DLN: 93493197022830 OMB No 1545-0047 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 Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable AMERICAN FEDERATION OF TEACHERS AFL-CIO PARENT ORGANIZATION ☐ Address change 36-0725240 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 555 NEW JERSEY AVENUE NW ☐ Amended return ☐ Application pending (202) 879-4509 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC  $\,$  20001 G Gross receipts \$ 216,471,260 Name and address of principal officer H(a) Is this a group return for RANDI WEINGARTEN □Yes **☑**No subordinates? 555 NEW JERSEY AVENUE NW H(b) Are all subordinates WASHINGTON, DC 20001 ☐ Yes ☐No included? I Tax-exempt status □ 527 501(c)(3) **✓** 501(c) ( 5 ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW AFT ORG ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶ L Year of formation 1916 M State of legal domicile DC Summary 1 Briefly describe the organization's mission or most significant activities THE AMERICAN FEDERATION OF TEACHERS, AFL-CIO (THE FEDERATION) IS COMMITTED TO ADVANCING AN AGENDA THAT PROVIDES EDUCATIONAL OPPORTUNITY, LIFTS THE DISADVANTAGED, REBUILDS THE MIDDLE CLASS, IMPROVES THE AMERICAN ECONOMY AND PUBLIC INFRASTRUCTURE, AND FOSTERS THE DEMOCRATIC PRINCIPLES OF RESPECT, DIGNITY AND ECONOMIC SECURITY FOR ALL THOSE WHO CALL AMERICA HOME AND SEEK THE AMERICAN DREAM THE FEDERATION, WORKING WITH LOCAL AND STATE AFFILIATES, SEEKS TO ENSURE THAT THE EDUCATORS, HEALTHCARE PROVIDERS AND PUBLIC EMPLOYEES WHO MAKE UP OUR MEMBERSHIP HAVE Activities & Governance THE TOOLS AND RESOURCES THEY NEED TO MAKE THIS VISION A REALITY THE MAJOR SOURCE OF REVENUE TO THE FEDERATION IS PER CAPITA TAXES PAID BY LOCALS Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 46 4 43 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) 389 Total number of volunteers (estimate if necessary) . . . 6 0 0 7a Total unrelated business revenue from Part VIII, column (C), line 12  ${f b}$  Net unrelated business taxable income from Form 990-T, line 34 -4,154 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) . 226,287,593 201,714,363 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,356,599 1,300,765 1,563,508 1,452,257 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 229,207,700 204,467,385 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 548.017 534,622 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 61,114,047 61,142,605 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 130,523,014 135,747,325 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 192,185,078 197,424,552 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 37,022,622 7,042,833 19 Revenue less expenses Subtract line 18 from line 12 . Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 112,244,682 116,583,450 21 Total liabilities (Part X, line 26) . 68,071,290 69,781,124 Net assets or fund balances Subtract line 21 from line 20 . 44,173,392 46,802,326 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-07-15 Signature of officer Sign Here ORETTA JOHNSON SECRETARY-TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Check  $\square$  if P00365899 Paid self-employed Firm's name CALIBRE CPA GROUP PLLC Firm's EIN ► 47-0900880 Preparer Use Only Firm's address ► 7501 WISCONSIN AVENUE SUITE 1200 Phone no (202) 331-9880 BETHESDA, MD 20814 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes □ No For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

Form	990 (2018)				Page <b>2</b>
Pa	Statement	of Program Service Ace	complishments		
	Check if Sche	edule O contains a response of	note to any line in this Part III		🗆
1		organization's mission	·		
SEE	STATEMENT FOR PART	ΓI, LINE 1			
	Did the organization	undertake any significant pro	gram services during the year w	hich were not listed on	
	the prior Form 990 d	, , ,			☐ Yes ☑ No
	'	ese new services on Schedule	0		
3	,		gnificant changes in how it condu	ucts, any program	
	-		-		☐ Yes 🗹 No
	If "Yes." describe the	ese changes on Schedule O			
4	Section 501(c)(3) ar		required to report the amount o	largest program services, as measi of grants and allocations to others, t	
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				<u> </u>
4d	Other program servi	ices (Describe in Schedule O )			
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4e	Total program ser	vice expenses ►			
					Form <b>990</b> (2018)

Form	990 (2018)			Page <b>3</b>
Par	Checklist of Required Schedules			
	7 11	$\vdash$	Yes	No
	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 state of the complet	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b	Yes	
	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
	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 2	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 2	12a		No
	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
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and $IV$	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

21

20a

20b

21

22

Yes

No

Nο

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Form	990 (2018)			Page <b>4</b>
Par	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? If "Yes," complete Schedule J	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?	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?  If "Yes," complete Schedule L, Part I	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? If "Yes," complete Schedule L, Part III	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)			
а	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			

Yes

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515

0

1a

1b

No

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**b** Gross income from other sources (Do not net amounts due or paid to other sources 

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Note. See the instructions for additional information the organization must report on Schedule O

10a

10b

11a

11b

12b

13b

13c

13a

14a

14b

15

12a

No

No

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orm '	990 (2018)			Page <b>6</b>
Parl	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to	lines 🗹
Sec	tion 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 46			
	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			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	<u> </u>
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	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? <i>If "No," go to line 13</i>	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
	conflicts?	12b	Yes	
	Schedule O how this was done	12c	Yes Yes	
	, ,	$\vdash$		
	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			l
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed▶			
	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
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			

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person compensation compensation hours per amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest compensated employee Individual trustee organizations Ō related Institutional Trustee director below dotted organizations employee line) See Additional Data Table 1b Sub-Total . • c Total from continuation sheets to Part VII, Section A . . . • 2,320,544 597,138 d Total (add lines 1b and 1c) . . . . . . . . . . . . Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 208 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 No Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation SELENDY & GAY PLLC LEGAL SERVICES 5,289,595 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104 LEGAL SERVICES STROOCK & STROOCK & LAVAN LLP 1,537,759 180 MAIDEN LANE NEW YORK, NY 10038 MONEYCORP US INC TRUST SERVICES 1,464,617 56 PINE ST 600 PROVIDENCE, RI 02903 TAG1 CONSULTING INC SOFTWARE CONSULTANT 1,361,903

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

2637 E ATLANTIC BLVD 21865 POMPANO BEACH, FL 33062

compensation from the organization ▶ 4

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		(2018)										Page <b>9</b>
Part	VIII			a recor	onse or note to any	line in this	- Part VIII					П
		Check II Schedul	e O contains	a respo	onse or note to any	(A) Total rev	)	Rela ex fur	(B) ated or empt action	(C) Unrelate busines revenu	ss	(D)  Revenue excluded from tax under sections
	1:	a Federated campaig	ns	1a				rev	venue			512 - 514
nts nts		<b>b</b> Membership dues		1b								
ora o		c Fundraising events		1c								
S, C Am		d Related organizatio		1d	<u> </u>							
활		e Government grants (c		1e	<u> </u> 							
ini ini		f All other contributions		_ ie	<u> </u>							
tior r S		and similar amounts n		1f								
Contributions, Gifts, Grants and Other Similar Amounts	!	g Noncash contribution in lines 1a - 1f \$	ons included									
3 5 8		<b>h Total.</b> Add lines 1a	-1f	•	•							
					Business	Code						
훒	<b>2</b> a	MEMBERSHIP DUES				900099	196,1	33,288	196,13	3,288		
34	b	INSURANCE PREMIUMS				900099	1,6	64,380	1,66	4,380		
3	c	AFFILIATION FEE REBAT	TE			900099	1,4	07,437	1,40	7,437		
er K	d	PROGRAM ADMINISTRA	TION			900099	1,2	78,525	1,27	8,525		
S S	е	OTHER				900099	9	37,447	93	7,447		
Program Service Revenue		All					2	93,286	29.	3,286		
Æ		All other program se			201,7	14,363				•		
		Total. Add lines 2a-2			<u> </u>	1		1				
		Investment income (i similar amounts) .	ncluaing aivia		interest, and other		1,160,496					1,160,496
	4	Income from investme	ent of tax-exe	empt be	ond proceeds 🕨							
	5	Royalties			•		1,177,380					1,177,380
	e-	Gross rents	(ı) Rea	l	(II) Personal							
	Od	Gross rents	2	248,927								
	b	Less rental expenses		0								
		Rental income or		248,927		-						
		(loss)		ŕ								
	C	Net rental income o	r (loss)			]	248,927	'				248,927
			(ı) Securit	ties	(II) Other							
	7a	Gross amount from sales of	12,1	.44,144								
		assets other than inventory										
	Ŀ	Less cost or				1						
		other basis and sales expenses	12,0	03,875								
		Gain or (loss)		.40,269		ļ						
		d Net gain or (loss)			<b>•</b>		140,269	'				140,269
a.	Od	Gross income from f (not including \$	_	ents of								
n He		contributions reporte See Part IV, line 18		а	}							
ě	ŀ	Less direct expense		a b								
Other Revenue		Net income or (loss)			ents 🕨	J						
ŧ	9a	Gross income from g		ies								
0		See Part IV, line 19		а	}							
	Ŀ	Less direct expense	ıs	Ь								
		: Net income or (loss)			les 🕨	]						
	10	aGross sales of invent										
		returns and allowand	ces	a	}							
	Ŀ	Less cost of goods s	sold	b								
		Net income or (loss)				]						
		Miscellaneous			Business Code							
	11	Larefunds-defunct	LOCAL UNIO	NS	900099		25,950	1	25,950			
	b	·										
	c	=										
		d All other revenue .										
	•	<b>Total.</b> Add lines 11a	-11d		•	L	25,950					<u></u>
	12	<b>2 Total revenue.</b> See	Instructions			,	204,467,385		201,740,313		0	2,727,072
							.,,555		,,	1		Earm 999 (2018)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	inizations must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			<u> 🗆</u>
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpense
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	534,622			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,275,562			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	37,445,520			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,757,611			
9 Other employee benefits	10,684,408			
<b>10</b> Payroll taxes	2,979,504			
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	10,653,035			
c Accounting	204,259			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	34,763			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,966,697			
.2 Advertising and promotion	3,484,042			
L3 Office expenses	4,098,976			
4 Information technology	879,439			
.5 Royalties	,			
L6 Occupancy	337.044			
L7 Travel	11,230,718			
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials	11,230,710			
L9 Conferences, conventions, and meetings	1,504,031			
· · · · · · · · · · · · · · · · · · ·	1,504,051			
20 Interest	10 577 110			
Payments to affiliates	10,577,119			-
22 Depreciation, depletion, and amortization	1,786,088			-
23 Insurance	3,091,365			
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			
e All other expenses	2,863,020			
25 Total functional expenses. Add lines 1 through 24e	197,424,552			1
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 if Schedule O contains a response or note to any line in this Part IX . (A) (B)

Beginning of year

Page **11** 

2,961,770

32,525,764

46.802.326

116,583,450

Form **990** (2018)

30

31

32

33

34

44.173.392

112,244,682

End of year

1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	35,021,584	2	23,479,6
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	25,091,783	4	34,634,4

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 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) 6

voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 2.862.168 2.880.841 Notes and loans receivable, net . 8 Inventories for sale or use .

Prepaid expenses and deferred charges 2.566.567 9 3.503.288 10a Land, buildings, and equipment cost or other 10a 19,277,084 basis Complete Part VI of Schedule D

16,315,314 b Less accumulated depreciation 10b 6,186,331 10c 20,689,606 11 11 Investments—publicly traded securities . 19.695.229 12 Investments—other securities See Part IV, line 11 . 13 Investments—program-related See Part IV, line 11

16.616.344 12 13 14 14 Intangible assets . . . . . 15 112,741 15 Other assets See Part IV, line 11 . . . 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 112.244.682 16 15.246.734 17 17 Accounts payable and accrued expenses 18 18 Grants payable . . . 19 Deferred revenue . . . 180,337 19

116.583.450 14,704,629 279.852 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees,

key employees, highest compensated employees, and disqualified

Liabilities 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 52.644.219 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)

54.796.643 Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . 68.071.290 26 69.781.124

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. 44.173.392 46.802.326 27 Unrestricted net assets 27

Fund Balances 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Assets or 30

Net

31

32

33

34

3b

Form 990 (2018)

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

# Additional Data

Software ID:

GENERAL MEMBERSHIP SERVICES PROVIDED VARIOUS SERVICES AND SUPPORT TO APPROXIMATELY 1.5 MILLION MEMBERS IN 3,200 LOCAL AFFILIATES, INCLUDING EDUCATIONAL PROGRAMS, PUBLICATIONS AND ACCESS TO OTHER COMMUNICATIONS, INSURANCE PROGRAMS AND OTHER MEMBER BENEFITS, COLLECTIVE BARGAINING

Software Version:

**EIN:** 36-0725240

Name: AMERICAN FEDERATION OF TEACHERS AFL-CIO

PARENT ORGANIZATION

Form 990 (2018)

ADVICE AND RESEARCH

Form 990, Part III, Line 4a:

### Form 990, Part III, Line 4b: CONFERENCES AND MEMBER ENGAGEMENT. PROVIDED ASSISTANCE VIA CONFERENCES AND TRAININGS TO STATE AND LOCAL AFFILIATES ON MEMBER ENGAGEMENT. COMMUNITY ENGAGEMENT, COLLECTIVE BARGAINING AND REPRESENTATION CAMPAIGNS, UNION ADMINISTRATION AND PROFESSIONAL ISSUES

## Form 990, Part III, Line 4c: MEMBER RECRUITMENT WITHIN EXISTING LOCALS AND ORGANIZING OF NEW AFFILIATES

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	any nours	and	a uii	ecto	ון אוכ	ustee	,	organization	organizations	mom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
RANDI WEINGARTEN PRESIDENT	70 00	×		×				489,844	0	74,392	
MARY CATHRYN RICKER EXEC VICE PRES	60 00	×		×				327,516	0	80,536	
LORRETTA JOHNSON SECRETARY-TREASURER	60 00	×		x				346,594	0	66,680	
ADAM URBANSKI VICE PRES	5 00	×		x				0	0	0	
AIDA DIAZ RIVERA	5 00										

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AIDA DIAZ RIVERA ......

VICE PRES

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VICE PRES

ANN TWOMEY

ALEX CAPUTO-PEARL

ANDREW PALLOTTA

ANTHONY HARMON

BARBARA BOWEN

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer compensation week (list from the from related and a director/trustee) any hours organization organizations from the

	1,				,		,	0.90	(1)	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CANDICE OWLEY VICE PRES	5 00	×		x				0	0	0
CHRISTINE CAMPBELL VICE PRES	5 00	x		x				0	0	0
DANIEL J MONTGOMERY VICE PRES	5 00	х		х				0	0	0
DAVID GRAY VICE PRES	5 00	×		×				0	0	0

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DAVID HECKER VICE PRES

DAVID QUOLKE

DENISE SPECHT

DON CARLISTO

VICE PRES

VICE PRES

VICE PRES

VICE PRES

VICE PRES

ERIC FEAVER

**EVELYN DEJESUS** 

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

	any nours	and	a dir	ecto		ustee	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	ee voldue Highest compensated	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
FEDRICK C INGRAM VICE PRES	5 00	х		×				0	0	0	
FRANK FLYNN VICE PRES	5 00	×		х				0	0	0	
FREDERICK KOWAL VICE PRES	5 00	х		х				0	0	0	
J PHILLIPPE ABRAHAM VICE PRES	5 00	×		х				0	0	0	
JAN HOCHADEL	5 00	Х		х				0	0	0	

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VICE PRES
J PHILLIPPE ABRAHAM
VICE PRES
JAN HOCHADEL
VICE PRES

JEFFREY W FREITAS

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VICE PRES

VICE PRES

VICE PRES

VICE PRES

VICE PRES

JERRY JORDAN

JESSE SHARKEY

JESSICA TANG

JOANNE MCCALL

(A) Name and Title (D) (E) (B) (C) (F) Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation hours per amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

MARIETTA ENGLISH

MELISSA CROPPER

MICHAEL MULGREW

VICE PRES

VICE PRES

VICE PRES

	any hours							organization				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations		
JOHN MCDONALD VICE PRES	5 00	×		x				0	0	0		
JOLENE DIBRANGO VICE PRES	5 00	х		х				0	0	0		
JOSHUA PECHTHALT VICE PRES	5 00	×		х				0	0	0		

VICE PRES		_ ^	^		0	0	
JOSHUA PECHTHALT	5 00	×	Х		0	0	
VICE PRES					_		
KAREN LEWIS	5 00	×	x		0	n	
VICE PRES			^			9	
KATHY A CHAVEZ	5 00	×	х			C	
VICE PRES		^	\ \ \		Ĭ	J	

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	V		_				0	0	
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VICE PRES		×		×				0	0	
KATHY A CHAVEZ	5 00	×		×				0	0	
VICE PRES		^								
LARRY CARTER	5 00	×		x				0	0	
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VICE PRES									
KATHY A CHAVEZ	5 00			x			0	0	
VICE PRES							Ů		
LARRY CARTER	5 00								
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KATHY A CHAVEZ	5 00	×	x		0	0	0
VICE PRES		^	^				Ů
LARRY CARTER	5 00	×	x		0	0	0
VICE PRES		^				0	

LARRY CARTER	5 00	×	x			0	0
VICE PRES		,,					
LOUIS MALFARO	5 00	×	x		0	0	0
VICE PRES		^	^		Ĭ	Ŭ	

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(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

	any hours	and	a dır	ecto	r/tr	ustee	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
PAUL PECORALE VICE PRES	5 00	×		x				0	0	0
SHELVY Y ABRAMS VICE PRES	5 00	×		х				0	0	0
TED KIRSCH VICE PRES	5 00	×		х				0	0	0
TERRENCE MARTIN VICE PRES	5 00	X		х				0	0	0

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243,098

236,680

80,197

65,309

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TERRENCE MARTIN	
VICE PRES	•
TIM STOELB	_
VICE PRES	•
	_

VICKY BYRD

VICE PRES

VICE PRES

ZEPH CAPO

VICE PRES

PHILIP KUGLER

MICHAEL S POWELL

ASSIST TO PRES FOR ORGAN

ASSIST TO PRES FOR COMMU

WAYNE SPENCE

and Independent Contractors (A) Name and Title

hours per week (list any hours for related organizations below dotted line)
60 00
60 00
60 00

................

(B)

Average

than one box, unless

person is both an officer and a director/trustee)

Reportable compensation from the organization (W- 2/1099-MISC) 216,589

218,445

(D)

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

(F)

Estimated

amount of other

compensation

from the

organization and

71,522

74,732

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

Position (do not check more

JESSICA SMITH 241,778 83,770

CHIEF OF STAFF ANN J MITCHELL

ASSIST TO PRES FOR FIELD

ASSIST TO PRES FOR OFFIC

MICHELLE A RINGUETTE

Individual MISC) related Institutio organizations

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

# Political Campaign and Lobbying Activities

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

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

2018

DLN: 93493197022830

Schedule C (Form 990 or 990-EZ) 2018

Cat No 50084S

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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 • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** AMERICAN FEDERATION OF TEACHERS AFL-CIO PARENT ORGANIZATION 36-0725240 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -ndirectly delivered to a separate political organization If none, enter -0-2 5

section 4911 tax for this year? 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2018 activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

No

Yes

### Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

**SCHEDULE D** 

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

**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.

DLN: 93493197022830 OMB No 1545-0047

Cat No 52283D Schedule D (Form 990) 2018

Int

(Form 990)

	nal Revenue Service	► Go to <u>www.irs.g</u>	ov/Form990 for the latest informa	tion.	In	spection
	me of the organi			Employer id	entification	number
	RENT ORGANIZATION	OF TEACHERS AFL-CIO		36-0725240		
Pa		zations Maintaining Donor Advi		nds or Accounts.		
	Complet	e if the organization answered "Ye	s" on Form 990, Part IV, line 6.  (a) Donor advised funds	/h\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	Total number at e	and of year	(a) Donor advised lunds	(b)Fund	ds and other	accounts
		of contributions to (during year)				
		of grants from (during year)				
	Aggregate value a					
	Did the organiza	tion inform all donors and donor adviso operty, subject to the organization's ex		nor advised funds are		Yes 🗌 No
,	Did the organiza	tion inform all grantees, donors, and do ses and not for the benefit of the donor	onor advisors in writing that grant fund		or	Yes 🗌 No
Pa	rt III Conserv	vation Easements. Complete if th	ne organization answered "Yes" on	Form 990, Part I	J, line 7.	
ı		nservation easements held by the orga				
	☐ Preservatio	n of land for public use (e g , recreation	or education)	of an historically imp	oortant land	area
	☐ Protection of	of natural habitat	Preservation	of a certified historic	: structure	
	☐ Preservatio	n of open space				
		a through 2d if the organization held a last day of the tax year	qualified conservation contribution in t		ation at the End o	of the Year
а	Total number of	conservation easements		2a		
b	Total acreage res	stricted by conservation easements		2b		
С	Number of conse	rvation easements on a certified histori	c structure included in (a)	2c		
d		rvation easements included in (c) acqui n the National Register	red after 7/25/06, and not on a histori	c <b>2d</b>		
l	Number of conse tax year ►	ervation easements modified, transferre	d, released, extinguished, or terminate	ed by the organizatio	n during the	
	Number of states	s where property subject to conservation	n easement is located <b>&gt;</b>			
i	Does the organiz	zation have a written policy regarding the	ne periodic monitoring, inspection, han	dling of violations,		_
					⊔ Yes	∐ No
•	Staff and volunte	eer hours devoted to monitoring, inspec 	ting, handling of violations, and enforc	ing conservation eas	ements duri	ng the year
,	Amount of exper ▶ \$	nses incurred in monitoring, inspecting,	handling of violations, and enforcing c	onservation easemer	its during the	e year
}	Does each conse and section 170(	ervation easement reported on line 2(d) h)(4)(B)(ii)?	above satisfy the requirements of sect	tion 170(h)(4)(B)(ı)	☐ Yes	□ No
l		cribe how the organization reports cons nd include, if applicable, the text of the			and	
ar	the organization	's accounting for conservation easemen zations Maintaining Collections	ts			
	Complet	e if the organization answered "Ye	s" on Form 990, Part IV, line 8.			
a	art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	public exhibition, education, or research	ch in furtherance of p		
b	historical treasur	on elected, as permitted under SFAS 11 res, or other similar assets held for pub ts relating to these items				
(	_	ed on Form 990, Part VIII, line 1		▶ \$		
C	ii)Assets ıncluded	ın Form 990, Part X		<b>-</b>		
:	If the organization	on received or held works of art, historicts required to be reported under SFAS		r financial gain, prov	ide the	
а	-	d on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	<b>▶</b> \$		
h		in Form 990 Part X		· _ • \$		

Par	t III	Organizations Ma	aintaining Col	lections o	f Art, F	listori	cal Tı	eası	ıres, or	Other	Similar	Assets (	contin	ued)	
3		the organization's acqu (check all that apply)	uisition, accessioi	n, and other	records,	check	any of	the fo	llowing t	hat are a	significan	t use of it	s colle	ction	
а		Public exhibition				d		Loan	or excha	ange prog	ırams				
b		Scholarly research				е		Othe	r						
c		Preservation for future	generations												
4	Provide Part >	de a description of the c	organization's col	lections and	explain	how the	ey furth	ner the	e organız	ation's e	xempt pur	pose in			
5		g the year, dıd the orga s to be sold to raıse fun									nılar	□ Y <sub>6</sub>	es	□ N	O
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			" on For	m 990	, Part	IV, lı	ine 9, or	reporte	ed an am			990,	Part
1a		e organization an agent, ded on Form 990, Part X		an or other i	intermed	iary for	contril	oution	s or othe	er assets	not	□ Y	es	□ N	0
b If "Yes," explain the arrangement in Part XIII and complete the following table  Amount															-
c	2 In 1887 of plant the division of the second of the secon														_
d	beginning buttinee														_
е	Dıstrı	butions during the year							l	1e					_
f	Endın	ig balance							İ	1f					_
2a	Did th	ne organization include :	an amount on Fo	rm 990. Par	t X. line	21. for	escrow	or cu	ı İstodial a	ccount lia	ability?	. 🗆 v	96	□и	- n
b		es," explain the arranger											<b>-3</b>		J
	rt V	Endowment Fund													
			abi complete ii	(a)Curren			rior yea			ears back		years back	<b>(e)</b> Fo	ur year	s back
<b>1</b> a	Beginn	ing of year balance .													
Ь	Contrib	outions													
c	Net inv	estment earnings, gain	s, and losses												
d	Grants	or scholarships													
e		expenditures for facilitie	es												
f	Admını	strative expenses .													
g	End of	year balance													
2	Provid	de the estimated percer	ntage of the curre	ent vear end	balance	(line 1	g, colu	mn (a	)) held a	s					
а		d designated or quasi-er		,		,		•							
Ь	Perm	anent endowment 🕨													
c	Temp	orarily restricted endow	vment ▶												
Ĭ		ercentages on lines 2a,		ld equal 100	)%										
3a		here endowment funds	not in the posses	sion of the c	organizat	on that	t are h	eld an	ıd admını	stered fo	r the		_		
	_	nization by										_	(1)	Yes	No
	. ,	nrelated organizations					•						a(i) a(ii)		
Ь		elated organizations   . es" on 3a(ii), are the rela		s listed as n	eguired o	on Sche	dule R	· .	• •				3b		
4		ribe in Part XIII the inte	-		•			-						1	
Pa	rt VI	Land, Buildings, a	and Equipme	nt.											
		Complete if the org	ganization ansv	vered "Yes'											
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost	or other	basis (d	other)	(c) Acc	umulated o	depreciation		( <b>d)</b> Bo	ok valu	9
1a	Land														
b	Buildin	gs													
		old improvements					1,61	6,202			1,603,95	4			12,248
d	Equipm	nent					17,35	7,133			14,558,28	9		2	,798,844
е	Other						30	3,749			153,07	1			150,678
Tota	al. Add	lines 1a through 1e <i>(Co</i>	olumn (d) must e	qual Form 9	90, Part .	X, colur	nn (B)	. line .	10(c)) .	•	<b>&gt;</b>			2	,961,770
											_				

Schedule D (Form 990) 2018			Page <b>3</b>
Part VII Investments—Other Securities. Complete if the orga See Form 990, Part X, line 12.	inization ansv	vered "Yes" on Form 9	990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		nod of valuation of-year market value
(1) Financial derivatives	16,616,344		С
(A)			
(B)			_
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	16,616,344		_
Part VIII Investments—Program Related.			
Complete if the organization answered 'Yes' on Form 99  (a) Description of investment	<b>b)</b> Book value		nod of valuation
(1)		Cost or end-	of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered 'Yes' o	n Form 990 Pa	rt IV line 11d. See Form	990 Part X line 15
(a) 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)  Part X  Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25.	ed 'Yes' on Fo	rm 990, Part IV, line	. <b>b</b> 11e or 11f.
1. (a) Description of liability	<b>(b)</b> B	ook value	
(1) Federal income taxes  ACCRUED EXPENSES AND OTHER LIABILITIES		17,742,961	
ESTIMATED SELF-INSURANCE RESERVE		1,000,000	
ACCRUED PENSION LIABILITY		13,503,506	
ACCRUED POSTRETIREMENT HEALTHCARE COSTS (5)		22,550,176	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>•</b>	54,796,643	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo organization's liability for uncertain tax positions under FIN 48 (ASC 740). Ch			

Part XI

2

а

b

2

а

c

d

e

3

Schedule D (Form 990) 2018

1

-4,413,899

13,262,770

34.763

2e

3

4c

5

Page 4

9,576,872

34,763

204,467,385

210,652,559

13,262,770

197,389,789

34,763

197.424.552

Schedule D (Form 990) 2018

204,432,622

#### Donated services and use of facilities . . . . . . 2c d 2d 13,990,771 Add lines 2a through 2d . . . . . . e 2e

3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2a

2b

2c

2d

4a

4h

Explanation

Investment expenses not included on Form 990, Part VIII, line 7b . 34,763 4a Other (Describe in Part XIII ) . . . . . . 4h

40 c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . .

Prior year adjustments . . . . . .

Subtract line 2e from line 1 . . . . .

Other (Describe in Part XIII ) . .

Add lines 2a through 2d . .

Return Reference

See Additional Data Table

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

4 b

c 5

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . Part XIII **Supplemental Information** 

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

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

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

# Additional Data

Software ID: Software Version:

**EIN:** 36-0725240

Name: AMERICAN FEDERATION OF TEACHERS AFL-CIO

DADENT OPCANIZATION

PARENT ORGANIZATION

Supplemental Information

Return Reference

Explanation

THE FEDERATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE ACCOUNTING STANDARDS CODIF
ICATION (ASC) TOPIC INCOME TAXES THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACC OUNTING 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 EVALU ATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2019, AND DETERMINED THAT THE RE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUE OF CONSOLIDATED SUBSIDIARY 13,990,771 RENTAL REVENUE INCLUDED ON FORM 990, LINE 6A

\_

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES INCLUDED ON FORM 990, LINE 6B EXPENSES OF CONSOLIDATED SUBSIDIARY 13,262,770

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Note: To capture the full	content of this do	ocument, please se	lect landscape mode	(11" x 8.5") whe	n printing.						
Schedule I		Cronto and C	Albau Aaalatana	to Ouwani-	ations			OMB No 1545-00	<del>1</del> 7		
(Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States									2018		
			2010								
	Co	mplete if the organiza	tion answered "Yes," o Attach to Form		, line 21 or 22.			Open to Public			
Department of the Treasury		► Go to www	w.irs.gov/Form990 for		nn .			Inspection			
Internal Revenue Service		r do to <u>mm</u>	101	the latest milorinativ	,,,,,						
Name of the organization						Ei	nployer identific	ation number			
AMERICAN FEDERATION OF TEAP PARENT ORGANIZATION	ACHERS AFL-CIO					36	5-0725240				
	mation on Grants	and Assistance									
					<u> </u>						
Does the organization mathematical the selection criteria used					for the grants or assistance	e, and		п.,	<b>-</b>		
	•							∐ Yes	✓ No		
2 Describe in Part IV the or	<u> </u>										
		estic Organizations ar can be duplicated if add		nts. Complete if the o	rganization answered "Yes'	on Form 9	90, Part IV, line	21, for any recip	ient		
(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)		escription of h assistance	(h) Purpose o or assistance	f grant		
(1) THE ALBERT SHANKER INSTITUTE 555 NEW JERSEY AVENUE NW WASHINGTON, DC 20001	52-1432693	501(C)(3)	534,622					ADMINISTRATI ASSISTANCE	VE		
2 Enter total number of sec	tion 501(c)(3) and go	vernment organizations	listed in the line 1 table .				. ▶		1		
		-					<b>&gt;</b>		0		
For Paperwork Reduction Act Not				Cat No 50055				edule I (Form 990	) 2018		

Explanation Return Reference

Schedule I (Form 990) 2018

efil	e GRA	APHIC pr	rint - DO NOT PROCESS A	s Filed Da	ata	-	DLN: 93	349319	7022	830
Schedule J			Cor	npensa	ıti	on Information	(	MB No	1545-0	0047
	n 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  ► Attach to Form 990.  ► Go to www.irs.gov/Form990 for instructions and the latest information.					2018 Open to Public		
•		the Treasury ue Service	Go to <u>www.ms.govy</u>	<i>1 01111990</i> 10	01 1	instructions and the latest infor	nation.		ectio	
AME	RICAN F	he organiza FEDERATION GANIZATION	I OF TEACHERS AFL-CIO				Employer identification 36-0725240	ation nu	ımber	
Pa	rt I	Ouestic	ons Regarding Compensation	on			30-0723240			
		•							Yes	No
1a						he following to or for a person liste relevant information regarding the				
	<b>✓</b>		s or charter travel	$\mathbf{\nabla}$	-	Housing allowance or residence for	•			
	<b>V</b>		companions	片	7	Payments for business use of perso				
	님		nification and gross-up payments	片	-	Health or social club dues or initiation				
	ш	Discretion	nary spending account	Ш	J	Personal services (e g , maid, chauf	feur, chef)			
b			xes in line 1a are checked, did the all of the expenses described above			low a written policy regarding paym lete Part III to explain	nent or reimbursemer	ıt <b>1b</b>	Yes	
2			ation require substantiation prior to					2	Yes	
	direct	tors, truste	es, officers, including the CEO/Exe	cutive Direct	tor,	regarding the items checked in line	e la?			
3	organ	nization's C	EO/Executive Director Check all the	nat apply Do	o no	to establish the compensation of the ot check any boxes for methods EO/Executive Director, but explain i				
	<b>✓</b>	Compensa	ation committee		]	Written employment contract				
		•	ent compensation consultant		-	Compensation survey or study				
		Form 990	of other organizations		]	Approval by the board or compensa	tion committee			
4		g the year, ed organiza		0, Part VII, S	Sect	cion A, line 1a, with respect to the f	iling organization or a			
а	Recei	ve a sever	ance payment or change-of-contro	l payment?				4a		No
b			r receive payment from, a supplem		ıalıf	ied retirement plan?		4b	Yes	
c		•	r receive payment from, an equity			· ·		4c		No
	If "Ye	es" to any o	of lines 4a-c, list the persons and p	rovide the ap	ppl	cable amounts for each item in Part	t III			
	Only	501(c)(3	), 501(c)(4), and 501(c)(29) o	rganization	ıs n	ıust complete lines 5-9.				
5			ed on Form 990, Part VII, Section A ontingent on the revenues of	A, line 1a, dio	d th	ne organization pay or accrue any				
а	The o	rganızatıor	n?					5a		
b		elated orga						5b		
		•	5a or 5b, describe in Part III							
6			ed on Form 990, Part VII, Section A ontingent on the net earnings of	A, line 1a, dio	d th	ne organization pay or accrue any				
а	The o	rganızatıor	n?					6a		
b		elated orga						6b		
		•	6a or 6b, describe in Part III							
7			ed on Form 990, Part VII, Section A escribed in lines 5 and 67 If "Yes,"			ne organization provide any nonfixe : III	d	7		
8		ct to the in	nts reported on Form 990, Part VII nitial contract exception described i			ed pursuant to a contract that was ection 53 4958-4(a)(3)? If "Yes," de	escribe	8		
9		es" on line 8 958-6(c)?	8, did the organization also follow	the rebuttabl	le p	resumption procedure described in	Regulations section	9		
For F	aperv	vork Redu	iction Act Notice, see the Instru	ections for I	For	m 990. Cat No 5	50053T Schedule	J (Forn	1 990)	2018

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

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 Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (F) Compensation in (A) Name and Title (D) Nontaxable (E) Total of columns (B)(ı)-(D) column (B) reported other deferred benefits (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior reportable compensation compensation Form 990 compensation 1 RANDI WEINGARTEN 436,470 (i) 0 53,374 55,000 19,392 564,236 0 PRESIDENT 0

	(ii)	0	0	0	0	0	0	0
2 MARY 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
3 LORRETTA JOHNSON SECRETARY-TREASURER	(i)	299,390	0	47,204	55,000	11,680	413,274	0
	(ii)	0	0	0	0	0	0	0
4 PHILIP KUGLER ASSIST TO PRES FOR	(i)	233,170	0	9,928	54,661	25,536	323,295	0
ORGAN	(ii)	0	0	0	0	0	0	0
5 MICHAEL S POWELL ASSIST TO PRES FOR	(i)	233,170	0	3,510	53,629	11,680	301,989	0
СОММИ	(ii)	0	0	0	0	0	0	0
6 JESSICA SMITH CHIEF OF STAFF	(i)	233,170	0	8,608	54,661	29,109	325,548	0
	(ii)	0	0	0	0	0	0	0
7 ANN J MITCHELL ASSIST TO PRES FOR	(i)	209,860	0	6,729	49,196	22,326	288,111	0
FIELD	(ii)	0	0	0	0	0	0	0
8 MICHELLE A RINGUETTE ASSIST TO PRES FOR	(i)	209,860	0	8,585	49,196	25,536	293,177	0
OFFIC	(ii)	0	0	0	0	0	0	0
	<u> </u>							
		<del></del>	<del></del>		<del></del>	<del></del>	Schedule	J (Form 990) 2018

	<u> </u>									
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 - 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"									

Page 3

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 AN 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

Schedule J (Form 990) 2018

IALLOWANCE

2018 Schedule

efile GRAPH	IC print - I	DO NOT PROCESS	As Filed Data -		DLN:	93493197022830
SCHEDUL	E O	Sunnlement	al Informatic	on to Form 990 or 9	190-F7	OMB No 1545-0047
(Form 990 or EZ)		Complete to pro Form 990 c	ons on	2018		
Department of the T	reasury	<b>▶</b> Go to <u>ν</u>		n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection
Name Brthe of g		HERS AEL-CIO			Employer identi	fication number
PARENT ORGANIZA		TERS ALE-CIO			36-0725240	
990 Schedule	e O, Supple	emental Informatio	n			
Return Reference				Explanation		
FORM 990, PART VI, SECTION A,	CHOOL TE.	ACHERS, PARAPROFE	SSIONALS AND SCH	HIP CONSISTS OF DIVISIONS HOOL-RELATED PERSONNEL, FESSIONALS AND OTHER HE	HIGHER EDUCAT	ION FACULTY A

TE AND LOCAL PUBLIC EMPLOYEES AND OTHER WORKERS

LINE 6

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 7A

Return Explanation

FORM 990,	THE FORM 990 IS DRAFTED THROUGH A COLLABORATIVE EFFORT OF AFT'S OUTSIDE AUDIT FIRM AND IN-
PART VI,	HOUSE FINANCIAL AND LEGAL PROFESSIONALS THE DRAFT IS DISTRIBUTED TO THE EXECUTIVE TEAM FO
SECTION B,	R REVIEW PRIOR TO FILING THE FORM IS THEN FINALIZED AND SUBMITTED
LINE 11B	

Return Explanation
Reference

LINE 12C

FORM 990, A CONFLICT OF INTEREST QUESTIONNAIRE IS CIRCULATED ANNUALLY TO VICE PRESIDENTS AND ALL NEW VICE PRESIDENTS ARE PROVIDED WITH A COPY OF THE POLICY SECTION B.

Return Explanation

FORM 990,
PART VI,
SECTION B,
LINE 15

AS STATED IN THE AFT CONSTITUTION, THE EXECUTIVE COUNCIL SHALL DETERMINE THE SALARY OF THE
PRESIDENT THERE IS A REVIEW OF COMPARABILITY OF SALARY WITH OTHER PEER GROUPS AS STATED
SURER AND EXECUTIVE VICE PRESIDENT THERE IS A REVIEW OF COMPARABILITY OF SALARY WITH OTHE
R PEER GROUPS

Return Explanation
Reference

FORM 990, PART VI, LM-2 IS AVAILABLE AS REQUIRED BY LAW UPON REQUEST THE DEPARTMENT OF LABOR FORM LM-2 IS AVAILABLE ONLINE ON THE DOL WEBSITE DATABASE AFT'S GOVERNING DOCUMENTS ALONG WITH SECTION C, AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S PUBLIC WEBSITE LINE 19

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

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

As Filed Data -

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

OMB No 1545-0047

DLN: 93493197022830

Open to Public Inspection

Name of the organization AMERICAN FEDERATION OF TEACHERS AFL-CIO PARENT ORGANIZATION								oloyer identi 0725240	ificatior	number		
Part I Identification of Disregarded Entities Complete	f the organi	zation answei	red "Yes	on Form	990, Part	IV, line 3	_	7, 232 10				
(a) Name, address, and EIN (if applicable) of disregarded entity	(				(c) Legal domicile (state or foreign country)		ome	(e) End-of-year assets		sets (f)		
Part II Identification of Related Tax-Exempt Organization	ons Comple	te if the orgai	nization	answered	'Yes" on F	orm 990,	Part I	V, line 34 b	ecause	ıt had one or n	nore	
related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization		( <b>b)</b> y activity	Legal dor	(c) (d) micile (state in country)		le section   Publ		(e) charity status on 501(c)(3))	(f) Direct controlling entity		Section (13) co	
(1)AMERICAN FEDERATION OF TEACHERS EDUCATIONAL FOUNDATION 555 NEW JERSEY AVE NW WASHINGTON, DC 20001	STUDY AND F	TO CONDUCT AND SPONSOR STUDY AND RESEARCH IN EDUCATIONAL AND RELATED FIELDS		DC 501(C)(3)		1(C)(3)		3, II	AMERICAN FEDERATION C TEACHERS		Yes	140
52-1439116  (2)AMERICAN FEDERATION OF TEACHERS BENEFIT TRUST 555 NEW JERSEY AVE NW	TO PROVIDE WELFARE BENEFITS TO MEMBERS OF AFT		DC 5		501(C)(5)				AMERICAN FEDERATION OF TEACHERS		Yes	
WASHINGTON, DC 20001 52-1846907 (3)555 NEW JERSEY AVENUE NW INC	TITLE HOLDI	UC COMPANY		DC.	501(C)(2)				AMEDICA	AN FEDERATION OF	Yes	
555 NEW JERSEY AVE NW WASHINGTON, DC 20001 52-1797147	TITLE HOLDII	NG COMPANT		DC					TEACHER		Tes	
(4)AMERICAN FEDERATION OF TEACHERS COPE 555 NEW JERSEY AVE NW WASHINGTON, DC 20001 23-7269962	POLITICAL ACCOMMITTEE	CTION		DC	527				AMERICA TEACHER	AN FEDERATION OF RS	Yes	
(5)AMERICAN FEDERATION OF TEACHERS COPE STATE AND LOCAL 555 NEW JERSEY AVE NW WASHINGTON, DC 20001	TO IMPROVE EDUCATION T INVOLVEMEN ACTIVITIES			DC	527				AMERICA TEACHER	AN FEDERATION OF RS	Yes	
52-2256152	ACTIVITIES											
(6)AFT DISASTER RELIEF FUND 555 NEW JERSEY AVENUE NW WASHINGTON, DC 20001	PROVIDING A PERSONS AFF NATURAL AND DISASTERS			DC	501(C)(3)		LINE 12B, II		AMERICAN FEDERAT TEACHERS		Yes	
20-3664119  (7)THE ALBERT SHANKER INSTITUTE 555 NEW JERSEY AVENUE NW  WASHINGTON, DC 20001	TO CARRY ON AND SPONSO RESEARCH IN	R STUDY AND		DC	501(C)(3)		509(A)(3	3) - TYPE 1	AMERICA TEACHER	AN FEDERATION OF RS	Yes	
52-1432693  For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t No 5013	<u> </u> 5Y				Sche	edule R (Form 9	90) 20	018

Name, address, and EIN of	(a)				(e)	(f)	(g)	( h	1)	(i)	(:	)	(k	)
Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end- of-year assets			Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging ner?	Percer owner	tage
(1) CAPITOL PLACE I ASSOCIATES LIMITED PARTNERSHIP	NAME OF TAXABLE PARTIES OF TAXAB		DC	AMERICAN	INIVECTMENT		16 616 244	Yes	No No		Yes	No No		
555 NEW JERSEY AVENUE NW WASHINGTON, DC 20001 62-1293001		REAL ESTATE RENTAL	DC	FEDERATION OF TEACHERS	INVESTMENT		16,616,344		INO			INO	99 (	00 %
Part IV Identification of Related Organization because it had one or more related organization.							nswered "Ye:	s" on F	orm 9	990, Part I\	/, lını	e 34		
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(5	(c) Legal domicil state or fo country	e reign		(e) Type of entity C corp, S corp or trust)		Shar	(g) re of end year assets	d-of- Perc	( <b>h)</b> entage iership	e !	(ı Section (13) cor enti	trolled
		_												

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?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	<u> </u>	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No

h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	10	No

l Performance of services or membership or fundraising solicitations for related organization(s)				11	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				<b>1</b> q	No
r Other transfer of cash or property to related organization(s)				1r	No
f s Other transfer of cash or property from related organization(s)				1s Y	es
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered r	elationships and trai	nsaction thresholds		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	mount invo	lved
'			1		

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

(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-	section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No					
													_				
													_				
	•								•	Schedul	e R (Forn	1 99	0) 2018				

