Form	. 9	30	Return of Organization Exempt From Inc	come Ta	IX	OMB No 1545-0047
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce			2015
•			Do not enter social security numbers on this form as it may be			Open to Public
Depa Inten	artment o nal Revei	f the Treasury nue Service	▶ Information about Form 990 and its instructions is at www.irs.	-		Inspection
			dar year, or tax year beginningJULY 1, 2015, and endin		IE 30	, 20 16
			C Name of organization 6345 AMERICAN FEDERATION OF TEACHERS ALDINE			dentification number
		change	Doing business as ALDINE AFT LOCAL 6345			20-8355633
_	Name c	5	Number and street (or P O box if mail is not delivered to street address) Room/sui	te	E Telephone	
—	Initial re	Ť I	1404 N. SAM HOUSTON PKWY E.	150	:	281-847-3050
		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
			HOUSTON, TX 77032-2967		G Gross rec	eipts \$ 293,948
			F Name and address of principal officer CANDIS HOUSTON	H(a) Is this a gr		bordinates? Yes No
			1404 N. SAM HOUSTON PKWY E., STE. 150, HOUSTON, TX 77032-2967			Included? Ves No
1	Tax-exe	mpt status				ist (see instructions)
	Website			H(c) Group	exemption n	umber ► 0787
ĸ	Form of	organization	Corporation Trust Association I Other LABOR UNIN L Year of formati		_ <u></u>	f legal domicile TX
1	art i	Summa			<u></u>	
	1		scribe the organization's mission or most significant activities: ALDINI	AFT LOCA	L 6345 IS A	LABOR ORGANIZA-
ø		-	RESENTING PUBLIC EDUCATION EMPLOYEES IN MATTERS RELATED TO			
and			N OF EMPLOYMENT.			
Governance	2		s box \blacktriangleright if the organization discontinued its operations or disposed c	f more than	25% of it	s net assets
Ň	3		f voting members of the governing body (Part VI, line 1a)		3	5 Not 455015.
8 0	4		f independent voting members of the governing body (Part VI, line 1b)		4	· · · ·
Activities &	5		ber of individuals employed in calendar year 2015 (Part V, line 2a)		5	
viti	6		ber of volunteers (estimate if necessary)		6	
Acti	7a		lated business revenue from Part VIII, column (C), line 12		7a	
1	b		Ited business taxable income from Form 990-T, line 34		7a 7b	(
		INCLUMENCE		Prior Ye		Current Year
	8	Contribut	ons and grants (Part VIII, line 1h)			
Revenue	9				444,083	292,800
ver	10	•	ervice revenue (Part VIII, line 2g)		0	(
Re	11				0	21
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .		7,832	1,127
	12		hue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		451,915	293,948
	13		d similar amounts paid (Part IX, column (A), lines 1–3)		0	
	14	•	aid to or for members (Part IX, column (A), line 4)		0	(
ses	15		ther compensation, employee benefits (Part IX, column (A), lines 5-10)		154,613	
Expenses	16a		hal fundraising fees (Part IX, column (A), line 11e)		0	(
цХ	b		raising expenses (Part IX, column (D), line 25) ►			
	17	Other exp	enses (Part IX, column (A), lines 11a-11 <u>d, 11f-24e)</u>		269,280	274,462
	18	lotal expe	enses. Add lines 13-17 (must equal Part IX, cotumer (A); line 25)		423,893	308,431
	19	Revenue	ess expenses. Subtract line 18 from line 12-		28,022	-14,483
s or				leginning of Cu	rrent Year	End of Year
Net Assets or Fund Balances	20				99,079	110,588
A	21		nties (Part X, line 26)		0	0
	22	Net assets	s or fund balances. Subtract line 21 from line 20		99,079	110,588
	art II		Ire Block			

Sign Here	Signature of officer Land's Hauston Type or print name and title	fresident						
Paid	Print/Type preparer's name	Preparer's signature						
Preparer	ALEXANDRA G. NAVA, CPA	alexand						
Use Only		VA, CPA						
eee eniy	Firm's address > 13492 RESEARCH BLVD., STE. 120, #623							
May the IRS	discuss this return with the preparer							

For Paperwork Reduction Act Notice, see the separate instructions.

5/1210

Form 99	0 (2015) Page 2
Part	II Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
<u>_</u>	Briefly describe the organization's mission:
1	ALDINE AFT LOCAL 6345 IS A LABOR ORGANIZATION REPRESENTING PUBLIC EDUCATION EMPLOYEES IN MATTERS RELATED
	TO WAGES, HOURS, AND THEIR CONDITION OF EMPLOYMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	PER CAPITA PAYMENTS ARE REMITTED TO THE STATE AFFILIATE, THE TEXAS AFT, THE NATIONAL AFFILIATE, THE AMERICAN
	FEDERATION OF TEACHERS, THE TEXAS AFL-CIO, AND TO REGIONAL AFFILIATES, IN ADDITION, AD&D INSURANCE AND
	LIABILITY INSURANCE FOR ITS MEMBERS.
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
	PAYROLL AND BENEFITS FOR THE ADMINISTRATION OF THE ORGANIZATION AND FOR THE ORGANIZERS, SERVICES
	INCLUDE WORKSHOPS, TRAINING, REPRESENTATION IN WAGE ISSUES AND GRIEVANCE ISSUES BETWEEN THE
	MEMBERS AND THE SCHOOL DISTRICTS FOR WHOM THEY WORK AS TEACHERS AND PARA-PROFESSIONALS.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	FACILITIES AND OUTREACH EXPENSE. THIS CATEGORY INCLUDES PROVIDING OFFICE SPACE AND INFRA-STRUCTURE
	FOR THE ORGANIZATION AS WELL AS NECESSARY ITEMS FOR RUNNING THE OFFICE. IN ADDITION, THE COSTS OF
	PROVIDING ASSITANCE TO MEMBERS IN THE FORM OF ORGANIZING, OUTREACH, RECRUITMENT, AND COMMUNICATION
	TO THE MEMBERS ARE INCLUDED HERE.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ►

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	30 (2015)		F	Page 3
Part	IV. Checklist of Required Schedules			
ì	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No √
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	2		✓ ✓
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	✓	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or i debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	~	
	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		✓
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		✓
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		/
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e 11f		✓ ✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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	12ь		✓
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants_or_other_assistance-to-or- for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		 ✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		<u> </u>
		Form	990	(2015)

Form 99	90 (2015)		ſ	Page 4
Part	IV. Checklist of Required Schedules (continued)			
•			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		/
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		↓
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		1
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		 I
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\overline{\checkmark}$
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? <i>If "Yes," complete Schedule L, Part I.</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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	l	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		·
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
33	complete Schedule N, Part II	32		-
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
	or IV, and Part V, line 1	-34-		-√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
			, 000	(2015)

Form 99	90 (2015)		1	Page 🕻
Part	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			}
	account)?	4a		√
b	If "Yes," enter the name of the foreign country: >			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			· · · · ·
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ł
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
—b_				
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			ļ
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	 		L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 99	90 (2015)			Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ins	struct	
Secti	Check if Schedule O contains a response or note to any line in this Part VI	·	_ :	<u> </u>
<u></u>			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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		
ь 2	Enter the number of voting members included in line 1a, above, who are independent	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5 6 7a	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?	4 5 6 7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
р 9	Each committee with authority to act on behalf of the governing body?	8b 9	✓	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve		ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13 14		
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	1	<u> </u>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
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?	-16a-		
Section	on C. Disclosure	1.00	L	<u> </u>
17 18	List the states with which a copy of this Form 990 is required to be filed ► NONE. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	in 501(c)(3)s	only)
19	Own website Another's website I Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest	policy	y, and

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► PRES. CANDIS HOUSTON, 1404 N. SAM HOUSTON PKWY E., STE. 150, HOUSTON, TX 77032-2967

Form 990 (201	5) Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
•	Check if Schedule O contains a response or note to any line in this Part VII
Section A	Officers Directors Trustees Key Employees and Highest Compensated Employees

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

					C)						_
(A)	(B)				noition			(D)	(E)	(F)	
Name and Title	Average					ore than one on is both an ctor/trustee)		Reportable	Reportable compensation from	Estimated	
	hours per	office	er an					compensation			
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) CANDIS HOUSTON	10			}			}				
PRESIDENT				1				13,864	0		0
(2) TANGELA L. FRANKLIN	10									· · · · · · · · · · · · · · · · · · ·	<u> </u>
TREASURER		ĺ		1				7,060	0		0
(3) CHARLENE TOWNES	5										
VICE PRESIDENT				1			ĺ	0	0		0
(4) NANCY MURPHY	5							<u> </u>			<u> </u>
EXECUTIVE AT LARGE		1	}					o	0		0
(5) LINDA DONNAN	5						_				
EXECUTIVE AT LARGE	1	1						o	o		0
(6) LINDA SMITHERS	5										
EXECUTIVE AT LARGE - FORMER		✓						0	0		0
(7) SACHEWELL JEFFERSON	5										
EXECUTIVE AT LARGE - FORMER		1						0	0		0
(8) NOVELLETTE PEAVY	5										
EXECUTIVE AT LARGE		1						0	0		0
(9)								·			
(10)											
(11)			-								
(12)							 ,				
(13)											
(14)								·			
								1	L		

	90 (2015)													Page 8
Par	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yee			lighe	st C	ompensated E	mployees (c	continue	ed)		
•	(A) Name and title	(B) Average hours per	box,	unles	Pos heck ss pe	erson	e than is both or/trus	h an	(D) Reportable compensation	(E) Reportabl compensation		am	(F) Imated ount of other	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		comp fro orga and	orner bensatio m the inizatio related nizatior	n 1
(15)		+												
(16)		+												
(17)		+												
(18)		+										<u> </u>		
(19)		+												
(20)		+												
(21)		+												
(22)		+												
(23)		<u>+</u>												
(24)				-	-			}						
(25)		+							 					
1b		· · · ·	L	L	۱ا	L]	·		20,924		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•		• •	•		0 20,924		0			0
2	Total number of individuals (including bu reportable compensation from the organ	t not limited					above	e) w		ore than \$10		of		0
3	Did the organization list any former of		tor. o	or tr	uste	 e.	kev e	emp	lovee. or high	est comper	nsated		Yes	No
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	indi	ividu	ıal	•••				3		
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual	 or accrue co	 mper	nsat	tion	 fror	n anv		related organiz	 ation or ind	 ividual	4		
	for services rendered to the organization on B. Independent Contractors									· · · ·		5		 Image: A start of the start of
1	Complete this table for your five highest compensation from the organization. Rep year.													ax
	(A) Name and business add	dress							(B) Description of s	ervices	с с	(C) compens		
										+				
2	Total number of independent contractor	ors (includir		it p		imit	ed to		ose listed abo					
-	received more than \$100,000 of compens							- 11						• •

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Form 990 (2015)

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	990 (201					Page S
Par	t VIII	Statement of Revenue				
		Check if Schedule O contains a response or note to				<u></u>
		n (1977)	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
5 5	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 285,407				
ΰĘ	c	Fundraising events 1c				
ifts,	d	Related organizations 1d				
Q eic	e	Government grants (contributions) 1e				
Sin	f	All other contributions, gifts, grants,				
jų p		and similar amounts not included above				
<u>g</u> Ë		Noncash contributions included in lines 1a-1f: \$				
Non and	g h	Total. Add lines 1a–1f	292,800			
	<u> </u>	Business Code	292,000			
Program Service Revenue	2a					<u> </u>
Rev	b					<u> </u>
Ce	c					
evi	d					}
٦S	e					
graı	f	All other program service revenue .				<u>+</u>
P.	g	Total. Add lines 2a–2f			L	L
	3	Investment income (including dividends, interest,				· · · · · · · · · · · · · · · · · · ·
		and other similar amounts)	21]
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				···
	6a	Gross rents				
	b	Less rental expenses				المدري ال
	c	Rental income or (loss)	{			ر شان بعد باهم اهم . به ام محمد الحدي الا موجه الحديقة الحدي الا
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Secunties (ii) Other				
		assets other than inventory				
	ь	Less: cost or other basis				
		and sales expenses .				
	с	Gain or (loss)				*
	d	Net gain or (loss)				
ne	8a	Gross income from fundraising	l			
/en		events (not including \$				· · · · · ·
Sev		of contributions reported on line 1c).				- 1 -
er F		See Part IV, line 18 a				
Other Revenue	Ь	Less: direct expenses b				
0		Net income or (loss) from fundraising events				·····
		Gross income from gaming activities.				
		See Part IV, line 19 a				· • •
	ь	Less: direct expenses b				
		Net income or (loss) from gaming activities .	· · · · · · · · · · · · · · · · · · ·			
		Gross sales of inventory, less				
		returns and allowances a				
	ь	Less: cost of goods sold b				· ·
	c	Net income or (loss) from sales of inventory				
	-	Miscellaneous Revenue Business Code				
	11a	AFT ADVERTISING REWARD	200			
	b	MISCELLANEOUS INCOME	<u> </u>		<u> </u>	<u></u>
	c		/0/		·	<u> </u>
	d	All other revenue				<u> </u>
	e	Total. Add lines 11a–11d	1,127			· · · ·
	12	Total revenue. See instructions.	293 948			<u> </u>
			793 94X			1

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b С

d

Part IX. Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a Do not include amounts reported on lines 6k 8b. 9b. and 10b of Part VIII. 1 Grants and other assistance to domestic organiz and domestic governments. See Part IV, line 21 2 Grants and other assistance to don individuals. See Part IV, line 22 . . . Grants and other assistance to fe 3 organizations, foreign governments, and for individuals. See Part IV, lines 15 and 16 . Benefits paid to or for members

-	benefits paid to or for members
5	Compensation of current officers, directors,
	trustees, and key employees

- 6 Compensation not included above, to disqu persons (as defined under section 4958(f)(1 persons described in section 4958(c)(3)(B)
- 7 Other salaries and wages 8 Pension plan accruals and contributions (in section 401(k) and 403(b) employer contribut
- 9 Other employee benefits 10
 - Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying
- Professional fundraising services See Part IV, II e f Investment management fees Other, (If line 11g amount exceeds 10% of line 25, c q (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion . . . 13 Office expenses 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expe for any federal, state, or local public offici
- 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization
- 23 Insurance 24 Other expenses. Itemize expenses not co above (List miscellaneous_expenses_in_line_2 line 24e amount exceeds 10% of line 25, co (A) amount, list line 24e expenses on Schedu
- MEMBER/PROGRAM SERVICES а MISCELLANEOUS EXPENSE b С EQUIPMENT LEASES TELEPHONE, CELL & INTERNET d All other expenses ROUNDING е Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the 26 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)

b, 7b,	e or note to any lin	(B)	(C)	<u>, , , , , , , , , , , , , , , , , , , </u>
	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
lizations				a sing a fine
mestic		··		enter a la contrata de la contrata d
foreign				م الم الم الم الم الم الم الم الم الم ال
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include	1,000			
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· ·	2,808			
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 line 17				
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column				
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•••	6,092		<u>├</u>	
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· · {	28,616		<u> </u>	
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	7,357			

7,717

309,431

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		Check if Schedule O contains a response or note to any line in this Par		· · · ·	
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	92,524	1	104,295
	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 officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
šet	7	Notes and loans receivable, net		7	·
Assets	8			8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			· · · · · ·
	Iva	atheu hasis Complete Dout Mart Cabadula D			5
:	b	other basis. Complete Part Vi of Schedule D10a12,238Less: accumulated depreciation10b7,652	3,133	100	4,586
I	11	Investments – publicly traded securities	3,133	11	4,300
ĺ	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets. See Part IV, line 11	3,422		1,707
	16	Total assets. Add lines 1 through 15 (must equal line 34)	99,079		110.588
	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	·V	18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
s	22	Loans and other payables to current and former officers, directors,			
Liabilities	22	trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
l	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
es		Organizations that follow SFAS 117 (ASC 958), check here ► ☑ and complete lines 27 through 29, and lines 33 and 34.		-	······································
JUC	27	Unrestricted net assets	99,079	27	110,588
Jal	28	Temporarily restricted net assets		28	110,000
Ч Е	29	Permanently restricted net assets		29	
n		Organizations that do not follow SFAS 117 (ASC 958), check here - and			
or Fund Balances		complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
let	33	Total net assets or fund balances	99,079		110,588
2	34	Total liabilities and net assets/fund balances	99.079		110,588
			33.0/9		Form 990 (2015

Form 990 (2015)

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	90 (2015)				Pa	ige 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	• •			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	_		29	3,948
2	Total expenses (must equal Part IX, column (A), line 25)	2			30)8,431
3	Revenue less expenses. Subtract line 2 from line 1	3			-1	4,483
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			ę	9,07 <u>9</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			2	25,992
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	-		11	0,588
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	. <u>.</u> .	<u></u>	<u> </u>	<u> </u>	
			_		Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🗌 Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain i	in			
_	Schedule O.		_			
2 a		• •	· L	2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	biled of	or			
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	• •		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a	{		
	separate basis, consolidated basis, or both:					
_	Separate basis Consolidated basis Both consolidated and separate basis		. –]
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov of the audit, review, or compilation of its financial statements and selection of an independent accou					
				<u>2c</u>		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain i	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n			I
	the Single Audit Act and OMB Circular A-133?.		.];	3a	j	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		e			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	udits.	;	3Ь		

SCHEDULE C		omnoign o	nd Lobbyin	a Activi		
(Form 990.or 990-EZ)		ampaign a	nd Lobbying	g Activi	1153	OMB No 1545-0047
	For Organizations Exem	pt From Income	Tax Under section	n 501(c) and	d section 527	2015
Department of the Treasury Internal Revenue Service	 Complete if the organizat Information about Schedule 				or Form 990-E ww.irs.gov/form9	
	wered "Yes," on Form 990, Pa			line 46 (Polit	ical Campaign /	Activities), then
	rganizations. Complete Parts I-A		•	_		
	er than section 501(c)(3)) organiz	ations: Complete F	arts I-A and C belo	w Do not co	mplete Part I-B	
-	zations: Complete Part I-A only. wered "Yes," on Form 990, Pa	rt IV, line 4, or For		line 47 (Lob)	huing Activition	thon
-	rganizations that have filed Form		• •	•	• • •	-
	ganizations that have NOT filed					
	wered "Yes," on Form 990, Pa					
Tax) (see separate ins	tructions), then					
• Section 501(c)(4), (5), or (6) organizations. Complete	Part III.				
Name of organization						tification number
	RATION OF TEACHERS ALDI					20-8355633
	plete if the organization i cription of the organization's					
2 Political exper				0	sin Partiv. ► \$	
3 Volunteer hou						
					· · · · ·	
Part I-B Com	plete if the organization i	s exempt und	er section 501(c)(3).		
1 Enter the amo	unt of any excise tax incurre	d by the organiza	ation under sectio	n 4955 .	🕨 💲	
	ount of any excise tax incurred				55 🕨 💲	
	tion incurred a section 4955	tax, did it file For	m 4720 for this y	ear?		Yes . No
4a Was a correct			· · · ·			[_]Yes [_] No
b If "Yes," desc						- \/0\
	plete if the organization i ount directly expended by t					C)(3).
activities .				527 exemp		
2 Enter the amo	ount of the filing organization	n's funds contrib	uted to other ord	anizations	for section	
			•		🕨 💲	
3 Total exempt line 17b	function expenditures. Add	l lines 1 and 2.	Enter here and	on Form	1120-POL, ► \$	
	organization file Form 1120-P	OI for this year?	····	• • • •	*	🗌 Yes 🗌 No
	es, addresses and employer					
organization n the amount of	political contributions receive segregated fund or a political	anization listed, e ed that were pror	enter the amount nptly and directly	paid from the delivered to	ne filing organiz o a separate po	zation's funds. Also enter plitical organization, such
(a) Name	(b) Ado		(c) EIN	(d) Amou filing or	int paid from ganization's ione, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)						
-(2)						
(3)				<u>+</u>		
(4)				<u> </u>		
(5)				ļ		
(6)				[ļ	

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

Schedule C (Form 990 or 990-EZ) 2015

Sch	nedule C (Form 990 or 990-EZ) 2015			Page 2
Pa	art II-A Complete if the organization i section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (ele	ection under
Ā		ngs to an affiliated group (and list in Part IV e es, and share of excess lobbying expenditur		oup member's
В	Check Ch	ked box A and "limited control" provisions a	ipply.	
	Limits on Lobbyin (The term "expenditures" mean	• •	(a) Filing organization's totals	(b) Affiliated group totals
-	 c Total lobbying expenditures (add lines 1a a d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines add lines add	legislative body (direct lobbying)		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		مرور میکند و ایران مرور مرور مرور مرور مرور مرور مرور مرور
	Not over \$500,000	20% of the amount on line 1e		The stars and th
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		م بو هربه الهامين م
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		1. 不可算定点】
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		4
	g Grassroots nontaxable amount (enter 25%	of line 1f)		
	h Subtract line 1g from line 1a. If zero or less			
	i Subtract line 1f from line 1c. If zero or less,			
	j If there is an amount other than zero on reporting section 4911 tax for this year?	either line 1h or line 1i, did the organization		Yes No

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

Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column (e))								
С	Total lobbying expenditures								
d	Grassroots nontaxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

	ule C (Form 990 or 990-EZ) 2015 II-B Complete if the organization is exempt under section 501(c)(3) and has NOT	filed	Form	5768		Page 3
	(election under section 501(h)).					
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	(a) Yes No		A	(b) mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
a b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c d	Media advertisements?					
e f	Publications, or published or broadcast statements?					
9 h i	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
J 2a b	Total. Add lines 1c through 1i					
c d	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) 501(c)(6).	:)(5), c	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	√	1
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C answered "Yes."	;)(5), 0	or se	ction	line	L
1	Dues, assessments and similar amounts from members		1			
2	political expenses for which the section 527(f) tax was paid).	5 01				
a b	Current year		2a 2b			
c	Total		2c			
3 4	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		3			
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	ying	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup list	:); Par 	t II-A, I	ines 1	and

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Schedule C (Form 990 or 990-EZ) 2015

Part IV	990 or 990-EZ) 2015 Supplemental Information (continued)	Page 4

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Schedule C (Form 990 or 990-EZ) 2015

(Form Departm Internal I	ent of the Treasury Revenue Service	► Complete if the or Part IV, line 6, 7, 8, 9, 1	al Financial Statements ganization answered "Yes" on Form 990, 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990. orm 990) and its instructions is at www.ir			
	f the organization			Employe	er iden	tification number
6345 A Par		RATION OF TEACHERS ALDINE AFT L	OCAL 6345	de or /	<u></u>	<u>20-8355633</u>
Far			Yes" on Form 990, Part IV, line 6.		1000	unts.
			(a) Donor advised funds	1	(b) Fi	inds and other accounts
1	Total number a	at end of year				
2		ue of contributions to (during year)				
3	Aggregate valu	ue of grants from (during year) .				
4		ue at end of year				
5			advisors in writing that the assets he			
~			e organization's exclusive legal contro			· · · 🖸 Yes 🗌 No
6			nd donor advisors in writing that gran it of the donor or donor advisor, or fo			
		ermissible private benefit?		n any c	, nei	
Part		rvation Easements.				
		• • • • • • • • • • • • • • • • • • • •	Yes" on Form 990, Part IV, line 7.			
1		conservation easements held by the				
	Preservatio	on of land for public use (e.g., recreat	tion or education) 🗌 Preservation of	a histo	rically	y important land area
	Protection	of natural habitat	Preservation of	a certif	hed h	istoric structure
		on of open space				
2		s 2a through 2d if the organization he he last day of the tax year.	eld a qualified conservation contributio	n in the		
-						Heid at the End of the Tax Year
a b			S	••	2a 2b	
c			s		20 2c	
d			(c) acquired after 8/17/06, and not		20	
-		re listed in the National Register			2d	
3	Number of cor	servation easements modified, trans	ferred, released, extinguished, or term	inated	by th	e organization during the
	tax year ►					
4		tes where property subject to conser			·	
5	violations and	enforcement of the conservation ear	garding the periodic monitoring, inspectively inspected and the series of the series o	Dection	, nan	ialing of
6			ing, handling of violations, and enforcing c			
U		ser nours devoted to monitoring, inspect	ing, handling of violations, and emotoring t	Unserva	lion e	asements during the year
7	Amount of expe	enses incurred in monitoring, inspectin	g, handling of violations, and enforcing o	conserv	ation	easements during the year
8	►\$ Does each con	servation easement reported on line	2(d) above satisfy the requirements of	eaction	170/	b)(4)(B)(i)
U						
9	balance sheet,		conservation easements in its revenue f the footnote to the organization's fina- nts			
Part			s of Art, Historical Treasures, or	Other	Sim	ilar Accete
, i ui c			LYes"_on_Form_990, Part-IV, line-8.			
			AS 116 (ASC 958), not to report in its		e sta	tement and balance sheet
	works of art, h	nistorical treasures, or other similar	assets held for public exhibition, ed potnote to its financial statements that	ucation	, or i	research in furtherance of
b	works of art, h		FAS 116 (ASC 958), to report in its r assets held for public exhibition, ed ng to these items:			
	•		· · · · · · · · · · · · · · · · ·		h	► \$
	(ii) Assets inclu	ided in Form 990. Part X		•••		► \$
2			historical treasures, or other similar		for 1	► \$
	following amou	ints required to be reported under S	FAS 116 (ASC 958) relating to these ite	ems:		
а	Revenue includ	ded on Form 990, Part VIII, line 1 .			. 🕨	► \$
b	Assets include	d in Form 990, Part X	<u></u>	<u></u>	. 🕨	► \$

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

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Schedule D (Form 990) 2015

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Schedul	le D (Form 990) 2015							Pag	je 2
Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or O	ther Similar A	ssets (continue	d)
3	Using the organization's acquisition, a collection items (check all that apply):								
а	Public exhibition		d	🗆 Loan	or exchang	ae prod	Irams		
b	Scholarly research		e	Othe					
c	Preservation for future generations		•						
4	Provide a description of the organizati XIII.	on's collections a	and expla	aın how t	hey further	the or	ganization's exe	mpt purpose in P	'art
5	During the year, did the organization s assets to be sold to raise funds rather t								No
Part									
	Complete if the organization	-	" on For	m 990, I	Part IV, lin	e 9, or	reported an a	nount on Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee,								
	included on Form 990, Part X?					• •		🗌 Yes 🔲 I	10
Ъ	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	llowing ta	able:	r	- <u>-</u> ,		
								mount	
C	Beginning balance		· · ·	• •		10			
d	Additions during the year		· · ·	•••		10			
e	Distributions during the year			•••		10			
f	Ending balance				• •	<u>1</u> 1			
2a	Did the organization include an amount								40
	If "Yes," explain the arrangement in Pa	rt XIII. Check here	e if the e	xplanatio	n has been	provid	ed on Part XIII .	<u> []</u>	
Parl			" F			4.0			
	Complete if the organization						() T		
	- · · · · · · · · · · · · · · · · · · ·	(a) Current year	(D) Pn	or year	(c) Two yea	rs back	(d) Three years bac	k (e) Four years bac	<u>ж</u>
1a	Beginning of year balance								
Ь	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of th	e current year en	id balanc	e (line 1g	i, column (a	a)) held	as:		
а	Board designated or quasi-endowment	•	_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2								
3a	Are there endowment funds not in the	possession of th	ie organi	zation that	at are held	and ad	ministered for t	1e	
	organization by:							Yes N	lo
	(i) unrelated organizations	• • • • •				• •		3a(i)	
	(ii) related organizations	· · · · · ·						3a(ii)	
b	If "Yes" on line 3a(ii), are the related org							3b	
4	Describe in Part XIII the intended uses	of the organizatio	on's endo	wment fi	unds.				
Part									
	Complete if the organization a	answered "Yes'	<u>" on For</u>	m 990, F	Part IV, lin	e <u>1</u> 1a.	See Form 990	, Part X, line 10.	
	Description of property	(a) Cost or oti (investme			or other basis ther)		Accumulated epreciation	(d) Book value	
1a	Land					-	· ····································		
b	Buildings						*******************************		
с	Leasehold improvements								
d	Equipment	[10,155			·	6,612	3,5	43
e	Other		2,083	L			1,040	1,0	
Total.	Add lines 1a through 1e (Column (d) mu	ust equal Form 99		(, column	(B), line 10).).		4,5	

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Schedule D	(Form 990)	2015

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Schedule D (Fo	m 990) 2015				Page 3
Part VII	Investments-Other Securities.				<u>_</u>
	Complete if the organization answered "Yes" o	n Form 990, F	Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		ok value	(c) Meth	nod of valuation of-year market value
(1) Financial	derivatives	[
(2) Closely-h	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n) must equal Form 990, Part X, col. (B) line 12)				
Part VIII	Investments Program Related.			110 600 5000	000 Dort V line 12
	Complete if the organization answered "Yes" of (a) Description of investment				
	(a) Description of investment	(0) 80	ok value		hod of valuation of-year market value
(1)					
<u>(1)</u> (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	o) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX	Other Assets.				
	Complete if the organization answered "Yes" or	n Form 990, F	Part IV, line	11d. See Form	
	(a) Description		····		(b) Book value
(1)					
(2)					
_(3)					
_(4)					
<u>(5)</u>					
_ <u>(6)</u>					
<u>(7)</u>					
_(8) (9)					· · · · · · · · · · · · · · · · · · ·
Total. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 15.)			· · · · · •	
Part X	Other Liabilities.			·	
	Complete if the organization answered "Yes" or	n Form 990, P	art IV, line	11e or 11f. See	Form 990, Part X,
	line 25.		-		
1.	(a) Description of liability(b) Book v	alue			
(1) Federal in	come taxes				- 11 - 11 - 12 - 1
(2)					
(3)]			
(4)					
(5)					
_(6) 					
(7)					* 4
(8)					
(9) Total (Column //) must equal Form 990, Part X, col (B) line 25.) ►				
	Uncertain tax positions In Part XIII, provide the text of the	6		Amount for the	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedu	e D (Form 990) 2015		Page 4			
Part XI- Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
	Complete if the organization answered "Yes" on Form 990,					
1	Total revenue, gains, and other support per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c	4			
ď	Other (Describe in Part XIII.)	2d				
e	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	1			
c	Add lines 4a and 4b		4c			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5			
Part						
	Complete if the organization answered "Yes" on Form 990,	• •				
1	Total expenses and losses per audited financial statements	<u> </u>	1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b	-			
ĉ	Other losses	2c	1			
d	Other (Describe in Part XIII.)	2d	4			
e	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	1			
- C	Add lines 4a and 4b		4c			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5			
	XIII Supplemental Information.					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Part IV. lines 1b and 2b	p: Part V. line 4: Part X. line			
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part					

#110.CII	Supplemental Information (continued)	
	Supplemental Information (continued)	
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Schedule D	(Form 990) 2015
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SCHEDULE O (Form 990 or 990-EZ)	90-EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		OMB No 1545-0047				
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www 	w.irs.gov/form990.	Open to Public Inspection				
Name of the organization Employer identification number 6345 AMERICAN FEDERATION OF TEACHERS ALDINE AFT LOCAL 6345 20-8355633							
MANAGEMENT POLIC	IES:						
THE ORGANIZATION IS A LOCAL TEACHERS UNION AFFILIATED WITH THE TEXAS AFT, THE AMERICAN FEDERATION OF							
TEACHERS AND THE AFL-CIO. THE ORGANIZATION IS A SELF-GOVERNING UNIT REPRESENTING TEACHERS AND OTHER							
EMPLOYEES OF SCHO	DOLS IN THE HOUSTON, TEXAS AREA. THE PRIMARY SOURCE OF REVENUE	CONSISTS OF ME	MBERSHIP				
DUES.							
THE ORGANIZATION	S GOVERNED BY A CONSTITUTION AND A DEMOCRATICALLY ELECTED EXEC	CUTIVE BOARD O	F				
APPROXIMATELY 3-5	MEMBERS. ELECTIONS ARE HELD AS OUTLINED BY THE ORGANIZATION'S (CONSTITUTION.					
THE ORGANIZATION H	IAS BEEN WORKING FOR EMPLOYMENT OPPORTUNITIES, FAIR PAY, AND HE	ALTH AND WELF	ARE				
BENEFITS, CONTINUI	NG EDUCATION, AND OTHER WORKER'S RIGHTS.						
FORM 990, PART VI, S	ECTION A. GOVERNING BODY AND MANAGMENT:						
6. DOES THE ORGANI	ZATION HAVE MEMBERS OR STOCKHOLDERS?						
THE ORGANIZATION H	IAS MEMBERS.						
7a. DOES THE ORGAN	IZATION HAVE MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WHO MAY	ELECT ONE OR	MORE MEMBERS				
OF THE GOVERNING E	BODY? (DESCRIBE THE CIRCUMSTANCES, PROCESSES, OR CHANGES:						
PER THE CONSTITUTI	ON OF THE ORGANIZATION, THE OFFICERS AND EXECUTIVE BOARD ARE DE	MOCRATICALLY	ELECTED BY THE				
MEMBERS OF THE ORGANIZATION. THE ELECTION PROCESS IS OUTLINED IN THE CONSTITUTION.							
11b. DESCRIBE THE PROCESS, IF ANY, THE ORGANIZATION USES TO REVIEW THE FORM 990:							
THE PRESIDENT OF THE ORGANIZATION REVIEWS AND APPROVES THE FORM 990, AND THEN PROVIDES THE EXECUTIVE							
BOARD OF THE ORGANIZATION A COPY FOR REVIEW BEFORE THE FORM 990 IS FILED.							
FORM 990, PART XI, LINE 9, OTHER CHANGES IN NET ASSETS: AN ADJUSTMENT OF \$25,992 WAS REQUIRED TO BRING THE ENDING							
BALANCE AND CURRENT YEAR ACTIVITY IN BALANCE WITH THE REVENUES AND EXPENSES REPORTED FOR THE FISCAL YEAR							
WITH THE ENDING BALANCE AT 6/30/16.							
		-					

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Cat No 51056K Schedule O (Form 990 or 990-EZ) (2015)