DLN: 93493025009277

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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
- ▶ Information about Form 990 and its instructions is at www IRS qov/form990

For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016 Name of organization D Employer identification number B Check if applicable AMERICAN FEDERATION OF TEACHERS LOCAL 250 - TOLEDO Address change 34-4375110 Name change Doing business as Initial return -Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite return/terminated 111 S BYRNE ROAD (419) 535-3013 Amended return City or town, state or province, country, and ZIP or foreign postal code TOLEDO, OH 43615 Application pending **G** Gross receipts \$ 1,590,495 F Name and address of principal officer H(a) Is this a group return for DALE PRICE subordinates? Νo H(b) Are all subordinates Tax-exempt status ıncluded? 501(c)(3) 4947(a)(1) or **✓** 501(c) (5) **◄** (insert no) If "No," attach a list (see instructions) Website: ► WWW TFT250 ORG **H(c)** Group exemption number ▶ L Year of formation 1933 M State of legal domicile OH Part I Summary 1 Briefly describe the organization's mission or most significant activities REPRESENTATION OF TEACHERS, SUBSTITUTES, ETC IN CONTRACT NEGOTIATIONS, GRIEVANCES AND ALL OTHER DEALINGS WITH SCHOOL ADMINISTRATION Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets  ${f 3}$  Number of voting members of the governing body (Part VI, line 1a) . 25 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 25 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 14 **6** Total number of volunteers (estimate if necessary) . . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b

			Prior Year	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	1,495,538	1,589,071
Ravenua	9	Program service revenue (Part VIII, line 2g)		0
ōΛċ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,269	1,424
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,496,807	1,590,495
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
æ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	692,990	380,496
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
Ŗ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,260,730	1,217,681
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,953,720	1,598,177

-456,913

1.669.989

Beginning of Current Year

-7,682

1,849,527

1,477,664

371,863

End of Year

Assets or d Balances Net / 184,643 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 1,485,346 Signature Block

Under penalties of perjury, I declare that I have examined this return, in my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge

Total assets (Part X, line 16) .

Signature of officer

Revenue less expenses Subtract line 18 from line 12 .

19

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Sian

Use Only

Here	_	NLE PRICE TREASURER pe or print name and title				
Paid		Print/Type preparer's name DAVID M STOTT	Preparer's signature DAVID M STOTT			
Prepare	r	Firm's name ► S&S CPA INC				
i i ebaie		Firm's address ▶ 725 HASKINS ROAD SUITE B				

May the IRS discuss this return with the preparer shown above? (see in

For Paperwork Reduction Act Notice, see the separate instructions.

BOWLING GREEN, OH 43402

Par	t IV 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		No
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
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? 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
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	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		No
c	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	<b>11</b> c		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 3	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
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
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		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
	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? 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? <i>If</i> "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
	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		

t IV	Checklist of Required	Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

- Par 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part 22 IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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? 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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O . . . . . . . . . . . . .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

23

24a

24b

24c

24d

25a

25b

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28a

28b

**28**c

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Form 990 (2015)

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Part V	Statements	Regarding	Other I	RS Filings	and Tax	Complianc

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	·   No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   0		165	NO
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did th	e organization comply with backup withholding rules for reportable payments to vendors and reportable			
		g (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and			
		tatements, filed for the calendar year ending with or within the year covered s return			
b		east one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.I	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
		e organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a		y time during the calendar year, did the organization have an interest in, or a signature or other authority a financial account in a foreign country (such as a bank account, securities account, or other financial			
		nt)?	4a		No
b	If"Ye	s," enter the name of the foreign country 🕨			
	See in	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
52	,	he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		s," to line 5a or 5b, did the organization file Form 8886-T?	5b		
-	I. I.C.	of to mid but of one organization meronii obout it. I I I I I I I I I I I I I I I I I I I	5с		
<b>6</b> a		the organization have annual gross receipts that are normally greater than \$100,000, and did the ization solicit any contributions?	6a		Νo
b		s," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	6b		
7	Organ	izations that may receive deductible contributions under section 170(c).			
а		e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services provided?	7b		
c		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		
d		s," Indicate the number of Forms 8282 filed during the year			
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		
		organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	requir		<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time j the year?	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966?	9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section	on 501(c)(7) organizations. Enter			
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 <b>10a</b>			
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les			
11	Section	on 501(c)(12) organizations. Enter			
		Income from members or shareholders			
b		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<b>12</b> a		
b	If"Ye: year	s," enter the amount of tax-exempt interest received or accrued during the			
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.			
а		organization licensed to issue qualified health plans in more than one state <b>Note.</b> See the instructions for onal information the organization must report on Schedule O	13a		
b		the amount of reserves the organization is required to maintain by the states			
		en die organization is needsed to issue quanted neutrit plans			
		e organization receive any payments for indoor tanning services during the tax year?	14a	 	No
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		INU
_		·	- 1		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 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  Letter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O  b Enter the number of voting members included in line 1a, above, who are independent  25  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?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members or stockholders?  6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			Page (
Check if Schedule O contains a response or note to any line in this Part VI  Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O  b Enter the number of voting members included in line 1a, above, who are independent  2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members or stockholders?  6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	10b	belov	Ν,
1a Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O  b Enter the number of voting members included in line 1a, above, who are independent  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?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members or stockholders?  Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or			🔽
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 25  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?			
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 25  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?	١,	Yes	No
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 25  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?			
Independent  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?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
other officer, director, trustee, or key employee?			
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Did the organization have members or stockholders?  7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u>.</u>		No
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	;		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 Did the organization have members or stockholders?			No
6 Did the organization have members or stockholders?			No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	,		No
more members of the governing body?	a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	_		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	a \	Yes	
b Each committee with authority to act on behalf of the governing body?	b \	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	,		No
Section B. Policies (This Section B requests information about policies not required by the Internal Reve	enue	Code	⊋.)
	,	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	a		No
<b>b</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?	b		
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	.a		No
<b>b</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	2a		No
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	b.		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<u>!</u> c		
13 Did the organization have a written whistleblower policy?	3		No
14 Did the organization have a written document retention and destruction policy?	4		No
15 Did the process for determining compensation of the following persons include a review and approval by			
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	_		No
b Other officers or key employees of the organization	b		No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	ia		No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	ib		

List the States with which a copy of this Form 990 is required to be filed▶ ОН

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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 State the name, address, and telephone number of the person who possesses the organization's books and records ▶TOLEDO FEDERATION OF TEACHERS 111 S BYRNE RD TOLEDO, OH 43615 (419) 535-3013

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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) A verage hours per week (list any hours	more t	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					<b>(D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated emptovee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization an related organizations
See Additional Data Table										
	+									

art VII	Section A. Officers,	Directors, Trustees,	Key Employees,	and Highest C	ompensated Employ	ees (continued)
		,		-		,

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion ( han d n is l	ne b both	oox, an d	officer	į	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations
See Additional Data Table										
1b Sub-Total						•				
c Total from continuation sheet	•					. 🔰				
d Total (add lines 1b and 1c) .						•				
Total number of induviduals (in.)	cluding but not l	imited t	a the	000	icto.	dahau	~ \d	as reserved more th	2.0	

- \$100,000 of reportable compensation from the organization >
- 3
  - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee

  - 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
  - ındıvıdual . . . . . . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
- services rendered to the organization? If "Yes," complete Schedule J for such person . . .

# Νo

Yes

3

4

No

Νo

### **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) Name and business address	(B) Description of services	(C) Compensation

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

Form 99								Page <b>S</b>
Part V	/++:	Statement of						_
		Check IT Scheau	le O contains a respor	ise or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	aigns 1a					
Gifts, Grants ilar Amounts	ь	Membership due	es <b>1b</b>	1,589,071				
tributions, Gifts, Grants Other Similar Amounts	c	Fundraising eve	nts <b>1c</b>					
ifts lar /	d	Related organiza	ations <b>1d</b>					
s, G imil	e	Government grants	(contributions) <b>1e</b>					
Contributions, and Other Sim	f	All other contribution	ns, gifts, grants, and <b>1f</b>					
ibu	g	Noncash contribution						
Contr and (	-	1a-1f \$	10.16		1,589,071			
<u>ة ت</u>	_ <u>"</u>	Total. Add lines	1d-11	•	1,305,071			
를	2a			Business Code				
15 A 51	Ь	-						
eE E	c	-						
Ę.	d							
Program Service Revenue	e							
ogra	f	All other program	n service revenue					
ΔŤ	g	Total. Add lines	2a-2f	>				
	3		ome (including dividend ramounts)		1,424	1,424		
	4		ment of tax-exempt bond p	F				
	5	Royalties		🕨				
	63	Gross rents	(ı) Real	(II) Personal				
	6a							
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental incom	ne or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) O ther				
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (loss	5)					
venue	8a	Gross income from events (not inclused)  \$						
Other Revenue	ь	See Part IV, line	а					
0	c	Net income or (I	oss) from fundraising	events ▶				
	9a	Gross income fro See Part IV, line	om gaming activities e 19 a					
	ь	Less direct exp	enses b					
	c	Net income or (I	oss) from gaming activ	vities				
	10a	Gross sales of II returns and allow	wances .					
	b c	Less cost of go Net income or (I	a ods sold <b>b</b> oss) from sales of inve	entory ▶				
		Miscellaneous	Revenue	Business Code				
	11a							
	b c							
	d	All other revenu	e					
	e	Total. Add lines		•				
	12	Total revenue. S	See Instructions					
					1,590,495	1,424		<u> </u>

## Form 990 (2015) Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must com	plete column (A)	
Check if Schedule O contains a response or note to any line in this Part IX		

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
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, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	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	380,496			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	105,596			
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f -	Investment management fees				
g	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				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,220			
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PER CAPITAS	715,507			
b	GENERAL & ADMINISTRATIVE	250,395			
С	TEACHER SUPPORT	78,884			
d	PROFESSIONAL DEVELOPMENT	12,456			
е	All other expenses	11,623			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,598,177	0	0	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		2015)					Page <b>11</b>
Par	t X	Balance Sheet					_
		Check if Schedule O contains a response or note to any lin	e in thi	s Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			1,134,995	1	1,349,263
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former offic					
		key employees, and highest compensated employees Co	mplete	Part II of			
		Schedule L				_	
			,			5	
	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(f)	•				
		contributing employers and sponsoring organizations of s	ection	501(c)(9)			
<b>,</b>		voluntary employees' beneficiary organizations (see insti II of Schedule L	uction	s) Complete Part			
Assets		11 of Schedule L				6	
SS	7	Notes and loans receivable, net				7	
Þ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	• •			9	
	10a	Land, buildings, and equipment cost or other basis		 			
		Complete Part VI of Schedule D	10a	1,321,741			
	b	Less accumulated depreciation	<b>10</b> b	821,477	534,994	<b>10</b> c	500,264
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 .				12	
	13	Investments—program-related See Part IV, line 11 $$ .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)			1,669,989	16	1,849,527
	17	Accounts payable and accrued expenses			184,643	17	371,863
	18	Grants payable				18	
	19	Deferred revenue	•			19	
	20	Tax-exempt bond liabilities				20	
<b>.</b> 6	21	Escrow or custodial account liability Complete Part IV o	f Sche	dule D		21	
lities	22	Loans and other payables to current and former officers, o					
		key employees, highest compensated employees, and dis	•				
Liabi	22	persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third				23	
	24	Unsecured notes and loans payable to unrelated third par				24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24)	o relati	ed third parties,			
		Complete Part X of Schedule D					
			•		101.010	25	074 000
	26	Total liabilities. Add lines 17 through 25			184,643	26	371,863
S		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	re 🕨	and complete			
ce		inies 27 through 29, and inies 33 and 34.					
<u>=</u>	27	Unrestricted net assets				27	
nd Balances	28	Temporarily restricted net assets				28	
2	29	Permanently restricted net assets				29	

Organizations that do not follow SFAS 117 (ASC 958), check here  $\blacktriangleright$   $\sqrt{}$  and

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

Capital stock or trust principal, or current funds . .

complete lines 30 through 34.

30

31

30

31

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

2a

2b

2c

3a

3b

Form 990 (2015)

Νo

Νo

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

### **Additional Data**

Software ID:

Software Version: EIN: 34-4375110

Name: AMERICAN FEDERATION OF TEACHERS

LOCAL 250 - TOLEDO

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
REPRESENTATION OF TEACHERS, SUBSTITUTES, ETC IN CONTRACT NEGOTIATIONS, GRIEVANCES AND ALL OTHER DEALINGS
WITH SCHOOL ADMINISTRATION, PROMOTION OF PROFESSIONAL DEVELOPMENT & WELFARE OF TEACHERS, INFORMING THE
PUBLIC REGARDING ISSUES RELATED TO THE PROFESSION

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

Compensated Employees, and Inde	pendent Co	ntrac	ctors	5						
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
DAN FRAY DIRECTOR	1 00	×						0	0	0
CJ WASHINGTON DIRECTOR	1 00	×						0	0	0
CERSSANDRA MCPHERSON DIRECTOR	1 00	×						0	0	0
KEVIN WADE SGT AT ARMS	1 00	×						0	0	C
KRIS SCHWARTKOPF PARA BOARD	1 00	x						0	0	C
DENISE BROWN DIRECTOR	1 00	х						0	0	C
ROBIN SHEFFIELD DIRECTOR	1 00	x						0	0	C
KRISTIN AHEIKPOR DIRECTOR	1 00	x						0	0	C
=	4.00									

1 00

1 00

DIRECTOR

DIRECTOR

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

Compensated Employees, and Inde					ı u:	stee	5, r	tey Employed	es, nighest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	than ersoi icer i	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
ANDREW FRANK DIRECTOR	1 00	x						0	0	С
CAREY SMITH DIRECTOR	1 00	х						0	0	С
LYNN SMITH DIRECTOR	1 00	х						0	0	C
LISA ZILBA DIRECTOR	1 00	х						0	0	(
THERESE GORDON APPTD BOARD	1 00	x						0	0	
STACEY JONES APPTD BOARD	1 00	x						0	0	(
OLIVER COLLINS PARA BOARD	1 00	х						0	0	(

1 00

1 00

1 00

Х

Χ

DARLISHA GUTHRIE

DIRECTOR

DIRECTOR

LORI HURDLE DIRECTOR

KRISTIN HANEY

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

Compensated Employees, and Inde					ı ı u	stee	э, г	tey Employe	es, nighest	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer tor/t	not one n is and trus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations
MARISSA HUTZMAN DIRECTOR	1 00	×						0	0	0
MIKE JOHNSON DIRECTOR	1 00	×						0	0	0
DIANNE LAPLANTE DIRECTOR	1 00	×						0	0	0
DAN REINHART DIRECTOR	1 00	×						0	0	C
KEVIN DALTON PRESIDENT	5 00			×				0	0	0
DALE PRICE TREASURER	5 00			×				0	0	0
CATHERINE HERNANDEZ REC SEC	1 00			х				0	0	0

1 00

1 00

1 00

Х

MARIA BAILEY DIRECTOR

MONA AL-HAYANI

JOAN KUCHCINSKI

VICE PRESIDE

**EDITOR** 

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

(A)

(B)

(C)

(D)

(E)

Reportable

E

Reportable

Tulle and Title	hours per week (list any hours for related organizations below	unle:	ore t ss pe offi direct	han erso cer tor/t	one n is and trust	tee)	an	compensation from the organization (W- 2/1099- MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related
	dotted line)	Individual trustee or director	Institutional Trustee		y employee	Highest compensated employee	Former			organizations
KAY WAIT	1 00			x				0	0	0
EXECUTIVE SE										
ANDREA BENNETT SGT AT ARMS	1 00			х				0	0	0
301 AI AKIIS		ı	ı	1	I	I	1	I		I

**SCHEDULE D** 

### **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.

Information about Schedule D (Form 990) and its instructions is at <a href="mailto:www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

DLN: 93493025009277

Department of the Treasury Internal Revenue Service Name of the organization AMERICAN FEDERATION OF TEACHERS

(Form 990)

► Attach to Form 990.

Open to Public Inspection **Employer identification number** 

LOC	AL 250 - TOLEDO					34-	43751	.10		
Pa	rt I Organizations Maintaining Donor Complete if the organization answere					Funds			s.	
		(a) Donor advised	funds	s		( b	)Funds	and otl	her account	s
1	Total number at end of year									
2	Aggregate value of contributions to (during year)									
3	Aggregate value of grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t						ised		☐ Yes	□ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?							ose	□ Yes	□ No
Pai	rt II Conservation Easements. Comple	ete if the organizat	ion a	ansı	wered "Yes	s" on For	m 990	 ). Part		140
1	Purpose(s) of conservation easements held by th							,		
	Preservation of land for public use (e.g., recreeducation)	,	Г	_		of an histo	rically	ımporta	ant land area	a
	Protection of natural habitat		Г	- Pr	eservation	of a certifi	ed hist	oric stri	ucture	
	Preservation of open space									
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conse	ervat	tion	contribution	ın the for	n of a o	conserva	ation	
							Н	eld at th	ne End of th	e Year
а	Total number of conservation easements					2a				
b	Total acreage restricted by conservation easeme					2b				
C	Number of conservation easements on a certified				` '	<b>2</b> c				
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17	7/06,	, and	not on a	2d				
3	Number of conservation easements modified, train	nsferred, released, ex	ktıngı	uısh	ed, or termir	nated by t	he orga	nızatıor	n during the	
	tax year ▶									
4	Number of states where property subject to cons	ervation easement is	loca	ated	<b>&gt;</b>					
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		nitori	ing, i	nspection, h	nandling o	f	_	Yes	No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling o	of vio	olatio	ons, and enf	orcing coi	nservat	:ion eas	ements duri	ng the
	<b>-</b>									
7	A mount of expenses incurred in monitoring, insperior \$	ecting, handling of vic	olatio	ons,	and enforcin	g conserv	ation e	asemer	nts during th	ne year
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^{2}$	ne 2(d) above satisfy	the	requ	rements of	section 1	70(h)(	·	Yes	lo
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the								
Par	Complete if the organization answere						her S	imilar	Assets.	
<b>1</b> a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for publi	c ext	hibit	ion, educatı	on, or res	earch i	n further		
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for publi								olic
(	i) Revenue included on Form 990, Part VIII, line 1	1				<b>&gt;</b> \$ _				
(i	i) Assets included in Form 990, Part X									
2	If the organization received or held works of art, held works amounts required to be reported under S					s for final				
а	Revenue included on Form 990, Part VIII, line 1						<b>▶</b> \$			
b	Assets included in Form 990, Part X						<b>&gt;</b> \$			

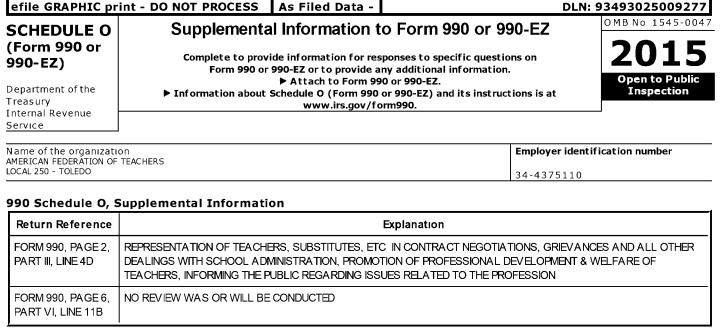
Par	t III	Organizations Maintaining (continued)	Collections of A	rt, Hi	istorio	al Tre	asures,	or Otl	her Simi	lar Ass	ets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other rec	ords,	check a	ny of the	following	that are	e a signific	ant use o	fits	
а		Public exhibition		d		Loan or	exchange	progra	ıms			
b	_ :	Scholarly research		e		Other						
c		Preservation for future generations										
4	Provid Part X	de a description of the organization's III	s collections and exp	olain ho	ow they	further t	he organiz	ation's	exempt pu	ırpose ın		
5		g the year, did the organization solic s to be sold to raise funds rather tha							sımılar	┌ Yes	┌ No	,
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	n 990,	Part IV,	line 9, o	r repo	rted an a	mount o	n Forr	n 990,
1a		organization an agent, trustee, cus led on Form 990, Part X?	todian or other inter	medıar	y for co	ntributio	ns or othe	erasset	s not	┌ Yes	┌ No	•
ь	If"	Yes," explain the arrangement in Pa	art XIII and complet	e the fo	ollowing	table		[		A mour	ıt	
c		inning balance	·		-			1c				
d		ditions during the year						1d				
е		tributions during the year						1e				
f		ding balance						1f				
2a		ne organization include an amount of	n Form 990 Part X I	line 21	for es	crow or c	ustodial a		liability?			
	Diati	ne organization merade an amount of	11 TOTH 330,1 are x,1	iiiic 21	, 101 C3	C1011 01 C	astoulara	ccount	nabiney.	Yes	☐ No	
b	If"Ye	s," explain the arrangement in Part	XIII Check here if t	he exr	olanatio	n has be	en provide	d in Pa	rt XIII			
	rt V	Endowment Funds. Comple									• • •	
			(a)Current year		Prior year		Two years		1)Three year		)Four ye	ars back
1a	Begir	nning of year balance										
b	Conti	ributions										
c	losse											
d	Grant	s or scholarships										
е		r expenditures for facilities rograms • • • • • • • •										
f	A dmı	nistrative expenses										
g		f year balance										
2	Provid	de the estimated percentage of the o	current year end bala	ance (I	ıne 1q,	column (	a)) held as	5		•		
а		designated or quasi-endowment	,	,	٠,	`	. ,,					
ь		anent endowment										
С	The p	orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	•									
3a		nere endowment funds not in the pos ization by	session of the orgar	nızatıor	n that a	re held a	nd adminis	stered f	for the		V	N-
	_	related organizations								3a(i)	Yes	No
		lated organizations								3a(ii)		
ь		s" on 3a(II), are the related organiza								. 3b		
4	Desci	ribe in Part XIII the intended uses o	of the organization's	endowi	ment fu	nds						
Pa	rt VI	Land, Buildings, and Equip	ment.									
_		Complete if the organization a	inswered 'Yes' to I	Form '								
		Description of property			Cost or d	a) other basis stment)	Cost or ot	her basis		nulated eciation	( <b>d</b> )Boo	k value
1a	Land				,		,	111,711				111,711
		gs		Ի				,				,
		old improvements		. 1			+					
		nent		.			1					
				<del> </del>			1					
		ines 1a through 1e (Column (d) mus			umn (B)	, line 10(	(c))			. ▶		111,711

See Form 99   Part VI   Total (Control to Manufacture PRI See Form 99		Investments—Other Securities. Con	mplete if the org	janization answered 'Ye	s' on Fo	rm 990, Part IV, line 11b.
(2) Discretion of squary interests (3) Other  Total, (follow file and equations 92, for X, or (if) to 12)  Part VIII Investments—Program Related. (b) Book value  (c) Descript or of investment (b) Book value  (c) Descript or of investment (c) Descript or of investment (c) Descript or of investment (c) and control of the				(b)Book value	Cost	
Total, (Cohere (g) must equal from 1989, Part 3, cost (g) /res 25)  Part VIII Investments—Program Related. Complete if the organization answered vies on Form 1999, Part 3V, line 110 See Form 1990, Part 3V, line 13.  (a) Descriptor of Investment (g) must equal from 1989, Part 3V, line 13. (b) Book value  (c) Descriptor of Investment (line 2)  Part IX Other Assets. Complete of the operation answered view or Form 1990, Part 3V, line 11d See Form 1990, Part X, line 15.  (b) Descriptor of Investment (line 2)  Part X Other Liabilities. Complete of the organization answered view or Form 1990, Part X, line 11d. See Form 1990, Part X, line 15.  (c) Descriptor of liabilities. Complete of the organization answered view on Form 1990, Part X, line 11d or 11f. See Form 1990, Part X, line 11d or 11f. See Form 1990, Part X, line 11d or 11f. See Form 1990, Part X line 11d or	(1)Financia				003	or end or year market variate
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	2. Liability 1	for uncertain tax positions In Part XIII, provid				

Schedule D (Form 990) 2015

	Total revenue, gains, and other	zation answered 'Yes' on				1	
	A mounts included on line 1 but						
		· ·	•	1 - 1			
1	Net unrealized gains (losses) o			2a			
1	Donated services and use of fa			2b			
	Recoveries of prior year grants			2c			
	Other (Describe in Part XIII )			2d			
	Add lines 2a through 2d					2e	
	Subtract line <b>2e</b> from line <b>1</b> .				•	3	
	Amounts included on Form 990			1 . 1			
	Investment expenses not inclu	•	•	4a			
ı	Other (Describe in Part XIII)			4b			
	Add lines <b>4a</b> and <b>4b</b>				•	<b>4</b> c	
	Total revenue Add lines 3 and					5	
П	Complete if the organi	penses per Audited Fi zation answered 'Yes' on	n Form 990, F	Part IV, line 12	a. ·	s per	Keturn.
	Total expenses and losses per					1	
	Amounts included on line 1 but	not on Form 990, Part IX, li	ine 25				
	Donated services and use of fa	cilities		2a			
	Prior year adjustments			2b			
	Other losses			2c			
	Other (Describe in Part XIII)			2d			
	Add lines <b>2a</b> through <b>2d</b>					2e	
	Subtract line <b>2e</b> from line <b>1</b> .					3	
	Amounts included on Form 990	, Part IX, line 25, but not on	ı lıne <b>1:</b>				
	Investment expenses not inclu	,	•	. 4a			
)	Other (Describe in Part XIII )			4b			
	Add lines <b>4a</b> and <b>4b</b>					4c	
	Total expenses Add lines 3 an	d <b>4c.</b> (This must equal Form	990, Part I, lir	ne 18 )		5	
	<u>'</u>						
rov	Supplemental Info ide the descriptions required for F V, line 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Par					de any additional
rov Part	Supplemental Info	Part II, lines 3, 5, and 9, Par					de any additional

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Part XIII Supplemental Information	on (continued)	
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NO DOCUMENTS AVAILABLE TO THE PUBLIC

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