efile	GRA	PHIC pri	int Submission Date - 2020-07-15					DL	N: 93493197022830
C	חר	Δ	Return of Organization Exempt	From	n Inc	ome	Тах	L	OMB No. 1545-0047
=orm €	19	U							2010
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenu	•			dations)		2018
Departn	nent of	f the	Do not enter social security numbers on this form	as it may l	be made	public.			Open to Public
Treasur	у		Go to <u>www.irs.gov/Form990</u> for instructions and the second se	nd the late	st inforn	nation.			Inspection
nternal	Rever	nue Service							
A Fo	r the 2	2019 cale	ndar year, or tax year beginning 07-01-2018 , and ending 06-30-20	19					
Chec	k if anr	olicable:	C Name of organization AMERICAN FEDERATION OF TEACHERS AFL-CIO				D Employer	identifica	tion number
	ss chai		PARENT ORGANIZATION				36-07252	40	
	chang	0	Doing business as						
Initial		6	Doing business us						
Final re	turn/tern	minated 0	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	te		E Telephone	number	
Amen	ded ret	turn 🤇	555 NEW JERSEY AVENUE NW						
Applic	ation p	ending	City or town, state or province, country, and ZIP or foreign postal code				(202) 879	-4509	
			WASHINGTON, DC 20001						
							G Gross rec	eipts \$ 21	.6,471,260
			F Name and address of principal officer:		H(a)	Is this a	a group return	for	
			RANDI WEINGARTEN 555 NEW JERSEY AVENUE NW		. ,		inates?		🗌 Yes 🕑 No
			WASHINGTON, DC 20001		H(b)		subordinates		
Tax-	-exemp	ot status:	501(c)(3) Sol(c) (5) (insert no.) 4947(a)(1) or 527			include			Yes No
							attach a list.	•	ructions)
J We	bsite:	: ► WW	/W.AFT.ORG		H(c)	Group	exemption nu	nber 🗩	
<b>(</b> Form	of orga	anization:	🔲 Corporation 🔲 Trust 🖉 Association 💭 Other 🕨		L Year o	f formatio	n: 1916	M State o	of legal domicile: DC
		_							
Pa	rt I	Sumr							
			cribe the organization's mission or most significant activities:						
			RICAN FEDERATION OF TEACHERS, AFL-CIO (THE FEDERATION) IS C INAL OPPORTUNITY, LIFTS THE DISADVANTAGED, REBUILDS THE MI						
	11	NFRASTR	UCTURE, AND FOSTERS THE DEMOCRATIC PRINCIPLES OF RESPEC	CT, DIGNIT	Y AND E	CONON	IC SECURIT	Y FOR A	ALL THOSE WHO CALL
GOVERNANCE			HOME AND SEEK THE AMERICAN DREAM. THE FEDERATION, WORKI CATORS, HEALTHCARE PROVIDERS AND PUBLIC EMPLOYEES WHO N						
EP.			D TO MAKE THIS VISION A REALITY. THE MAJOR SOURCE OF REVEN						
	_								
Ň	-								
5									
8			s box <b>b</b> if the organization discontinued its operations or disposed of m	nore than 2	5% of its	net asse	ets.	3	16
es			f voting members of the governing body (Part VI, line 1a)	• •	• •				46
MU	4	Number of	f independent voting members of the governing body (Part VI, line 1b) $\ .$	• •				4	43
Activities &	5	Total numl	ber of individuals employed in calendar year 2018 (Part V, line 2a) $\ .$					5	389
A	6	Total num	ber of volunteers (estimate if necessary)					6	0
	7a <sup>.</sup>	Total unrel	lated business revenue from Part VIII, column (C), line 12					7a	0
			ated business taxable income from Form 990-T, line 34	• •	• •			7b	-4,154
		Net unicia			· ·				,
						Pri	or Year		Current Year
æ	8	Contributio	ons and grants (Part VIII, line 1h)					0	0
Revenue	9	Program s	service revenue (Part VIII, line 2g)				226,287,5	93	201,714,363
ev 6	10	Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d )				1,356,5	99	1,300,765
ά.							1,563,5		1.452.257
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				229,207,7		204,467,385
	12	Total rever	nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				229,207,7	00	204,407,365
	13	Grants and	d similar amounts paid (Part IX, column (A), lines 1–3 ) $\cdot$ .				548,0	17	534,622
	14	Benefits p	aid to or for members (Part IX, column (A), line 4) · · · · ·					0	0
\$			other compensation, employee benefits (Part IX, column (A), lines 5–10)				61,114,0	47	61,142,605
8 S							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	01,142,000
ŝ			nal fundraising fees (Part IX, column (A), line 11e)					-	0
Exp enses	b	Total fundra	ising expenses (Part IX, column (D), line 25)						
Ωl	17	Other expe	enses (Part IX, column (A), lines 11a–11d, 11f–24e)				130,523,0	14	135,747,325
	18	Total expe	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)				192,185,0	78	197,424,552
			less expenses. Subtract line 18 from line 12				37,022,6	j22	7,042,833
_ 00			,		P	ainning	of Current Yea		End of Year
200					B1	-anning	or ourrent rea		
lat	20	Total -	to (Part V, line 16)				110 044 0	82	116 500 450
Net Assets or Fund Balances			ts (Part X, line 16) · · · · · · · · · · · · · · · · · · ·				112,244,6		116,583,450
et	21	Total liabili	ities (Part X, line 26)				68,071,2	.90	69,781,124
ZĽ	22	Net assets	s or fund balances. Subtract line 21 from line 20				44,173,3	92	46,802,326
Pa	rt II	Signa	ature Block						
			ury, I declare that I have examined this return, including accompanying sch					my kno	wledge and belief, it is
iue, co	prrect,	and comp	olete. Declaration of preparer (other than officer) is based on all information	or which p	reparer h				
		Signet	ure of officer			202 Date	0-07-15		
Sign I	-lero	Signat				Date			
-igit f	1010		TTA JOHNSON SECRETARY-TREASURER						
			or print name and title						
		I/	Print/Type preparer's name Preparer's signature	C	Date	1	P	TIN	
י-:-ר		L L				Chec	k 🗆 if P	00365899	I
Paid		ŀ	Firm's name CALIBRE CPA GROUP PLLC				employed	00000	
Prep		71				Firm	's EIN 🕨 47-09	10880	
Use	On	ly 🖡	Firm's address ▶ 7501 WISCONSIN AVENUE SUITE 1200			Phor	ne no. (202) 331	-9880	
			WEST BETHESDA, MD 20814						
			is return with the preparer shown above? (see instructions) $\ldots$ .	<u></u>			🗹 Yes 🛛	No No	
or Pa	perwo	ork Reduc	ction Act Notice, see the separate instructions.			Cat. I	No. 11282Y		Form <b>990</b> (2018

Form	990 (2018)				Page <b>2</b>
Pa	art III Statement	of Program Service Accom	plishments		
	Check if Sch	nedule O contains a response or no	ote to any line in this Part III .		
1	Briefly describe the o	organization's mission:			
SEE	STATEMENT FOR PAI	RT I, LINE 1			
_	<b></b>				
2	Ū.	, , , ,	services during the year which wer	e not listed on	
		r 990-EZ? • • • • •			🔲 Yes 🕑 No
_	,	ese new services on Schedule O.			
3	Ū.	cease conducting, or make signific	ant changes in how it conducts, an	y program	
	services?				🔲 Yes 🛛 🗹 No
	If "Yes," describe the	ese changes on Schedule O.			
4			hments for each of its three largest mount of grants and allocations to		
4a	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
		GRAMS, PUBLICATIONS AND ACCES	S SERVICES AND SUPPORT TO APPRO S TO OTHER COMMUNICATIONS, INSU		3,200 LOCAL AFFILIATES, INCLUDING MBER BENEFITS, COLLECTIVE
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	CONFERENCES AN	D MEMBER ENGAGEMENT: PROVIDE	00	ND TRAININGS TO STATE AND LOCAL	AFFILIATES ON MEMBER ENGAGEMENT, SSIONAL ISSUES.
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
40			00		)
4d	Other program ser	vices (Describe in Schedule O.)			
	(Expenses \$	including	grants of \$	) (Revenue \$	)
4e	Total program se	rvice expenses 🕨			

Part IV Checklist of Required Schedules

Page **3** 

Pa	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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	Yes	
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	200	Yes	
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	22		No

Pa	rt IV Checklist of Required Schedules (continued)							
			Yes	No				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes					
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		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\ldots$ .	24b						
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	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	25a						
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?	25b						
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		No				
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No				
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No				
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No				
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No				
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		No				
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		No				
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	Yes					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes					
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No				
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								
Pa	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 515							
b	Enter the number of Forms W-2G included in line 1a. <i>Enter -0-</i> if not applicable . <b>1b</b>							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes					

3)

Page 5

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return									
		2a	389							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes					
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?			3a	Yes					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C	)		3b	Yes					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a foreign country (such as a bank account, securities account, or other financial account)?	authority	y over, a financial account in	4a		No				
b	If "Yes," enter the name of the foreign country:	Account	s (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		No					
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 th contributions that were not tax deductible as charitable contributions?	nization solicit any	6a	Yes						
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gi	fts were not tax deductible?	6b	Yes					
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 g payor?	goods a	nd services provided to the	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\ $ .			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requi •	red 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 co	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	7h								
8	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						
9a	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 $\ldots$ .	10a								
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:									
a	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ו 1041?		12a						
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.	<u> </u>								
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			13a						
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	13b								
С	Enter the amount of reserves on hand	13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		No				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	ο.		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	•	·	15		No				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O .		16		No					

Form 990 (2018)

orm	990 (2018)					Page
Pai	t VI <b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b be 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		·		8b, or 10 🕑	b
Se	ction 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	1a	4	5		
	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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	43	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship trustee, or key employee?	ny other officer, director,	2		No	
3	Did the organization delegate control over management duties customarily performed by or under the directors or trustees, or key employees to a management company or other person? $\ .$	3		No		
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was	filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app governing body?	oint or	ne or more members of the	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto the governing body?	ockhol	ders, or persons other than	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken du	uring th	e year by the following:			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac address? If "Yes," provide the names and addresses in Schedule O	hed at	the organization's mailing	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Ir	nterna	l Revenue Code.)			1
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	·	•••	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap ensure their operations are consistent with the organization's exempt purposes?			10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	•		12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that co	uld giv	e rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes was done	s," des	cribe in Schedule O how this		Yes	
13	Did the organization have a written whistleblower policy?			120	Yes	<u> </u>
13	Did the organization have a written document retention and destruction policy?			13	Yes	<u> </u>
15	Did the organization have a written document retention and desidection poincy?			14	163	
a	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangemy year?	h a taxable entity during the	16a		No	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt arrangements?		16b		-	
Se	ction C. Disclosure					<u> </u>
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 Form 1023 (or 1024-A if applicable), 990, and 990-1 public inspection. Indicate how you made these available. Check all that apply.	Г (501(	c)(3)s only) available for			

🔍 Own website 🔍 Another's website 🦉 Upon request 🔍 Other (explain in Sched	ite 🔍 Another's website 🗹 Upon request 🔍 (	Other (explain in Schedule O)
--	--	-------------------------------

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: STACEY B JOHNSON 555 NEW JERSEY AVENUE NW WASHINGTON, DC 20001 (202) 662-4804

Page 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for	than or		, unl offic	less er a	nd a		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2/1099-MISC)	and related organizations
(1) RANDI WEINGARTEN PRESIDENT	70.00	х		х				489,844	0	74,392
(2) MARY CATHRYN RICKER EXEC VICE PRES.		х		х				327,516	0	80,536
(3) LORRETTA JOHNSON SECRETARY-TREASURER	60.00	х		х				346,594	0	66,680
(4) ADAM URBANSKI VICE PRES.	5.00	х		х				0	0	0
(5) AIDA DIAZ RIVERA VICE PRES.	5.00	х		х				0	0	0
(6) ALEX CAPUTO-PEARL VICE PRES.	5.00	х		x				0	0	0
(7) ANDREW PALLOTTA VICE PRES.	5.00	х		x				0	0	0
(8) ANN TWOMEY VICE PRES.	5.00	х		х				0	0	0
(9) ANTHONY HARMON VICE PRES.	5.00	х		x				0	0	0
(10) BARBARA BOWEN VICE PRES.	5.00	х		х				0	0	0
(11) CANDICE OWLEY VICE PRES.	5.00	х		х				0	0	0
(12) CHRISTINE CAMPBELL VICE PRES.	5.00	х		x				0	0	0
(13) DANIEL J MONTGOMERY VICE PRES.	5.00	х		x				0	0	0
(14) DAVID GRAY VICE PRES.	5.00	х		х				0	0	0
(15) DAVID HECKER VICE PRES.	5.00	х		х				0	0	0
(16) DAVID QUOLKE VICE PRES.	5.00	х		х				0	0	0
(17) DENISE SPECHT VICE PRES.	5.00	х		x				0	0	0

Form 990 (2018)
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	<b>(B)</b> Average	Positi	on (do	(C)	cheo	ck mor	re	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated amount
	hours per week (list any hours for related	than or bo	ne box oth an direct	offic tor/tru	er ar ustee	nd a e)		compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-MISC)	of other compensation from the organization and related
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organizations
		99	ustee			insated				
(18) DON CARLISTO VICE PRES.	5.00	х		х				0	0	0
(19) ERIC FEAVER VICE PRES.	5.00	х		х				0	0	0
(20) EVELYN DEJESUS	5.00	х		х				0	0	0
VICE PRES. (21) FEDRICK C INGRAM	5.00	х		x				0	0	0
VICE PRES. (22) FRANK FLYNN	5.00									
VICE PRES. (23) FREDERICK KOWAL		Х		х				0	0	0
VICE PRES.	5.00	х		×				0	0	0
(24) J PHILLIPPE ABRAHAM VICE PRES.	5.00	х		х				0	0	0
(25) JAN HOCHADEL	5.00	х		x				0	0	0
VICE PRES. (26) JEFFREY W FREITAS	5.00	х		x				0	0	0
VICE PRES. (27) JERRY JORDAN	5.00									
VICE PRES. (28) JESSE SHARKEY		Х		х				0	0	0
VICE PRES.	5.00	х		х				0	0	0
(29) JESSICA TANG VICE PRES.	5.00	х		х				0	0	0
(30) JOANNE MCCALL	5.00	х		x				0	0	0
VICE PRES. (31) JOHN MCDONALD	5.00	X		x				0	0	0
VICE PRES. (32) JOLENE DIBRANGO	5.00	x		x				0		
VICE PRES. (33) JOSHUA PECHTHALT	5.00			^				0		
VICE PRES. (34) KAREN LEWIS		х		×				0	0	0
VICE PRES.	5.00	х		×				0	0	0
(35) KATHY A CHAVEZ VICE PRES.	5.00	х		×				0	0	0
(36) LARRY CARTER	5.00	x		x				0	0	0
VICE PRES. (37) LOUIS MALFARO	5.00	x		x				0	0	0
VICE PRES. (38) MARIETTA ENGLISH	5.00									
VICE PRES. (39) MELISSA CROPPER		Х		×				0	0	0
VICE PRES.	5.00	×		×				0	0	0
(40) MICHAEL MULGREW VICE PRES.	5.00	х		×				0	0	0
(41) PAUL PECORALE	5.00	х		x				0	0	0
VICE PRES. (42) SHELVY Y ABRAMS	5.00	x		x				0	0	0
VICE PRES. (43) TED KIRSCH	5.00									
VICE PRES. (44) TERRENCE MARTIN		X		х				0	0	0
VICE PRES.	5.00	х		×				0	0	0
(45) TIM STOELB VICE PRES.	5.00	х		х				0	0	0
(46) VICKY BYRD VICE PRES.	5.00	х		x				0	0	0
(47) WAYNE SPENCE	5.00	x		x			╞	0	0	0
VICE PRES. (48) ZEPH CAPO	5.00						┝			
VICE PRES. (49) PHILIP KUGLER		Х		х				0	0	0
ASSIST. TO PRES. FOR ORGAN	60.00					х		243,098	0	80,197
(50) MICHAEL S POWELL ASSIST. TO PRES. FOR COMMU	60.00					х		236,680	0	65,309
(51) JESSICA SMITH	60.00									

• •	ESSICA SMITH	60.00	60.00 X 241,778 0									83,770
	F OF STAFF					^		241,770		0		03,770
` '	NN J MITCHELL	60.00				x		216,589		0		71,522
	ST. TO PRES. FOR FIELD					~		210,505		U		11,522
()	IICHELLE A RINGUETTE	60.00				x		218,445		0		74,732
	ST. TO PRES. FOR OFFIC					~		210,440		U		14,102
1b 9	Sub-Total			•		۲						
	Total from continuation sheets to Part VII, S					<u> </u>						
a	Total (add lines 1b and 1c)						2,3	320,544		0		597,138
2	Total number of individuals (including but not compensation from the organization > 208	limited to those lis	ted abov	e) who	o receive	d more f	than \$100,000	of reportal	ble			
											Yes	No
3	Did the organization list any former officer, d	irector or trustee, k	ey emplo	oyee, d	or highes	st compe	ensated emplo	yee on line	1a?			
	If "Yes," complete Schedule J for such individ	lual								3		No
4	For any individual listed on line 1a, is the sun organizations greater than \$150,000? <i>If "Yes</i>	n of reportable com	pensatio	on and	other co	mpensa	ation from the	organizatio	n and related			
	individual		• •	•••							Maa	
_										4	Yes	
5	Did any person listed on line 1a receive or ac the organization?If "Yes," complete Schedule					•		al for service	es rendered to			
	the organization in Tes, complete Schedule	s for such person	• •	•	•••	•••	•			5		No
Se	ection B. Independent Contractors											
1	Complete this table for your five highest com Report compensation for the calendar year e						nore than \$100	),000 of cor	npensation from t	he orga	nization.	
	Name ar	(A) nd business address						Desc	(B) cription of services			C) Insation
SELE	NDY & GAY PLLC						L	EGAL SERV	1		Compe	5,289,595
	AVENUE OF THE AMERICAS YORK, NY 10104											
_	OCK & STROOCK & LAVAN LLP						L	EGAL SERV	CES			1,537,759
	IAIDEN LANE YORK, NY 10038											
MONE	EYCORP US INC						Т	RUST SERV	ICES			1,464,617
56 PINE ST 600 PROVIDENCE, RI 02903												
	CONSULTING INC						S	OFTWARE C	CONSULTANT			1,361,903
2637 E ATLANTIC BLVD 21865 POMPANO BEACH, FL 33062												
	Total number of independent contractors (incluc	ling but not limited	to those	listed	above) v	vho rece	eived more tha	n \$100,000	) of compensation	from		

Page **9** 

Part	VIII	Statement of Re	venue										
		Check if Schedule (	D contains a res	ponse or	note to any	/ line in th		∨III (A)		(B)	 (C		(D)
								revenue		elated or exempt	Unrela busin	ated	Revenue excluded from
									f	unction	revei		tax under sections 512 - 514
	1a Fe	derated campaigns		1a					-				
unts	b Me	embership dues	·	1b									
- <sup>2</sup> B	c Fundraising events 1c												
¶s,	<b>d</b> Re	lated organizations		1d									
. Gi	e Go	vernment grants (contri	butions)	1e									
Contributions, Gifts, Grants and Other Similar Amounts	f All	other contributions, gifts nilar amounts not include	s, grants, and ed above										
her	0.11			1f									
off ib	g No in	ncash contributions lines 1a - 1f:\$	included										
Con	h Tot	<b>al.</b> Add lines 1a-1f			. ►								
					В	usiness (	Code						1
nue	2a MEN	IBERSHIP DUES					900099	196,	133,288	196,13	33,288		
eve	b INSU	JRANCE PREMIUMS					900099	1,	664,380	1,66	64,380		
Ce F	c AFFI	LIATION FEE REBATE					900099	1,	407,437	1,40	07,437		
ervi	d PRO	GRAM ADMINISTRATI	ON				900099		278,525		78,525		
a B	e OTH	ER					900099		937,447	93	37,447		
Program Service Revenue	f All c	other program service	e revenue.						293,286	29	93,286		
Pro	g Total	. Add lines 2a–2f		•		201,7	714,363						
	3 Invest	ment income (includ	ling dividends, i	nterest, a	nd other								1 1 00 100
		r amounts)		nd proces	ada		1	1,160,490	5				1,160,496
	5 Royal	e from investment o	eus			1,177,380	D				1,177,380		
			 (i) Real		(ii) Perse								
	6a Gros	ss rents											
	<b>b</b> Les	s: rental expenses		248,927 0			1						
	c Rer	ntal income or (loss)		248,927									
	d Net	t rental income or (lo	oss)		•	►		248,92	7				248,927
			(i) Securiti	es	(ii) Oth	er							
	from	s amount sales of ts other than	12,	144,144									
	inver												
		s: cost or er basis and	10	003,875			1						
	sale	es expenses											
		n or (loss) t gain or (loss) .		140,269			1	140,269	9				140,269
		ss income from fund		not		•		,					,
ue		uding \$ ributions reported or	of										
ven		Part IV, line 18		a									
Rei	b Less	s: direct expenses		b									
Other Revenue		income or (loss) fror	-	vents .		•							
θŧ		ss income from gam Part IV, line 19											
				a									
		s: direct expenses		b									
		income or (loss) fror ss sales of inventory			•	•	1						
		rns and allowances		ļ									
	<b>b</b> Loop	a cost of goods cold	1	a h									
		s: cost of goods sold income or (loss) fror											
	C Net	Miscellaneous		lory .	Business	Code							
	<b>11a</b> <sub>RE</sub>	FUNDS-DEFUNCT	LOCAL UNION	S		900099		25,950	D	25,950			
	b												
	с												
		ther revenue		[									
		al. Add lines 11a–11		• •				25,950	2				
	12 Tota	<b>al revenue.</b> See Inst	ructions	• •	•	•	1	204,467,38	5	201,740,313	;	0	2,727,072

(D)

Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Do not include amounts reported on lines 6b, (A) (B) Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program serviceexpenses Fundraisingexpenses general expenses 1 Grants and other assistance to domestic organizations and domestic 534,622

1,275,562

37,445,520

8,757,611

10,684,408 2,979,504

10,653,035 204,259

34,763

18,966,697

3,484,042 4,098,976 879,439

337,044

11,230,718

1,504,031

10,577,119

1,786,088

3,091,365

2,863,020 197,424,552

	governments. See Part IV, line 21
2	Grants and other assistance to domestic individuals. See Part IV, line $\ensuremath{\texttt{22}}$

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.

5	Compensatio	on of	curr	ent	officers,	directors,	trustees,	and key
	employees	•	•	•	•			

6						ed above and pers			
	(B)	·	·	•	•				

7 (	Other	salaries	and	wages
-----	-------	----------	-----	-------

4 Benefits paid to or for members

8	Pension plan accruals and contribut	ions	(inc	lude s	section 4	01(k)	and
	403(b) employer contributions) .	·	·	·			

9	Other employee benefits				•	•	•	•	•	
10	Payroll taxes									

11	Fees for services (non-employees):
2	Managomont

11	Fees IOI Servic	es (	11011-	emp	loye	es).	
a	Management						
h	l enal						

is Loga.	•	•	•	•	•	•
c Accounting						

d Lobbying . . . . . . . e Professional fundraising services. See Part IV, line 17

f Investment management fees					
<b>a</b> Other (If line 11g amount exceed	eds	10%	of li	ne 2	5. co

<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)
---

. .

12	Advertising and promotion	·	•	•	•	
13	Office expenses					

	•			
14	Information technology			

Royalties . 15

16 Occupancy

-0	Cooupu	iioy	•	•	•	•	•	•	•	
17	Travel	•	•	·	•	•	•	•	•	

18	
	or local public officials .

19 Conferences, conventions, and meetings .

20	Interest	•		•			

21 Payments to affiliates . . Depreciation, depletion, and amortization . 22

e All other expenses

Insurance 23 .

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exce ds 10%

.

miscellaneous expenses in line 24e. Il line 24e amount exceeds 10%
of line 25, column (A) amount, list line 24e expenses on Schedule O.)

a ASSISTANCE TO LOCALS	32,137,696	
b CONTRIBUTIONS	28,544,168	
c LOSS ON DISPOSAL OF PRO	3,054,203	
d POSTRETIREMENT EXPENSES	2,300,662	

25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in 26 column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 🔲 if following SOP 98-2 (ASC 958-720).

Form 990 (2018) Part X B

**Balance Sheet** 

#### Check if Schedule O contains a response or note to any line in this Part IX . (A) (B) End of year Beginning of year 1 1 Cash-non-interest-bearing . . . 2 Savings and temporary cash investments 35.021.584 2 23.479.674 3 Pledges and grants receivable, net . 3 Accounts receivable, net . 25,091,783 4 34,634,442 4 Loans and other receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of Schedule L 5 . 6 Loans and other receivables from other disgualified 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 6 organizations (see instructions) Complete Part II of Schedule L . . . . . ssets Notes and loans receivable, net . 7 2.880.841 7 2.862.168 Inventories for sale or use . 8 8 9 Prepaid expenses and deferred charges 2.566.567 9 3.503.288 . 10a Land, buildings, and equipment: cost or other basis. 10a 19,277,084 Complete Part VI of Schedule D Less: accumulated depreciation 10b 16,315,314 6,186,331 10c 2,961,770 h 11 Investments-publicly traded securities . 20.689.606 11 32.525.764 12 12 Investments-other securities. See Part IV. line 11 19,695,229 16,616,344 13 13 Investments-program-related. See Part IV. line 11 14 14 Intangible assets . . . 15 112.741 15 Other assets. See Part IV, line 11 . 0 . . 112,244,682 16 **Total assets.**Add lines 1 through 15 (must equal line 34) 16 116,583,450 . 17 Accounts payable and accrued expenses 15.246.734 17 14,704,629 18 18 Grants payable 19 Deferred revenue 180.337 19 279.852 . 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 \_\_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other 52,644,219 25 54,796,643 25 liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 Total liabilities.Add lines 17 through 25 68.071.290 26 69,781,124 Balances Organizations that follow SFAS 117 (ASC 958), check here 🕨 🖉 and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 44,173,392 27 46,802,326 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 📃 and or complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . 30 Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds Net 33 Total net assets or fund balances 44,173,392 33 46,802,326 34 Total liabilities and net assets/fund balances 112.244.682 34 116.583.450 . .

Form 990 (2018)

Form	990 (2018)				Page <b>12</b>
Pai	t XI Reconcilliation 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		2	04,467,385
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	97,424,552
3	Revenue less expenses. Subtract line 2 from line 1	3			7,042,833
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			44,173,392
5	Net unrealized gains (losses) on investments	5			-4,413,899
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			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			46,802,326
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
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," explain in Schedule O.		0-	Yes	No
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	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	IS,			
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidate or both:	ed basis,			
	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 the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	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 Circular A-133?	OMB	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits why in Schedule O and describe any steps taken to undergo such audits.	, explain	3b		

Form 990 (2018)

efile GRAPHIC print	Subm	ission Date - 2020-07-15			DLN: 93493197022830		
SCHEDULE C			gn and Lobbying A	ctivities	OMB No. 1545-0047		
(Form 990 or 990- EZ)	For Or	ganizations Exempt From I			2018		
Department of the Treasury Internal Revenue Service							
<ul> <li>Section 501(c)(3) or</li> <li>Section 501(c) (oth</li> <li>Section 527 organi</li> <li>If the organization ans</li> <li>Section 501(c)(3) or</li> <li>Section 501(c)(3) or</li> <li>If the organization ans</li> <li>(Proxy Tax) (see separation and separation and separation and separation and section 501(c)</li> </ul>	ganization er than se zations: Co swered "Y rganizatio rganizatio swered "Y rate instru (5), or (6) o	organizations: Complete Part III.	not complete Part I-C. omplete Parts I-A and C below. E 4, or Form 990-EZ, Part VI, line oction under section 501(h)): Con 8 (election under section 501(h))	Do not complete Part I-B. <b>47 (Lobbying Activities),</b> nplete Part II-A. Do not com : Complete Part II-B. Do no	<b>then</b> plete Part II-B. t complete Part II-A. <b>Z, Part V, line 35c</b>		
Part I-A Complete	e if the ord	ganization is exempt under sec	tion 501(c) or is a section 527				
<ol> <li>Provide a description activities")</li> <li>Political campaign a</li> </ol>	on of the org	panization's direct and indirect politica	l campaign activities in Part IV (see ir	structions for definition of "politi	ical campaign		
		npaign activities (see instructions) ganization is exempt under sec					
<ol> <li>Enter the amount o</li> <li>Enter the amount o</li> <li>If the organization in</li> </ol>	f any excise f any excise ncurred a se	tax incurred by the organization under tax incurred by organization manage ection 4955 tax, did it file Form 4720 f	er section 4955 rs under section 4955 or this year?	► \$	Yes No		
b If "Yes," describe in				(-)(2)			
		panization is exempt under sec					
2 Enter the amount o	f the filing o	nded by the filing organization for sec rganization's funds contributed to oth	er organizations for section 527 exem	pt function activities \$			
•		ures. Add lines 1 and 2. Enter here ar orm 1120-POL for this year?		. 🕨 💲			
5 Enter the names, a organization made contributions receiv	ddresses ar payments. F ed that were	and employer identification number (EII For each organization listed, enter the e promptly and directly delivered to a space is needed, provide information	N) of all section 527 political organiza amount paid from the filing organizat separate political organization, such a	ion's funds. Also enter the amo			
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
1							
2			<u> </u>				
3					1		
4							

5

6

Sch	edule C (Form 990 or 990-EZ) 2018			Page <b>2</b>
	Part II-A Complete if the organization is exe	mpt under section 501(c)(3) and filed Form 5768	(election under sectio	n 501(h)).
	expenses, and share of excess lobbying	, ,	er's name, address, EIN,	
В	Check 🕨 🔲 if the filing organization checked box A ar	nd "limited control" provisions apply.		
	Limits on Lobbyi (The term "expenditures" mea	ng Expenditures ns amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (g	ass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body	/ (direct lobbying)		
С	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c and 1d)			
f	Lobbying nontaxable amount. Enter the amount from the columns.	following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line 1f)			
h	Subtract line 1g from line 1a. If zero or less, enter -0			
i	Subtract line 1f from line 1c. If zero or less, enter -0			
1	If there is an amount other than zero on either line 1h or l section 4911 tax for this year?			🗌 Yes 🔲 No

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expendi	itures During 4-`	Year Averaging I	Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
				S	chedule C (Form 9	90 or 990-EZ) 2018

Schedule	С	(Form	990	or	990-	·EZ)	2018
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Return Reference

Page 3
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Р	art II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 ( under section 501(h)).	election		
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
с	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Г	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
P	art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 5	01(c)(6).		
				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	_
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	
Pa	art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 50 Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."	01(c)(6)	and if eith	ner (a) BOTH
1	Dues, assessments and similar amounts from members	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a	Current year	2a		
b	Carryover from last year	2b		
С	Total	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?			
-		4		
5	Taxable amount of lobbying and political expenditures (see instructions)	5		
ł	Part IV Supplemental Information			
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 ar 1. Also, complete this part for any additional information.	nd 2 (see i	nstructions	), and Part II-B,

Explanation

efile	GRAPHIC print	Submission Date - 2020-07-15			DLN: 93493197022830
		Suppleme	ntal Financial Stateme	nts	OMB No. 1545-0047
(Forn	n 990)		organization answered "Yes," on Form 9		2018
	tment of the Treasury al Revenue Service		9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or ▶ Attach to Form 990. r <u>s.gov/Form990</u> for the latest information.		Open to Public Inspection
	ne of the organization			Emp	oloyer identification number
	ERICAN FEDERATION ( ENT ORGANIZATION	OF TEACHERS AFL-CIO		36-0	725240
Pa		ations Maintaining Donor Advised Fu		ounts.	
	Complete	e if the organization answered "Yes" on	(a) Donor advised funds		(b)Funds and other accounts
1	Total number at end	d 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	property, subject to	on inform all donors and donor advisors in wr o the organization's exclusive legal control? . on inform all grantees, donors, and donor adv			Yes No
	not for the benefit	of the donor or donor advisor, or for any othe	r purpose conferring impermissible private b		
De				Dort IV / line	Yes No
Pa 1		vation Easements. Complete if the org servation easements held by the organization		, Part IV, line	
-		of land for public use (e.g., recreation or ed		of an historical	lly important land area
		f natural habitat			istoric structure
				n a certineu n	
2		of open space through 2d if the organization held a qualifie	d conservation contribution in the form of a c	onconvotion o	accoment on the last day
2	of the tax year.			JUISEIValluite	Held at the End of the Year
а	Total number of co	nservation easements		2a	
b	Total acreage restr	icted by conservation easements		2b	
с	Number of conserv	vation easements on a certified historic struct	ure included in (a)	2c	
d	Number of conserv the National Regist	vation easements included in (c) acquired after .	er 7/25/06, and not on a historic structure list	ed in 2d	
3	Number of consertax year	vation easements modified, transferred, relea	ased, extinguished, or terminated by the orga	anization durir	ng the
4	Number of states v	where property subject to conservation ease	ment is located		
5		tion have a written policy regarding the perio asements it holds?		ions, and enfo	rcement of Sector Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservat	ion easement	s during the year
7	►\$	es incurred in monitoring, inspecting, handlir			
8	(4)(B)(ii)?	vation easement reported on line 2(d) above			ction 170(h) Yes No
9	balance sheet, and	be how the organization reports conservatior d include, if applicable, the text of the footnot accounting for conservation easements.			
Ра		ations Maintaining Collections of Art e if the organization answered "Yes" on		lar Assets.	
1a	If the organization treasures, or other	elected, as permitted under SFAS 116 (ASC similar assets held for public exhibition, edu ncial statements that describes these items.	958), not to report in its revenue statement	and balance s ervice, provide	sheet works of art, historical e, in Part XIII, the text of the
b		elected, as permitted under SFAS 116 (ASC sets held for public exhibition, education, or r			
(i	) Revenue include	d on Form 990, Part VIII, line 1.....		. ►\$	
(ii	Assets included in	1 Form 990, Part X		►\$	
2	If the organization following amounts	received or held works of art, historical treas required to be reported under SFAS 116 (AS	ures, or other similar assets for financial gai SC 958) relating to these items:	n, provide the	
а	Revenue included	on Form 990, Part VIII, line 1		►\$	
b	Assets included in	Form 990, Part X			
For P	aperwork Reductio	on Act Notice, see the Instructions for For	<b>m 990.</b> Ca	at. No. 52283D	Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Ра	rt III	Organizations Mair	ntaining Collectio	ns of Art, Histo	rical Treas	sures,	or Othe	er Simi	lar Asset	s (continued)	)			
3		ng the organization's acquisit	tion, accession, and c	other records, chec	k any of the	followir	ng that ar	e a sign	ificant use	of its collection	on items (che	ck all that		
a	app	ly): Public exhibition			d		Loan or	exchan	ge progran	ns				
b					е									
		Scholarly research			C		Other							
С	c Preservation for future generations													
4		vide a description of the orga t XIII.	anization's collections	and explain how t	hey further t	he orga	nization's	s exemp	t purpose i	in				
5	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.													
De				•							U Yes	U No	)	
Pa	ırt IV	Escrow and Custod Complete if the organ			90, Part IV	, line 9	, or repo	orted ar	n amount	on Form 99	90, Part X, li	ne 21.		
1a	ls t	ne organization an agent, trus										-		
	incl	uded on Form 990, Part X? .									Yes	🗌 No	I	
b	lf "'	Yes," explain the arrangemen	nt in Part XIII and com	plete the following	table:			Γ		A	Amount		_	
с		jinning balance						-	1c				_	
d		litions during the year						-	1d				-	
е		tributions during the year						-	1e				_	
f		ling balance						-	1f				_	
20		the organization include an a						L t liability	0				_	
2a		-							_		U Yes	U No	1	
b		/es," explain the arrangemen				-								
Pa	art V	Endowment Funds.	Complete if the or	~			-			(d)Three ye	are back		ra baak	
1a	Beni	nning of year balance	I	(a)Current year	(a)	Prior yea	LT	(C) TWO y	ears back	(d)Three ye	ars back (	e)Four yea	SDACK	
	-	ributions			-									
		nvestment earnings, gains, a	nd lossos											
		ts or scholarships			_									
е		r expenditures for facilities programs												
f	Adm	nistrative expenses												
		of year balance												
2		vide the estimated percentag	L	end halance (line '	1a. column (	a)) held	las:							
- a		ard designated or guasi-endo	wment 🕨	, , , , , , , , , , , , , , , , , , ,	rg, column (	(u)) neit	145.							
b	Per	manent endowment ►												
c		nporarily restricted endowme	nt 🕨											
U		percentages on lines 2a, 2b	******	l 100%.										
3a	Are	there endowment funds not	in the possession of	the organization the	at are held a	and adm	ninistered	I for the						
	0	anization by:										Yes	No	
	.,	inrelated organizations .				• •	• •				3a(i)			
h	• •	related organizations /es" on 3a(ii), are the related									3a(ii) 3b			
b 4		scribe in Part XIII the intended	•	•		·	• •	• •	• • •		30			
	urt VI	Land, Buildings, and			Turido.									
Fo	uuvi	Complete if the organ		"Yes" on Form 9	90, Part IV	, line 1	1a. See	Form	990, Part	X, line 10.				
	De	escription of property	(a) Cost or other (investmen		Cost or other	basis (ot	her)	<b>(c)</b> Acc	cumulated de	epreciation	(d)	3ook value		
1a	Land													
b	Build	ings												
с	Leas	ehold improvements				1,6	616,202			1,603,954			12,248	
		oment				17,3	357,133			14,558,289			2,798,844	
		r					303,749			153,071			150,678	
		lines 1a through 1e.(Column	(d) must equal Form	990, Part X, colum	nn (B), line 1			•					2.961.770	

Page **2** 

Page **3** 

Part VII	Investments Other Securities. Complete if the organization and See Form 990, Part X, line 12.	iswered "Yes" o	on Form 990, Part IV, line 11b.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	valuation: Ir market value
<ol> <li>(1) Financial d</li> <li>(2) Closely-hel</li> <li>(3)Other</li> </ol>	erivatives	16,616,344	С	
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (l	o) must equal Form 990, Part X, col. (B) line 12.)	▶ 16,616,344		
Part VIII	Investments Program Related.		5 000 D 11/1 10	
	Complete if the organization answered 'Yes' on Form 990, Part (a) Description of investment	IV, line 11c. Se (b) Book value	(c) Method of	valuation:
(1)			Cost or end-of-yea	r market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. Complete if the organization answered 'Yes' on Form 99	0, Part IV, line 11	.d. See Form 990, Part X, line 15.	
(1)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 15.)			•
Part X	Other Liabilities. Complete if the organization answered 'Yes' of	n Form 990, Pa		
1.	See Form 990, Part X, line 25. (a) Description of liability	<b>(b)</b> Bo	ook value	
(1) Federal inc	ome taxes			
ACCRUED EX	PENSES AND OTHER LIABILITIES		17,742,961	
	ELF-INSURANCE RESERVE		1,000,000 13,503,506	
	DISTRETIREMENT HEALTHCARE COSTS		22,550,176	
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (l	p) must equal Form 990, Part X, col.(B) line 25.)	►	54,796,643	
	incertain tax positions. In Part XIII, provide the text of the footnote to the or	-		anization'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

Schee	dule D (Form 990) 2018		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	214,009,494
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -4,413,899		
b	Donated services and use of facilities		
с	Recoveries of prior year grants         .         .         .         2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	9,576,872
3	Subtract line <b>2e</b> from line <b>1</b>	3	204,432,622
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 34,763		
b	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	34,763
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	204,467,385
Pa	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	210,652,559
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	13,262,770
3	Subtract line <b>2e</b> from line <b>1</b>	3	197,389,789
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 34,763		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	34,763
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	197,424,552

#### Supplemental Information Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2:	THE FEDERATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FEDERATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2019, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	REVENUE OF CONSOLIDATED SUBSIDIARY 13,990,771. RENTAL REVENUE INCLUDED ON FORM 990, LINE 6A
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES INCLUDED ON FORM 990, LINE 6B EXPENSES OF CONSOLIDATED SUBSIDIARY 13,262,770.

efile GRAPHIC print	Submission Date - 2020-	07-15					DLN: 93493197022830
Note: To capture the full	content of this document	t, please select landsc	ape mode (11" x 8.5") w	hen printing.			OMB No. 1545-0047
Schedule I	Grants and Other Assistance to Organizations,						
(Form 990)		2018					
	(		and Individual				2010
Department of the Treasury		Complete if the orga	nization answered "Yes," o Attach to Form		21 or 22.		Open to Public Inspection
Internal Revenue Service		🕨 Go to	www.irs.gov/Form990 for t				mspection
Name of the organization AMERICAN FEDERATION OF						Employer identific	ation number
PARENT ORGANIZATION	- TEACHERS AFL-CIU					36-0725240	
Part I General Info	ormation on Grants and A	ssistance					
	maintain records to substantiat sed to award the grants or assis						
2 Describe in Part IV the	organization's procedures for	monitoring the use of grant	funds in the United States.				🗌 Yes 🛛 🗹 No
	her Assistance to Domestic ( nore than \$5,000. Part II can be			if the organization answer	ed "Yes" on Form 990, Part I\	/, line 21, for any recipient	
(a) Name and address of organization or government	of <b>(b)</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 ALBERT SHANKER INSTITUTE 555 NEW JERSEY AVENUR WASHINGTON, DC 20001	ENW	501(C)(3)	534,622				ADMINISTRATIVE ASSISTANCE
2 Enter total number of s	ection 501(c)(3) and governme	ent organizations listed in th	e line 1 table	· · · · · · ·		►	1
3 Enter total number of o	ther organizations listed in the	line 1 table				. ►	0
Con Domonius als Deduction Act No	tion and the Instructions for Form			Cat Na E00EED			Cohodula I (Form 000) 2010

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

Schedule I (Form 990) 2018

# Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
Part IV Sup	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.								
Return Reference Explanation									

Page 2

efile	GR/	APHIC print	Submission Date - 2020-07-15	D	LN: 9349	31970	22830
Sch			Compensation Information		OMB No	o. 1545-	0047
(Forn	n 990	)	For certain Officers, Directors, Trustees, Key Employees, and High	est			
			Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 23.	- 2(	)1(	R
_			Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information of the latest informat				
		of the Treasury enue Service		uon.		to Pu pectio	
		e organization	OF TEACHERS AFL-CIO	Employer identification			
		RGANIZATION	OF LEACHERS AFL-CIU	36-0725240			
Pa	urt I	Question	ns Regarding Compensation				
1.	Cha	ali tha annrani	into how (as) if the exception into ideal any of the following to as far a nerson listed on Farm			Yes	No
1a	990,	Part VII, Sect	iate box(es) if the organization provided any of the following to or for a person listed on Form tion A, line 1a. Complete Part III to provide any relevant information regarding these items.				
			or charter travel Housing allowance or residence for				
		Travel for co					
			ication and gross-up payments Health or social club dues or initiatio ry spending account Personal services (e.g., maid, chaufi				
	0	Discretional	y spending account $\Box$ Personal services (e.g., maid, chadh	eur, cher)			
b			s in line 1a are checked, did the organization follow a written policy regarding payment or reim escribed above? If "No," complete Part III to explain .	bursement or provision of a			
2			on require substantiation prior to reimbursing or allowing expenses incurred by all		1b 2	Yes Yes	
2			, officers, including the CEO/Executive Director, regarding the items checked in line 1a? .		-	103	
3	Indic	ate which if a	any, of the following the filing organization used to establish the compensation of the				
•	orga	nization's CEC	D/Executive Director. Check all that apply. Do not check any boxes for methods				
	usec	i by a related (	organization to establish compensation of the CEO/Executive Director, but explain in Part III.				
		Compensat	tion committee Written employment contract				
		Independen	nt compensation consultant 📃 Compensation survey or study				
		Form 990 o	f other organizations	ion committee			
4	Duri	ng the year, di	id any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organiz	ation or a related organizat	ion:		
		3 • • • • • • • •	· · · , · · · · · · · · · · · · · · · ·				
а	Rec	eive a severan	nce payment or change-of-control payment?		4a		No
b	Part	icipate in, or re	eceive payment from, a supplemental nonqualified retirement plan?		4b	Yes	
С		•	eceive payment from, an equity-based compensation arrangement?		4c		No
	IT "Ye	es" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only	/ 501(c)(3), 50	01(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	-		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
	com	pensation con	tingent on the revenues of:				
а	The	organization?			5a		
b		•	ization?		5b		
	lf "Ye	es," on line 5a	or 5b, describe in Part III.				
6			on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any tingent on the net earnings of:				
а	The	organization?			6a		
b	Any	related organi	ization?		6b		
	lf "Ye	es," on line 6a	or 6b, describe in Part III.				
7	For   payr	persons listed nents not desc	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed cribed in lines 5 and 6? If "Yes," describe in Part III .		7		
8			s reported on Form 990, Part VII, paid or accured pursuant to a contract that was			1	<u> </u>
			al contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe				
					8		<u> </u>
9	If "Ye	es" on line 8, c	did the organization also follow the rebuttable presumption procedure described in Regulation	s section 53.4958-6(c)?	9		
For D			on Act Notice, see the Instructions for Form 990. Cat. N	o 50052T <b>Sci</b>	-	Form 00	0) 2019

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-M	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(i)-(D)	in column (B) reported as deferred on prior Form 990
IRANDI WEINGARTEN PRESIDENT	(i)	436,470	0	53,374	55,000	19,392	564,236	0
	(ii)	0	0	0	0	0	0	0
2MARY CATHRYN RICKER EXEC VICE PRES.	(i)	249,827	0	77,689	55,000	25,536	408,052	0
	(ii)	0	0	0	0	0	0	0
3LORRETTA JOHNSON SECRETARY-TREASURER	(i)	299,390	0	47,204	55,000	11,680	413,274	0
JEREIARFIREASURER	(ii)	0	0	0	0	0	0	0
4PHILIP KUGLER ASSIST. TO PRES. FOR ORGAN	(i)	233,170	0	9,928	54,661	25,536	323,295	0
ASSISI. TO PRES. FOR ORGAN	(ii)	0	0	0	0	0	0	0
5MICHAEL S POWELL ASSIST. TO PRES. FOR COMMU	(i)	233,170	0	3,510	53,629	11,680	301,989	0
ASSISI. TO PRES. FOR COMINIO	(ii)	0	0	0	0	0	0	0
6JESSICA SMITH	(i)	233,170	0	8,608	54,661	29,109	325,548	0
CHIEF OF STAFF	(ii)	0	0	0	0	0	0	0
7ANN J MITCHELL	(i)	209,860	0	6,729	49,196	22,326	288,111	0
ASSIST. TO PRES. FOR FIELD	(ii)	0	0		0	0	0	0
8MICHELLE A RINGUETTE	(i)	209,860	0	8,585	49,196	25,536	293,177	0
ASSIST. TO PRES. FOR OFFIC	(ii)	0	0	0	0	0	0	0
	_							
Schedule J (Form 990) 2018							Schedule 3	l (Form 990) 2018 Page <b>3</b>

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. **Return Reference** Explanation PART I, LINE 1A PART I - QUESTIONS REGARDING COMPENSATION: 1A FIRST-CLASS OR CHARTER TRAVEL: AFT OFFICERS AND VICE PRESIDENTS MAY FLY FIRST CLASS WHEN THE SCHEDULED FLIGHT TIME IS TWO HOURS OR LONGER. TRAVEL FOR COMPANIONS: IF OFFICERS OR VICE PRESIDENTS WOULD LIKE TO BRING A FAMILY MEMBER OR COMPANION WITH THEM ON TRAVEL AND THEY ARE ELIGIBLE FOR A FIRST CLASS TICKET, THEY MAY TAKE ADVANTAGE OF THE AFT "CONVERSION" POLICY. UNDER THIS POLICY, THEY ARE ENTITLED TO AIRFARE UP TO THE COST OF A SINGLE FIRST CLASS TICKET. FOR EXAMPLE, IF THEIR FIRST CLASS TICKET FOR A TRIP WOULD COST \$1,000, THEY CAN CONVERT THE TICKET TO COACH CLASS AND AFT WOULD COVER THE COST OF AN ADDITIONAL COACH TICKET FOR A COMPANION UP TO A TOTAL OF \$1,000. AS LONG AS THE COST OF THE COACH TICKETS IS EQUAL TO OR LESS THAN THE COST OF THE SINGLE FIRST CLASS TICKET, AFT WILL PAY FOR THE TICKETS. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE: THE AFT OFFICERS RECEIVE A MONTHLY HOUSING ALLOWANCE.

Schedule J (Form 990) 2018

Software ID:

Software Version:

efile GRAPHIC	; print	Submission Date - 2020-07-15			DLN: 93493197022830		
SCHEDULE (Form 990 or EZ) Department of the T	990-	Complete to provide Form 990 or 99	al Information to Form 990 or 990-EZ provide information for responses to specific questions on to or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. to <u>www.irs.gov/Form990</u> for the latest information.				
Luternal Revenue Se Name of the organiz AMERICAN FEDERA PARENT ORGANIZAT	TION OF TEA	ACHERS AFL-CIO		Employer identificat 36-0725240	tion number		
Return Reference			Explanation				
FORM 990, PART VI, SECTION A, LINE 6	TEACH	ERS, PARAPROFESSIONALS ANI	HE MEMBERSHIP CONSISTS OF DIVISIONS O SCHOOL-RELATED PERSONNEL, HIGHEF ALTH PROFESSIONALS AND OTHER HEAL R WORKERS.	R EDUCATION FAC	ULTY AND		
FORM 990, PART VI, SECTION A, LINE 7A	PART VI, SECTION A,				'EARS.		
FORM 990, PART VI, SECTION B, LINE 11B	FINANC		A COLLABORATIVE EFFORT OF AFT'S OUT .S. THE DRAFT IS DISTRIBUTED TO THE EX ED AND SUBMITTED.				
FORM 990, PART VI, SECTION B, LINE 12C		FLICT OF INTEREST QUESTIONN DENTS ARE PROVIDED WITH A C	PRESIDENTS AND	ALL NEW VICE			
FORM 990, PART VI, SECTION B, LINE 15	PRESID CONST	DENT. THERE IS A REVIEW OF CO ITUTION, THE EXECUTIVE COUN	, THE EXECUTIVE COUNCIL SHALL DETER DMPARABILITY OF SALARY WITH OTHER P ICIL SHALL SET THE SALARY OF THE SEC S A REVIEW OF COMPARABILITY OF SALAR	EER GROUPS. AS RETARY-TREASUF	STATED IN THE AFT RER AND		
FORM 990, PART VI, SECTION C, LINE 19	AVAILA	BLE ONLINE ON THE DOL WEBS	JIRED BY LAW UPON REQUEST. THE DEPA TE DATABASE. AFT'S GOVERNING DOCUN E ON THE ORGANIZATION'S PUBLIC WEB:	IENTS ALONG WI			

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

efile GRAPHIC print S	Submission Date - 2020-07-15								DLN: 934931	97022830			
SCHEDULE R (Form 990)	омв №. 1545 <b>201</b>												
	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.												
Department of the Treasury Internal Revenue Service		► Go to <u>www.irs.go</u>	<u>ovi-orm990</u> for inst	ructions ar	iu the latest	Information	n.		Open to Pu Inspectio				
Name of the organization AMERICAN FEDERATION OF TEACH PARENT ORGANIZATION	IERS AFL-CIO							Employer identification 36-0725240	ı number				
Part I Identification	of Disregarded Entities Comp	lete if the organization ansv	vered "Yes" on Fo	rm 990, Pa	art IV, line 3	33.							
Name, address	(a) s, and EIN (if applicable) of disregarded en	tity	<b>(b)</b> Primary activity	/	(c) Legal domicile or foreign co		<b>(d)</b> Total incon	ne End-of-year asse	ets (f) Direct controlli entity	ng			
	of Related Tax-Exempt Organiz uring the tax year.	tations Complete if the orga	anization answere	d "Yes" on	Form 990,	, Part IV, lin	ie 34 beca	use it had one or mor	e related tax-exempt				
(a) Name, address, and EIN of related organization		Pri	(b) Primary activity		(c) Legal domicile (state or foreign country)		d) ode section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No			
(1)AMERICAN FEDERATION OF TE 555 NEW JERSEY AVE NW	HINGTON, DC 20001		CT AND SPONSOR D RESEARCH IN NAL AND RELATED	DC		501(C)(3)		LINE 12B, II	AMERICAN FEDERATION OF TEACHERS	Yes No			
WASHINGTON, DC 20001 52-1439116													
(2)AMERICAN FEDERATION OF TE 555 NEW JERSEY AVE NW	ACHERS BENEFIT TRUST		TO PROVIDE WELFARE BENEFITS TO MEMBERS OF AFT		DC 501(C				AMERICAN FEDERATION OF TEACHERS	Yes			
WASHINGTON, DC 20001 52-1846907													
(3)555 NEW JERSEY AVENUE NW 555 NEW JERSEY AVE NW	INC	TITLE HOLI	DING COMPANY	DC		501(C)(2)			AMERICAN FEDERATION OF TEACHERS	Yes			
WASHINGTON, DC 20001 52-1797147		POLITICAL				507				1/22			
555 NEW JERSEY AVE NW COI		POLITICAL COMMITTE		DC		527			AMERICAN FEDERATION OF TEACHERS	Yes			
WASHINGTON, DC 20001 23-7269962													
(5)AMERICAN FEDERATION OF TE 555 NEW JERSEY AVE NW	ACHERS COPE STATE AND LOCAL		/E PUBLIC N THROUGH ENT IN POLITICAL	[	DC	527			AMERICAN FEDERATION OF TEACHERS	Yes			
WASHINGTON, DC 20001 52-2256152		ACTIVITIES											
(6)AFT DISASTER RELIEF FUND 555 NEW JERSEY AVENUE NW		PERSONS	PROVIDING ASSISTANCE TO PERSONS AFFECTED BY NATURAL AND MAN-MADE		DC 501(C)(3)			LINE 12B, II	AMERICAN FEDERATION OF TEACHERS	Yes			
WASHINGTON, DC 20001 20-3664119		DISASTERS											
(7)THE ALBERT SHANKER INSTITU 555 NEW JERSEY AVENUE NW	JTE	SPONSOR	ON, CONDUCT, AND STUDY AND I IN EDUCATION	[	DC 501(C)(3)			509(A)(3) - TYPE 1	AMERICAN FEDERATION OF TEACHERS	Yes			
WASHINGTON, DC 20001 52-1432693			THE EDUCATION										
For Paperwork Reduction Act	Notice, see the Instructions for Fo	rm 990.		Cat. No	o. 50135Y				Schedule R (Form 9	90) 2018			

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) ortionate ttions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(I Perce owne	<b>k)</b> entage ership
(1) CAPITOL PLACE I ASSOCIATES LIMITED PARTNERSHIP 555 NEW JERSEY AVENUE NW WASHINGTON, DC 20001 52-1293001			DC	AMERICAN FEDERATION OF TEACHERS	INVESTMENT			16,616,344	Yes	No No		Yes	No	99.	000 %
Part IV Identification of Related Organizations Ta	xable as a Corporatio	on or Trust Co	omplete	if the organiza	ation answere	ed "Ye	es" on Forn	n 990, Part IV	, line 3	34 bec	ause it had c	one o	r mor	e relat	ed
organizations treated as a corporation or trust during the tax year. (a) (b) Name, address, and EIN of related organization Primary activity		(stat	(c) Legal domicile e or foreig country)				(e) of entity p, S corp, r trust)	(f) Share of total income	(g) Share of end year assets		of- Perc	<b>(h)</b> centage nership		Section (13) co enti	( <b>i)</b> n 512(b) ontrolled ity?
			Journa y)											Yes	No
															<u> </u>

## Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Yes No 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity. 1a No 1b Yes b 1c No Gift, grant, or capital contribution from related organization(s) С 1d No d Loans or loan guarantees to or for related organization(s) 1e No e Loans or loan guarantees by related organization(s) 1f No Dividends from related organization(s) f 1g No g 1h No Purchase of assets from related organization(s) h 1i No i. 1j No 1k No 1 No Performance of services or membership or fundraising solicitations for related organization(s) Т 1m No 1n No 10 No 0 1p No р No 1a Reimbursement paid by related organization(s) for expenses α No 1r Yes 1s If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 2

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

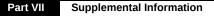
# Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

				<del></del>									
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
	·	'	514)	Yes	s No			Yes	No	ı!	Yes	No	1
			<u> </u>	'									
			<u> </u>	'									
				[ '									
			· · · · · · · · · · · · · · · · · · ·										
		-									-		







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





