# **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.

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

OMB No 1545-0047 **2018** 

**Open to Public** Inspection

Form **990** (2018)

	rtment of t	he Treasury	► Go to www.irs.gov/Fo				on.	Inspection
_			endar year, or tax year beginning	7/1/2018	, and er		12/31/201	8
		pplicable		AN FEDERATION OF L	ABOR		D Employer identif	ication number
	Address c	hange	Doing business as NEVADA STATE	UNION LABEL AND SE	RVICE			
一,	Name cha	2000	Number and street (or PO box if mail is not	delivered to street address)	Room/suite		8-0038900	
$\equiv$		•	602 East John St			l°	E Telephone numbe	r
י וב	nitial retu	m	City or town	State NV	ZIP code 89706	C	775) 882-7490	
☐ F	inal return	/terminated	Carson City  Foreign country name  Foreign	province/state/county	Foreign postal	code		
$\Box$	Amended	return	7 Oreign Country hame	province/state/county	i oreign postar		Gross receipts \$	1,142,813
$\equiv$				<u> </u>			****	
∟′	Applicatio	n pending	F Name and address of principal officer				a group return for subor	
			Raymond McAllister 1891 Whitney N	lesa Dr , Henderson,	NV 89014		all subordinates includ	
1 T	ax-exemp	pt status	501(c)(3) X 501(c) ( 5 )	<b>【</b> (insert no ) 4947(a	)(1) or 52 <b>7</b>	う It "N	o," attach a list (see i	instructions)
JV	Vebsite	: <b>&gt;</b> www	v nv aflcio org			H(c) Grou	p exemption number	<b>•</b>
		ganization	X Corporation Trust Associ	ation Other ▶	L Yea	r of formati	on 1955 MS	State of legal domicile NV
		<u> </u>		Color P	1 2 .52		1955	140
F	art I		nmary escribe the organization's mission or	most significant activi	tion PERI	DECENT	ED OBCANIZE	D WORKERS IN
ø	1		MANAGEMENT RELATIONS IN THE					D WORKERS IN
Activities & Governance		LABURI	MANAGEMENT RELATIONS IN THE	STATE OF NEVADA	AND IN THE L	EGISLA	TIVE SESSION	
Ĕ					·/-			
8	2		nis box ▶ if the organization dis			of more	1 1	net assets
Ğ	3		of voting members of the governing	• •		V	3	19
ođ v	4	Number	of independent voting members of the	ne governing body (Pa	irt VI, line 1b)	1	4	18
Ē.	5	Total nui	mber of individuals employed in calei	ndar year 2018 (Part \	/, lıne 2a)		5	13
<b>₹</b>	6		mber of volunteers (estimate if neces			L	6	
¥	7a	Total uni	related business revenue from Part V	/III, column (C), ine 1	2RECEIVE	ΞD	7a	0
	b	Net unre	elated business taxable income from	Form 990-T, line 38			7b	0
				22	MAY <b>2 4</b> 2	10	ror Year	Current Year
Ф	8	Contribu	itions and grants (Part VIII, line 1h)	121	WAT 24 20	מו פונ	894,721	1,015,105
2	9	Program	service revenue (Part VIII, line 2g)				80,368	93,775
Revenue	10	Investme	ent income (Part VIII, column (A), line	es 3, 4, and 7d)	OGDEN.	IJT ,	96	146
œ	11		venue (Part VIII, column (A), lines 5,				26,129	33,787
	12		enue—add lines 8 through 11 (must equ			•	1,001,314	1,142,813
	13		and similar amounts paid (Part IX, co				9,000	13,300
	14		paid to or for members (Part IX, colu				0	0
s	15		other compensation, employee benefits		nes 5–10)		311,732	327,220
Se	16a		onal fundraising fees (Part IX, colum		,		0	0
Expenses	b		draising expenses (Part IX, column (		0			
Ä	17		openses (Part IX, column (A), lines 1	• • • • • • • • • • • • • • • • • • • •			450,588	761,757
	18		penses Add lines 13–17 (must equal	·	ine 25)		771,320	1,102,277
	19		e less expenses Subtract line 18 from				229,994	40,536
- P 8						Beginnii	ng of Current Year	End of Year
Net Assets or Fund Balances	20	Total ass	sets (Part X, line 16)			-	1,645,277	1,667,130
Ass	21		pilities (Part X, line 26)				786,110	767,427
žž	22		ets or fund balances Subtract line 21	from line 20			859,167	899,703
	ırt II		nature Block					-
			y, I declare that I have examined this return, incl	uding accompanying schedu	les and statements,	and to the	best of my knowledg	e
and	belief, it i	s true, corre	ct, and complete Declaration of preparer (other	than officer) is based on all	information of which	preparer l	has any knowledge	
0:-			ta DMPClat				5//	4/19
Siç			Signature of officer		_		Date	
He	re		Raymond McAllister		Exec	utive Se	cretary-Treasure	er
			Type or print name and title		- ,			
		Pnn	t/Type preparer's name	Preparer's signature		Date		PTIN
Pa	id			May 1	cenada	ريم [ ر		X if
	eparer	, Mar	y Sanada	11/024 X	many	<u> </u>	1/2019 self-emp	loyed   P00834666
	e Only		's name	/ /			Firm's EIN 🕨	
_			's address ▶ 2832 Table Rock Dr , Ca	rson City, NV 89706			Phone no (775)	885-7962
Ma	y the IF	RS discus	s this return with the preparer shown	above? (see instructi	ons)			X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

			· · · · · · · · · · · · · · · · · · ·			
	, .					
		·	·			
4d	Other program services (Describ	pe in Schedule O )		<del></del>		
	(Expenses \$	0 including grants of \$		0)(Revenue \$	0)	
4e	Total program service expenses	<b>•</b>	0			
					Form	990 (2018)
	,					

B8-0038900 LP TO

Part IV	Chacking at Di	equired Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		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	х	
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	_
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		х
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		Х
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		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		Х
2a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 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		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
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	4.4h		v
5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		х
7	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		х
8	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		х
9	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		Χ
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
:1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
				_

	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	6				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable						
	gaming (gambling) winnings to prize winners?			1c			

<del>Part</del>	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			l
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
	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		X
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		<b> </b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			١
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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 (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
L	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	Х	<del> </del>
b	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).	GD	_	<b></b> -
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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 .			
11	Section 501(c)(12) organizations. Enter			
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 )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b> </b>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	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			
_	Enter the amount of reserves on hand			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		$\stackrel{\sim}{\vdash}$
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			$\Box$
		45		v
	excess parachute payment(s) during the year	15		X
4.0	If "Yes," see instructions and file Form 4720, Schedule N			V
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	ļļ	X
	If "Yes." complete Form 4720. Schedule O.	ı 1	i	1

Part VI

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

	Check it ochedule o contains a response of note to any line in this r art vi	· · · · · · · · · · · · · · · · · · ·			<u> </u>					
<u>Sect</u>	ion A. Governing Body and Management	•		<del>.</del> 1						
				Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 21			1					
	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				- 1					
	committee, explain in Schedule O				a					
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 20		i						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with			]					
	any other officer, director, trustee, or key employee?									
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	r person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	as filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		Х					
6	Did the organization have members or stockholders?		6		X					
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		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members									
, –	stockholders, or persons other than the governing body?	1	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n durina +								
•	the year by the following	. Jamiy			i					
а	The governing body?		8a							
b	Each committee with authority to act on behalf of the governing body?		8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached	-							
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	,	9		Х					
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue (		<del></del> _						
	,			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	•	10b 11a	X						
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		12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could of	give rise to conflicts?	12b	X						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '	•								
	describe in Schedule O how this was done		12c	х						
13	Did the organization have a written whistleblower policy?	•	13		X					
14	Did the organization have a written document retention and destruction policy?		14		X					
15	Did the process for determining compensation of the following persons include a review and appro	val bv								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•								
а	The organization's CEO, Executive Director, or top management official		15a	$\overline{\mathbf{x}}$						
b	Other officers or key employees of the organization		15b		Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				Ī					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement								
	with a taxable entity during the year?		16a		$\overline{x}$					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its			1					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg			٥.						
	the organization's exempt status with respect to such arrangements?	• · · · <del>-</del>	16b							
Sect	ion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,	and 990-T (Section 5	01(c)							
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app		. ,							
		plain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or		cy, an	d						
	financial statements available to the public during the tax year	,	-							
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records	•							
	The organization	(702) 459-1414								
	1891 Whitney Mesa Dr , Henderson, NV 89014			<b></b> -						

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	<del></del> -
` ,	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

			<u> </u>			<u> </u>			
ours per ek (list any nours for related janizations	box,	unle: er an	Pos neck ss pe	ition more rson	is both	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1.00	-	<u> </u>	<del>                                     </del>	<del>                                     </del>					
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1	Average nours per rek (list any hours for related ganizations alow dotted line)  1 00 0 00 1 00	Average hours per leck (list any hours for related panizations alow dotted line)  1 00 0 00 X	Average nours per lek (list any hours for related ganizations allow dotted line)  1 00	(B) Average nours per leck (list any hours for related ganizations allow dotted line)  1 00	Average nours per lek (list any hours for related ganizations allow dotted line)  1 00	(B) Average hours per leck (list any hours for related ganizations allow dotted line)  1 00	(B) Average nours per per lek (list any hours for related ganizations allow dotted line)  1 00	(B) Average hours per low (do not check more than one bours per low (list any hours for related panizations show dotted line)  1 00	(B) Average hours per election (do not check more than one box, unless person is both an officer and a director/trustee) or related januarizations low dotted line)  1 00

Pa	rt VII S	Section A. Officers, Directors, Tru	ıstees, Key Em <sub>l</sub>	oloye	es,	and	l Hi	ghes	t Co	ompensated Em	ployees (contin	ubd)		,
	(C)								,		•			
		(A) .	(B)	Position (do not check more than						(D)	(E)		(F)	
		Name and title	Average hours per				irecto	ıs both or/trust	ee)	Reportable compensation	Reportable compensation		stimate mount	
			week (list any		_		7	9 E	ਨਾ	from	from related		other	
			hours for related	Individual to or director	ttut	Officer	y en	nploy ploy	Former	the organization	organizations (W-2/1099-MISC)		npensa rom th	
			organizations below dotted	함	onal		탕	8 8	•	(W-2/1099-MISC)			ganızat nd relat	
			line)	Individual trustee or director	Institutional trustee		)èe	nper					anızatı	
				0	66			Highest compensated employee						
					ļ	L	ļ		_					
			1 00	l										
	President Bob Bueno		1.00						$\vdash$					
	President		0 00	1										
	AL David		1 00			_								_
Vice-	President		0 00	Х						_				
(18)	Marc Ellis		1 00											
	President		0 00	-			_		<u> </u>					
			1 00	1										
	President Keyin Stenas		0 00	X			┝							
	President	al 	0 00	x			:							
		cAllister												
	utive Sec/Trea		0 00			Х				127,140			25	5,592
(22)														
										_				
(23)														
(24)														
(24)														
(25)	· <del>-· · · · · ·</del>													
1b	Sub-total								•	127,140	0		25	5,592
С		ontinuation sheets to Part VII, So	ection A							0	0			0
d_		nes 1b and 1c)						_	<u> </u>	127,140	0		25	5,592
2		r of individuals (including but not lir		ted a	bov	e) w ₁	vno	recei	ved	more than \$100	,000 of			
	reportable co	ompensation from the organization				<u>'</u>				···			Yes	No
3	Did the organ	nization list any <b>former</b> officer, dire	ector, or trustee,	kev e	mpl	ove	e. o	r high	nest	compensated			100	1.10
		line 1a? If "Yes," complete Sched				•	•	J		•		3		X
4	For any indiv	ridual listed on line 1a, is the sum o	of reportable con	npens	atio	n a	nd c	other	con	npensation from				
	-	tion and related organizations grea		-						*	ካ			
	ındıvıdual											4		X
5		on listed on line 1a receive or accr	•			•			_		ridual			
	<del></del>	rendered to the organization? If "Ye	es," complete Sc	hedu	le J	for	suc	h per	son	<u> </u>		5		X
		endent Contractors			4	4		414-			**************************************			
1		s table for your five highest compe in from the organization Report co										av		
	year		inponoution is:			<b>.</b>	,		9	With Or Within the	o organization o	un		
		(A)								(B)		(C	)	
	_	Name and business add	ress							Description of sen	vices (	omper	sation	
														0
	<del></del>	<del></del>												0
											<del></del>			0
	<u> </u>		<del></del>				_		_		+			0
2	Total number	r of independent contractors (include	ding but not limit	ed to	tho	se li	stec	d abo	ve)	who received				
		100,000 of compensation from the	-					0						

38-0038900

Par	t VIII	*Statement of Revenue Check if Schedule O contains	a response	or n	ote to any line ir	n 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
	1a	Federated campaigns		1a	. 0		May 14 Th		
Grants nounts	b	Membership dues	. · [	1b	350,496		Maria San Maria S		
. Q E	С	Fundraising events		1c	0	]\$\int_{\text{(3.5)}} \text{(3.6)} (3.	1785 a 32 1 Marie 3		
GIfts, llar Ar	d	Related organizations	,	1d	. 0				
ě Ē	е	Government grants (contributions	s) L	1e	0		Mari Fill (Spill)		
ıtior er S	f	All other contributions, gifts, gran	ts, and						
를 함		similar amounts not included abo	_	1f.	664,609				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in li	nes 1a-1f.	\$	0	Marie Ma			
	h_	Total: Add lines 1a-1f		•	<u> </u>	1,015,105	MARIONE	11 Millian 1954.	Profesional Company
- 9		•			Business Code		Mrs. Berlieble		
ven	2a	CONVENTION REGISTRATION			900099	93,775	93,775		
å	b					. 0			
25	С					0			
Ser	d					0			<del></del> ;
Program Service Revenue	e					0			
5 G	†	All other program service revenue	e		^ _	0 775	allikaiseeste viika kaiseesti tillillaisees	\$67.751655555 \$55.5555555555555555555	ac cishafa villaskon
	<u> </u>	Total. Add lines 2a–2f		4	<b>&gt;</b>	93,775		<u> La Chille a la l</u>	
7	3	Investment income (including div other similar amounts)	idenas, intere	est,	and	146	•		146
	4	Income from investment of tax-ex	romat boad r		oods -	146			140
6 -	5	Royalties	,	,,,,,,	ccus -	<del></del>			
•	"		(ı) Real		(ii) Personal	10 10 10 10 10 10 10 10 10 10 10 10 10 1	1998		
	6a	Gross rents	19,2	200	. 1				
	b	Less rental expenses							
-	С	Rental income or (loss)	19,2	200	0				
	d	Net rental income or (loss)		•	<b>&gt;</b>	19,200		C C	-
	7a	Gross amount from sales of	(i) Securities	5	(II) Other				
	,	assets other than inventory		0	٢ 0				
	b	Less cost or other basis							
		and sales expenses		0	, 0				
•	C	Gain or (loss)		0	0				
	d,	Net gain or (loss)			<u>▶</u>	0			
			•						
Ę	8a	Gross income from fundraising							
V.		events (not including \$	0						
~ <b>&amp;</b>		of contributions reported on line	1c)		-				
Other Revenue	١.	See Part IV, line 18		а	0				
\$		Less direct expenses	,	b	0				<u> Billist Birth Birth Birth Birth</u>
_	C	Net income or (loss) from fundrai				(1)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	20 7 32 0 100 x 1 6 5 5 5	サイレット ロッション・ロース
,	9a	Gross income from gaming activities See Part IV, line 19	ties		_				
•	۱. ۲	Less direct expenses		a b	. 0				
	, b	Net income or (loss) from gaming	a activities	D		0		<u> </u>	<u> </u>
`.	102	Gross sales of inventory, less	g activities			1120 1190 500 3 100	1000 100 100 100 100 100 100 100 100 10		111821111861111111111111111111111111111
	104	returns and allowances	-	a	١٠ -				
-7	h	Less cost of goods sold		b	0				
		Net income or (loss) from sales of	of inventory	~	•	0	25.55 Kining Street Street Street		La Maria Sa Ballita Maria Millian (1888)
	Ť	Miscellaneous Revenue	· inventory		Business Code	344 A 30 30 40 10 10 20			11.01/18.05.74.6°
-	11a	REFUNDS/REIMBURSEMENTS	•		900099	14,587	**************************************	THE STATE OF STATE OF THE STATE	14,587
	- b					0		ν.	,567
	c		·			0			_
	d	All other revenue			-	0			
	e	Total. Add lines 11a-11d			<b></b>	14,587	HARIOTO SOLO	letters a line to the to the	
,	12	Total revenue See instructions			· · · · · ·	1 142 813	93 775	0	14 733

following SOP 98-2 (ASC 958-720)

Pai	t IX Statement of Functional Expenses				•
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	ganızatıons must d	complete column (Å)	, ,
	Check if Schedule O contains a response or note	to any line in this Pa	nrt IX		
	<del></del>	<del>, , , , , , , , , , , , , , , , , , , </del>	<del></del>	(0)	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	domestic governments See Part IV, line 21	13,300			
2	Grants and other assistance to domestic	10,000			
-	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	l		,	
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	87,267		0	
6	Compensation not included above, to disqualified	9.120.1		-	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ol			
7	Other salaries and wages	186,192		-	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	21,653			
9	Other employee benefits	8,088			
10	Payroll taxes	24,020			
11	Fees for services (non-employees)				
а	Management	l ol			
b	Legal	2,632			
С	Accounting	13,677			
d	Lobbying	0			-
е	Professional fundraising services See Part IV, line 17	0	····		
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column			•	<del>-</del>
	(A) amount, list line 11g expenses on Schedule O)	12,240		ol	
12	Advertising and promotion	0			
13	Office expenses	10,871			
14	Information technology	820			<del></del>
15	Royalties	0	<u> </u>		
16	Occupancy	40,722			
17	Travel	27,233	_		<del>_</del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	43,090			
20	Interest	31,530			
21	Payments to affiliates	3,000			
22	Depreciation, depletion, and amortization	15,920	0	0	0
23	Insurance	0	·		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)			····	····
a	CAMPAIGN & LOBBYING EXP	495,815			
b	PAC CONTRIBUTIONS	36,500			
C	DUES & SUBSCRIPTIONS	10,042			
d	TELEPHONE	7,191			
е	All other expenses	10,474			
25	Total functional expenses. Add lines 1 through 24e	1,102,277	0	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here	ı I			

∘Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 439,108 480.529 2 6,203 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 0 72,388 4 Accounts receivable, net 4 63.545 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 0 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 0 6 0 Notes and loans receivable, net 7 0 0 8 Inventories for sale or use 322 9 1.885 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. 1,522,398 Less accumulated depreciation 10b 413,104 1,125,214 10c 1,109,294 b 2,042 11 11,325 11 Investments—publicly traded securities Investments—other securities See Part IV, line 11 0 12 12 0 13 Investments—program-related See Part IV, line 11 0 13 0 14. Intangible assets 0 14 0 15 500 15 Other assets See Part IV, line 11 1,645,277 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1.667,130 17 18,447 17 Accounts payable and accrued expenses 23,873 18 Grants payable 18 19 Deferred revenue 16,648 19 4,419 20 0 20 Tax-exempt bond liabilities 0 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L ٠0 22 Secured mortgages and notes payable to unrelated third parties 750,475 23 735,650 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 540 25 3,485 26 Total liabilities. Add lines 17 through 25 786,110 26 767.427 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 859,167 27 28 28 Temporarily restricted net assets 0 29 Permanently restricted net assets 0 29 Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0 30 Paid-in or capital surplus, or land, building, or equipment fund 0 31 31 0 32 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 859,167 33 Total liabilities and net assets/fund balances 1,645,277 1,667,130

Form	990 (2018) THE AMERICAN FEDERATION OF LABOR	8	8-0038900	Pag	ge <b>12</b>
Par	t 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		1,142	2,813
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,102	2,277
3	Revenue less expenses Subtract line 2 from line 1	3		40	0,536
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		859	9,167
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		899	9,703
Part	t 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 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O ·				
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				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	$\overline{x}$	
	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				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	f		,	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X,
	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				
	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				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	-	3b		
			Form	990	(2018)

### 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 2018

**Open to Public** Inspection

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. 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

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

• S	Section 501(c)(4), (5), or (6) o	rganizations Complete Part III			
	e of organization			Emp	loyer identification number
THE	AMERICAN FEDERATIO				88-0038900
Pai	rt I-A Complete if t	he organization is exempt und	ler section 501	c) or is a section 5	27 organization.
1	-	he organization's direct and indirect p	olitical campaign a	activities in Part IV (see	e instructions for
	definition of "political cam	· -			
2		y expenditures (see instructions)		•	\$ 36,500
3		cal campaign activities (see instruction	<del></del>		
		he organization is exempt und			
1		excise tax incurred by the organizatio		J55 ►	· \$
2	•	excise tax incurred by organization m	•		· \$
3	<u> </u>	ed a section 4955 tax, did it file Form	4720 for this year?	,	Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part			/-\	F04(-)(0)
		he organization is exempt und			5U1(C)(3).
1	•	expended by the filing organization f	or section 527 exe	•	\$ 36.500
•	activities	ilina arangatanla filmda antohutad	to other organizati		\$ 36,500
2	527 exempt function activ	iling organization's funds contributed	to otner organizati		. <b>c</b>
3	·	penditures Add lines 1 and 2 Enter h	nere and on Form	1120-POI	\$
J	line 17b	Senditures Add lines I and 2 Enter I	iere and on i onn	1120-1 OL,	\$ 36,500 Yes X No
4	····· -	i file Form 1120-POL for this year?		•	Yes X No
5		ses and employer identification numb	er (EIN) of all sect		
		ents For each organization listed, en			
		ntributions received that were prompt			
	as a separate segregated	fund or a political action committee	(PAC) If additiona	I space is needed, prov	ide information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				10.100 11.101.01.01	delivered to a separate
					political organization If none, enter -0-
				· · · · · · · · · · · · · · · · · · ·	
(1)					
`				<u>.                                    </u>	
(2)					
	· · · · · · · · · · · · · · · · · · ·				
(3)					
(4)					
(4)					
(5)					
/			1		
(6)					

						Page Z
Р	art II-A Complete if the organizati under section 501(h)).	ion is exempt	under section 5	01(c)(3) and filed	Form 5768 (ele	
A	Check <b>I</b> if the filing organization name, address, EIN, ex		• , ,		_	up member's
В	Check ▶ if the filing organization		,		•	
-	Limits on Lo (The term "expenditures"	bbying Expendit means amounts			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p	ublic opinion (gra	ss roots lobbying)	,		· · · 0
b	Total lobbying expenditures to influence a	legislative body (	(direct lobbying)		,	0
С	Total lobbying expenditures (add lines 1a	and 1b)	<i>'</i> ,	•	0	0
d	Other exempt purpose expenditures		F		•	, 0
e	Total exempt purpose expenditures (add I		•	•	0	0
f	Lobbying nontaxable amount. Enter the ar	mount from the fo	llowing table in bot	h		,
r	columns .	· ·			0	O
	If the amount on line 1e, column (a) or (b) is		g nontaxable amou	ınt is:		
ŀ	Not over \$500,000		mount on line 1e .	4500.000		
ŀ	Over \$500,000 but not over \$1,000,000	<del></del>	is 15% of the excess is 10% of the excess			450 16
ŀ	Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000	1	is 5% of the excess of			
ŀ	Over \$17,000,000 ·	\$1,000,000	^	7461 \$1,000,000		
g	Grassroots nontaxable amount (enter 25%	<del></del>		I	0	· · · · · · · · · · · 0
h	Subtract line 1g from line 1a If zero or les	·			0	: 0
i	Subtract line 1f from line 1c If zero or less		, ,		. 0	
i	If there is an amount other than zero on ei		e 1i, did the organiz	zation file Form 472	0 reporting	
•	section 4911 tax for this year?	•				Yes No
,	(Some organizations that made a	section 501(h) e	Period Under Sec lection do not hav tructions for lines	e to complete all o	of the five columns	bèlow.
	Lobby	ying Expenditure	es During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	( <b>d)</b> 2018 ·	(e) Total <sup>.</sup>
2a	Lobbying nontaxable amount	0	. 0	,_ 0	0	. 0
b	Lobbying ceiling amount (150% of line 2a, column(e))	12.弹炮				. 0
С	Total lobbying expenditures	0	. 0	0	0	0
d 	Grassroots nontaxable amount	0	0	0	0	. 0
е —	Grassroots ceiling amount (150% of line 2d, column (e))					. 0
f	Grassroots lobbying expenditures	0	. 0	0	0	0

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018

, Par	t <sub>i</sub> II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forr	n 576		rage J
			(a	1)		(b)	
		es," response on lines 1a through 1i below, provide in Part IV a detailed fithe lobbying activity	Yes	No	A	mount	t
1	legislati	he year, did the filing organization attempt to influence foreign, national, state, or local on, including any attempt to influence public opinion on a legislative matter or lum, through the use of					
а	Volunte						
b		ff or management (include compensation in expenses reported on lines 1c through 1i)?					
С		dvertisements?					
d	Mailings	to members, legislators, or the public?					
е		ions, or published or broadcast statements?					
f		o other organizations for lobbying purposes?	L				
g		ontact with legislators, their staffs, government officials, or a legislative body?	<u> </u>				
h		demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>				
 		ctivities?	<b> </b>				
30 ]		dd lines 1c through 1:					0
2a b		activities in line 1 cause the organization to be not described in section 501(c)(3)?  enter the amount of any tax incurred under section 4912	<u> </u>				لــــــا
C		enter the amount of any tax incurred by organization managers under section 4912		<u> </u>			
		ng organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	III-A	Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5).	ors	ection		'
,		501(c)(6).	(-)(-)	,			
		- Control				Yes	No
1	Were su	ibstantially all (90% or more) dues received nondeductible by members?			1	Х	
2		organization make only in-house lobbying expenditures of \$2,000 or less?			2		Х
3	Did the d	organization agree to carry over lobbying and political campaign activity expenditures from the prior ye	ar?		3		Х
	III-B	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."		) Par			3, is
1		ssessments and similar amounts from members		1			
2		162(e) nondeductible lobbying and political expenditures (do not include amounts of					
_	-	l expenses for which the section 527(f) tax was paid).					
a	Current	-		2a 2b			
b	Total	er from last year		2c			
3		ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4		s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
-		does the organization agree to carryover to the reasonable estimate of nondeductible					
		g and political expenditure next year?		4			
5		amount of lobbying and political expenditures (see instructions)		5			0
Part	IV S	upplemental Information					
Provi		scriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	list), F	art II-	A, lines	1 and	<u> </u>
2 (se	e instruct	ons), and Part II-B, line 1 Also, complete this part for any additional information					
Part I	-A Line 1	Gave direct campaign contributions					
<b></b> -							

#### 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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name	of the organization		Employer identification number
THF	AMERICAN FEDERATION OF LABOR		88-0038900
Par		Advised Funds or Other Similar Fu	
		ed "Yes" on Form 990, Part IV, line 6	
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don	or advisors in writing that the assets held i	n donor advised
	funds are the organization's property, subject t		
6	Did the organization inform all grantees, donor		
_	only for charitable purposes and not for the be		
	conferring impermissible private benefit?	·	Yes No
Par	I Conservation Easements.		
		ed "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re	• • •	on of a historically important land area
	Protection of natural habitat	<del></del>	on of a certified historic structure
			or a defined filotorio di detale
_	Preservation of open space	hold a sublified appropriation contribution	on in the form of a concentation
2	Complete lines 2a through 2d if the organization	on heid a quaillied conservation contribution	Held at the End of the Tax Year
_	easement on the last day of the tax year		
a	Total number of conservation easements	monto	2a   2b
d	Total acreage restricted by conservation ease		20
C	Number of conservation easements on a certification Number of conservation easements included in		20
ď	historic structure listed in the National Registe		2d
3	Number of conservation easements modified,		
3	the tax year	transferred, released, extinguished, or ten	minuted by the organization during
4	Number of states where property subject to co	nservation easement is located	
5	Does the organization have a written policy re-		handling of
_	violations, and enforcement of the conservation		Yes No
6	Staff and volunteer hours devoted to monitoring, in		conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cons	servation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization rep		
	balance sheet, and include, if applicable, the to		ancial statements that describes the
	organization's accounting for conservation eas		
Par	III Organizations Maintaining Collect		
		ed "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil	•	
	public service, provide, in Part XIII, the text of		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil	•	tion, or research in turtherance of
	public service, provide the following amounts r		<b>.</b>
	(i) Revenue included on Form 990, Part VIII, I	ine i	► \$ ► \$
_	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of ai		
	following amounts required to be reported und		items
	Revenue included on Form 990, Part VIII, line	1	<b>5</b>
h	Assets included in Form 990, Part X		<b>▶</b> .\$

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land .	0	345,000		345,000
b	Buildings	0	1,048,084	305,543	742,541
C	Leasehold improvements	0	0	0	0
d	Equipment	0	66,614	58,943	7,671
е	Other .	0	62,700	48,618	14,082
Tota	I. Add lines 1a through 1e (Column (d) must of	equal Form 990, Part X,	column (B), linc 10c)	<b>•</b>	1,109,294

	ered "Yes" on Form 990,	/=\ \$4=4b	fucluation
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	
(1) Financial derivatives	C		. '
(2) Closely-held equity interests	C	2 ,	W W
(3) Other			
(A)			
(B)			
(C)		<del> </del>	
(D)		+	
(E) (F)		· · · · · · · · · · · · · · · · · · ·	
(G)			•
(H)			
Total. (Column (h) must equal Form 990, Part X, col. (B) line 12.)	<b>₹</b> , []	ทหฤษทหมทุกแห่งเหตุแลงการ 193 โดยบาก การสุดการ การสุดการเกราะ าสถานเกราะที่เกราะสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสา	7 กรร กุลเกลร์สามายอกกฤษ เขาจลองอยู่สามอกมหาคุณของอยู่สามาย นั้น 13 ปีที่ จะเกลร์สามาร์สามาร์สามายสมายสมายสมายสมายสมายสมายสมายสมายสมา
Part VIII Investments—Program Related.		_	
Complete if the organization answer	ered "Yes" on Form 990,	Part IV, line 11c See Form	n 990, Þart X, line 13
(a) Description of investment	(b) Book value	(c) Method a Cost or end-of-ye	f valuation
(1)		1 1	,
(2)		,	·
(3)		,	* *
(4)	-		
(5)			
(6)	i	•	
(7)	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	
(9)			
Total. (Column (b) must equal Form 990 Part X, col (B) line 13)			ntigratigatismiteinuntajanungajantikannannantikatismiteinatismiteinatismitein
Part IX Other Assets.	4 )		ene naman na 11101 41114 1 16 gam ar 1 agaman ar a
Complete if the organization answer	ered "Yes" on Form 990,	Part IV, line 11d See Forr	n 990, Part X, line 15
	Description		(b) Book value
(1)			
(2)			
(3)			,
(4)	,		
(5)		, -	
(6)			***************************************
(7) (8)			
(9)			*
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15 )		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answer	ered "Yes" on Form 990,	Part IV, line 11e or 11f Se	e Form 990, Part X,
line 25.	·		, ,
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	(	ing and the state of	
(2) Payroll liabilities	3,485	announdamining and many out of grand and was a section of the	ningo di propincia da la
(3)			
(4)			
(5)		ลากร้องกุกภูทยาทีนุกิดชาวใช้กุกกุมชาติกฎมมีในเกรียกกุกการการกระจากที่กับกุกการกระการก	นนักคาในในให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให้เกิดให
(6)		นท์ เป็นปัญญาสุรทางสัญสามาสุดให้สำนักสิ่นใหม่ที่สามารถใหม่มีการณ์การเปล่นและเลยเลยเลยเลยเลยเลยเลยเลยเลยเลยเลยเ	อมเดอเลเตมีเดิมสัมเล็กเล็กเล็กเล็กเล็กเล็กเลือนที่เกิดเล็กเล็กเล็กเล็กเล็กเล็กเล็กเล็กเล็กเล็ก
(7)			
· (8)		andarampanaranandaramanarah menggunangan penggunangan dari penggunangan	aangantahaaa <mark>a kata</mark> aga magaanaan kubuluh, gahahiin jiin
(9)	1_		
Total. (Column (b) must equal Form 990 Part X, col (B) line 25)	▶ 3.485	nunanting gages dann street a sammen mit my mit mit mit agus na maigh	

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

1				
	Complete if the organization answered "Yes" on Form 990, F Total revenue, gains, and other support per audited financial statements	artiv, iiile iza		4 4 4 0 0 4 0
	• ', ',		2000000000	1,142,813
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ا مما		
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		•
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		<u> 2e</u>	, 0
3	Subtract line 2e from line 1	1 1	3	<u>1,14</u> 2,813
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		-
С	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5	1,142,813
Part	Reconciliation of Expenses per Audited Financial Staten	•	ses per Return.	•
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a		4 400 077
1	Total expenses and losses per audited financial statements		1 /###204####	1,102,277
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		•
е	Add lines 2a through 2d	,	2e	0
3	Subtract line 2e from line 1		3	1,102,277
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	1,102,277
Part	XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	l 4, Part IV, lines 1b a	nd 2b, Part V, line 4, F	Part X, line
2, Pa	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to			Part X, line
2, Pa				Part X, line
2, Pa				Part X, line
?, Par				Part X, line
2, Par				Part X, line
2, Par				Part X, line
2, Par				Part X, line
2, Par				Part X, line
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	o provide any addition		
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	o provide any addition	nal information	
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	o provide any addition	nal information	
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	o provide any addition	nal information	
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	o provide any addition	nal information	
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	o provide any addition	nal information	

SCHEDULE (Form 990)

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

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

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

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OMB No 1545-0047

Employer identification number 88-0038900 THE AMERICAN FEDERATION OF LABOR Department of the Treasury Internal Revenue Service Name of the organization

Par	Part I General Information on Grants and Assistance	
_	Does the organization maintain records to substantiate the amount of the grants or assistance, and	
	the selection criteria used to award the grants or assistance?	ž
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Par	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	F
	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	

1 (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) The Public Education Foundation 4350 S Maryland Pkwy Las Vegas, N			13,300				
(2)							
(3)							
(4)							
(6)			,				
(9)	*						
(7)							
(8)							
(6)							
(10)	į.						
(11)	,						
. (13)							
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	n 501(c)(3) and <sub>(</sub> organizations list	government organizated in the line 1 table	ations listed in the line 1 e	table		<b>A A</b>	7

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

Schedule I (Form 990) (2018)

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

Department of the Treasury Internal Revenue Service

Name of the organization

### 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.

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

OMB No 1545-0047
2018
Open to Public Inspection

Employer identification number

THE AMERICAN FEDERATION OF LABOR	88-0038900
Form 990, Part VI, Section B, Line 11b Copy of the 990 is e-mailed to all board members. The	
990 is reviewed and approved at a board meeting before filing	
Form 200 Port VI. Seption B. Line 15h. The executive heard determines the executive	
secretary-treasurer's compensation annually at its constitutional convention, considering	
similar positions in other states and the organization's resources	
Form 990, Part VI, Section C, Line 18 990 and other documents are maintained in the	
organization's office and made available upon request	
Form 000 Part VI. Section P. Line 13e. If a notantial conflict of interact is identified, the	
board will investigate it	
	<del>-</del>