)	p Reimbursement paid to related organization(s) for expenses	a 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)			(a) Name of related organization	American Federation of Teachers	(1)	AFT/WV Federation of Teachers	(2)	AFT/WV COPE	(3)	(4)	(5)	(0)

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.

or gross revenue) that was not a related or gaint and the control of the control	gamzanom. cco	(6)	6	9	9	(0)	(4)	3	0	8
Name, address, and EIN of entity	ctivity	Legal domicile	Predominant	Are all partners	ਲ		Disproportionate	Code V—UBI		Percentage
	-	(state or foreign country)	ס	section 501(c)(3)		end-of-year assets	allocations?	of Schedule K-1	managing partner?	ownership
			€	Yes No			Yes		Yes No	
(1) N/A				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
(2)				,						
(6)										
(4)										
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(6)								-		
(10)										
(11)								-		
(12)								-		
(13)										
(14)										
(15)										
(16)	1									
								Sche	Schedule R (Form 990) 2017	n 990) 2017

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Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
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