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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Information about Form 990 and its instructions is at www IRS gov/form990

Do not enter social security numbers on this form as it may be made public

DLN: 93493050009419 OMB No. 1545-0047

> Open to Public Inspection

991.577

282,150

709,427

1,111,389

459,518

651,871

Department of the Treasure Internal Revenue Service

For the 2016 calendar year, or tax year beginning 09-01-2016 , and ending 08-31-2017 C Name of organization ST PAUL FEDERATION OF TEACHERS D Employer identification number B Check if applicable ☐ Address change 41-0252680 ☐ Name change Doing business as ☐ Initial return □eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return 23 EMPIRE DRIVE N100 (651) 222-7303 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 4,198,508 F Name and address of principal officer H(a) Is this a group return for NICHOLAS FABER ☐Yes ☑No subordinates? H(b) Are all subordinates ☐ Yes ☐No included? Tax-exempt status 501(c)(3) 4947(a)(1) or 501(c) ( 5 ) ◀ (insert no ) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW SPFT ORG L Year of formation 1957 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ 1 Briefly describe the organization's mission or most significant activities PROVIDE LOCAL TEACHERS UNION Activities & Governance Check this box  $\blacktriangleright \Box$  if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12  ${f b}$  Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 1,089,999 8 Contributions and grants (Part VIII, line 1h) . . 679,486 9 Program service revenue (Part VIII, line 2g) . . . . 3,074,778 3,105,103 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . 1,135 1,106 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,091 2,300 3,758,490 4,198,508 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 569,818 1,056,870 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 3,039,299 3,199,194 4,256,064 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -57,556 19 Revenue less expenses Subtract line 18 from line 12 . 149,373 Assets or d Balances End of Year **Beginning of Current Year** 

Signature Block

20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) .

Under penalties of perjury, I declare that I have examined this return, inclu-knowledge and belief, it is true, correct, and complete Declaration of prepa any knowledge

22 Net assets or fund balances Subtract line 21 from line 20 .

Sign Here

Signature of officer NICHOLAS FABER PRESIDENT 8-31-17 Type or print name and title

Paid Preparer **Use Only** 

Print/Type preparer's name CHARLES RINKEY Preparer's signature CHARLES RINKEY Firm's address ► 5775 WAYZATA BLVD STE 990 MINNEAPOLIS, MN 554161295

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

For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 990 (2016)                           |                               |                           |                           |   |            | Page <b>2</b> |
|------|--------------------------------------|-------------------------------|---------------------------|---------------------------|---|------------|---------------|
| Par  | t IIII Statement                     | of Program Servic             | e Accomplis               | hments                    |   |            |               |
|      | Check If Sched                       | dule O contains a respo       | nse or note to a          | any line in this Part III |   |            | . $\square$   |
| 1    | Briefly describe the o               |                               |                           |                           |   |            |               |
| PRO\ | VIDE LOCAL TEACHERS                  | UNION                         |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
| 2    | -                                    | · -                           |                           | vices during the year wh  | nich were not listed on   |            | -a            |
|      |                                      | - 990-EZ?                     |                           |                           |   | ☐ Yes 🖸    | <b>⊻</b> No   |
| _    | ·                                    | se new services on Sch        |                           |                           |   |            |               |
| 3    | <del>-</del>                         | =-                            | ake significant           | changes in how it condu   | cts, any program  | □Yes       | <b>□</b>      |
|      | services?                            |                               |                           |                           |   | ∟ Yes      | <b>⊻</b> No   |
|      | •                                    | se changes on Schedul         |                           |                           |   |            |               |
| 4    | Section 501(c)(3) and                |                               | ns are required           | to report the amount of   | argest program services, as measu<br>f grants and allocations to others, th |            | es            |
| 4a   | (Code                                | ) (Expenses \$                | 3,897,300                 | including grants of \$    | ) (Revenue \$   | 3,105,103) |               |
|      | See Additional Data                  |                               |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
| 4b   | (Code                                | ) (Expenses \$                |                           | including grants of \$    | ) (Revenue \$   | )          |               |
|      |                                      |                               |                           |                           |   |            |               |
|      | =                                    |                               |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
| 4c   | (Code                                | ) (Expenses \$                |                           | ıncluding grants of \$    | ) (Revenue \$   | )          |               |
| 70   | (Code                                | / (Expenses #                 |                           | including grants or \$    | / (Nevenue \$   | ,          |               |
|      |                                      |                               |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
|      |                                      |                               |                           |                           |   |            |               |
|      | 0.1                                  | (5)                           |                           |                           |   |            |               |
| 4d   | Other program servic<br>(Expenses \$ | es (Describe in Schedi:<br>es | ile O)<br>uding grants of | ¢                         | ) (Revenue \$   | ,          |               |
| 40   | Total program serv                   |                               | 3.897.3                   |                           | ) (Ivevenue p   | )          |               |
| 46   |                                      | こしし せんいせいうせう ア                | ر./50.ر                   | UU UU                     |   |            |               |

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Form **990** (2016)

Part IV Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Section 501(c)(3) organizations.

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 

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? 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? 

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 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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 

or X as applicable

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . **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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . .

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🛸 . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 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 . . . .

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Part IV Checklist of Required Schedules (continued)

Page 4

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b 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? 26

31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

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

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

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 and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

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

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

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, Part

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

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

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

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Nο

Form 990 (2016)

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| orm | 990 (2016)  |            |     | Page 5 |
|-----|---|------------|-----|--------|
| Par | t 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     |
|     | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 15  | 4          |     |        |
|     | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  | Ц          |     |        |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1c         | Yes |        |
|     | 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   | _          | V   |        |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b         | Yes |        |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a         |     | No     |
| 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         |     |        |
| 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         |     | No     |
| b   | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  |            |     |        |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a         |     | No     |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b         |     | No     |
| c   | 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         |     | No     |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | <b>6</b> b |     |        |
| 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 service 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   |            |     |        |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e         |     |        |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f         |     |        |
|     | 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         |     |        |
|     | Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                  | 8          |     |        |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a         |     |        |
|     | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b         |     |        |
|     | Section 501(c)(7) organizations. Enter  | <u> </u>   |     |        |
|     | Initiation fees and capital contributions included on Part VIII, line 12   10a  |            |     |        |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   | 1          |     |        |
|     | Section 501(c)(12) organizations. Enter   | 1          |     |        |
|     | Gross income from members or shareholders   |            |     |        |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  |            |     |        |
| n-  |   | 1,3-       |     |        |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year                         | 12a        |     |        |
| ט   | 17 Yes, enter the amount of tax-exempt interest received or accrued during the year 12b   |            |     |        |
| .3  | Section 501(c)(29) qualified nonprofit health insurance issuers.  |            |     |        |
| а   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O                              | 13a        |     |        |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   |            |     |        |
| c   | Enter the amount of reserves on hand  |            |     |        |
| _   | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a        |     | No     |
| .4a |   |            |     |        |

| orm        | 990 (2016)  |             |          | Page <b>6</b> |
|------------|---|-------------|----------|---------------|
| Par        | <b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  | Vo" respo   | nse to l | _             |
|            | Check if Schedule O contains a response or note to any line in this Part VI   | <u> </u>    |          | <u> </u>      |
| Se         | ection A. Governing Body and Management   |             |          |               |
| 1a         | Enter the number of voting members of the governing body at the end of the tax year la  | 25          | Yes      | No            |
|            | 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  | 20          |          |               |
| 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?   | 2           |          | No            |
| 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? .   | on <b>3</b> |          | No            |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4           |          | No            |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets? .  | 5           |          | No            |
| 6          | Did the organization have members or stockholders?  | 6           |          | No            |
| 7a         | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | e <b>7a</b> | Yes      |               |
| b          | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b          | Yes      |               |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year b<br>the following  | У           |          |               |
| а          | The governing body?   | 8a          | Yes      |               |
| b          | Each committee with authority to act on behalf of the governing body?   | 8b          | Yes      |               |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9           |          | No            |
| Se         | ection B. Policies (This Section B requests information about policies not required by the Internal Rever   | ue Code     | ⊋.)      |               |
|            |   |             | Yes      | No            |
| 10a        | Did the organization have local chapters, branches, or affiliates?  | 10a         |          | No            |
| b          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b         |          |               |
| 11a        | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a         |          | No            |
| b          | Describe in Schedule O the process, if any, used by the organization to review this Form 990  |             |          |               |
| 12a        | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a         | Yes      |               |
| b          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b         | Yes      |               |
| 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         | Yes      |               |
| 13         | Did the organization have a written whistleblower policy?   | 13          |          | No            |
| 14         | Did the organization have a written document retention and destruction policy?  | 14          |          | 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?  |             |          |               |
| а          | The organization's CEO, Executive Director, or top management official  | 15a         | Yes      |               |
| b          | Other officers or key employees of the organization   | 15b         | Yes      |               |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |             |          |               |
| 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?   | 16a         |          | 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 exemp status with respect to such arrangements? | :           |          |               |
| <b>c</b> - |   | 16b         |          | <u> </u>      |
|            | ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed▶   |             |          |               |
|            | MN  |             |          |               |
| 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   | ')          |          |               |
| 19         | 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   |             |          |               |
| 20         | 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  |             |          |               |
|            | ►CLAIRE STOKES 23 EMPIRE DRIVE SUITE N100 ST PAUL, MN 55103 (651) 222-7303  |             |          |               |

| orm 990 (2                                    | 016)  |   |  |               |       |          |                                 |        |  |  |  | Page <b>7</b>                                 |
|---|---|---|--|---------------|-------|----------|---------------------------------|--------|--|--|--|---|
| Part VII                                      | Compensation of Officers and Independent Contra   |   | Truste   | es, I         | Key   | En       | ploy                            | ees    | , Highest Comp   | ensated Employ   | ees,   |   |
|   | Check if Schedule O contains a  | response or no  | te to an   | y line        | ın t  | hıs l    | Part VI                         | Ι.     |  |  |  | <u>.                                     </u> |
| Section                                       | A. Officers, Directors, Tru   | stees, Key E  | mploy  | ees,          | , an  | d H      | lighe                           | st C   | ompensated En  | nployees   |  |   |
| year<br>● List all                            | e this table for all persons require<br>of the organization's <b>current</b> off<br>ition Enter -0- in columns (D), ( | icers, directors,   | trustee  | s (wł         | neth: | er in    | dıvıdu                          |        | ,  |  | -  | s tax   |
| •   | of the organization's <b>current</b> key  |   | •  |               |       |          |                                 | fınıtı | on of "key employe   | e "  |  |   |
| <ul> <li>List the<br/>who received</li> </ul> | organization's five <b>current</b> high<br>d reportable compensation (Box<br>and any related organizations            | est compensate  | d emplo  | yees          | (oth  | ner t    | han ar                          | n off  | icer, director, truste   | e or key employee)   | 1  |   |
| of reportable                                 | of the organization's <b>former</b> office<br>compensation from the organiz   | ation and any r   | elated o   | rganı         | zatio | ons .    |                                 |        |  | ·  | ·  |   |
| organization                                  | of the organization's <b>former dire</b><br>, more than \$10,000 of reportab  | le compensation   | n from t   | he or         | ganı  | ızatı    | on and                          | any    | / related organizatio  | ns   | 2  |   |
| compensate                                    | in the following order individua<br>d employees, and former such p  | ersons  |  |               |       |          |                                 |        |  |  |  |   |
| ☐ Check ti                                    | his box if neither the organizatio  | n nor any relate  | d organ  | nzatio        | on co | omp      | ensate                          | d ar   | y current officer, di  | rector, or trustee   |  |   |
|   | ( <b>A)</b><br>Name and Title   | (B) Average hours per week (list any hours for related organizations below dotted line) | Average hours per week (list any hours for related |               |       |          | s pers<br>and a<br>ee)          | on     | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations | ited<br>f other<br>sation<br>the<br>on and<br>ed |   |
|   |   | ,   | Individual trustee<br>or director                  | ocnal Trustee |       | employee | Highest compensated<br>employee |        |  |  |  |   |
| See Additiona                                 | al Data Table   |   |  |               |       |          |                                 |        |  |  |  |   |
|   |   |   |  |               |       |          |                                 |        |  |  |  |   |
|   |   |   |  |               |       |          |                                 |        |  |  |  |   |
|   |   |   |  |               |       |          |                                 |        |  |  |  |   |
|   |   |   |  |               |       |          |                                 |        |  |  |  |   |
|   |   |   |  |               |       |          |                                 |        |  |  |  |   |
|   |   |   |  |               |       |          |                                 |        |  |  |  |   |
|   |   |   |  |               |       |          |                                 |        |  |  |  |   |
|   |   |   |  |               |       |          |                                 |        |  |  |  |   |

Form 990 (2016) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII

(C)

(D)

(B)

|     | Name and Title  | Average<br>hours per<br>week (list<br>any hours       |                                   |                       | ox, u<br>in off<br>tor/t | inles<br>ficer<br>rust | Reportable<br>compensation<br>from related<br>organizations (W | ·-       | Estima<br>mount o<br>compens<br>from | ited<br>f other<br>sation<br>the |   |                                 |    |
|-----|---|---|-----------------------------------|-----------------------|--------------------------|------------------------|--|----------|--------------------------------------|----------------------------------|---|---------------------------------|----|
|     |   | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer                  | Key employee           | Highest compensated employee                                   | Former   | 2/1099-MISC)                         | 2/1099-MISC)                     |   | rganizati<br>relati<br>organiza | ed |
| See | Additional Data Table   |   |                                   |                       |                          |                        |  |          |                                      |                                  |   |                                 |    |
|     |   |   |                                   |                       |                          |                        |  |          |                                      |                                  |   |                                 |    |
|     |   |   |                                   |                       |                          |                        |  |          |                                      |                                  |   |                                 |    |
|     |   |   |                                   |                       |                          |                        |  |          |                                      |                                  |   |                                 |    |
|     |   |   |                                   |                       |                          |                        |  |          |                                      |                                  |   |                                 |    |
|     |   |   |                                   |                       |                          |                        |  |          |                                      |                                  |   |                                 |    |
|     |   |   |                                   |                       |                          |                        |  |          |                                      |                                  |   |                                 |    |
|     |   |   |                                   |                       |                          |                        |  |          |                                      |                                  |   |                                 |    |
|     |   |   |                                   |                       |                          |                        |  |          |                                      |                                  |   |                                 |    |
| С   | Sub-Total Total from continuation sheets to P   | art VII, Sectio                                       | nΑ.                               |                       |                          |                        | <b>) ) ) ) )</b>   | <u> </u> | 83,252                               |                                  |   |                                 |    |
| 2   | Total number of individuals (including of reportable compensation from the                | g but not limited                                     |                                   |                       |                          |                        | e) who   | rec      | eived more than \$10                 | 00,000                           |   |                                 |    |
| _   |   |   |                                   |                       |                          |                        |  |          |                                      |                                  |   | Yes                             | No |
| 3   | Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> . |   |                                   |                       |                          | mplo<br>•              |  | or hi    | ghest compensated                    | employee on                      | 3 |                                 | No |
| 4   | For any individual listed on line 1a, is organization and related organization            |   |                                   |                       |                          |                        |  |          |                                      | n the                            |   |                                 |    |

|   | individual                                  |
|---|---|
| 5 | Did any person listed on line 1a receive of |

|   |   |   | • |   |   |   |   |   | ete S         |   |   |   |   |   |   | uie |  |
|---|---|---|---|---|---|---|---|---|---------------|---|---|---|---|---|---|-----|--|
| • | • | • | • | • | • | • | • | • | •             | • | • | • | ٠ | • | • | •   |  |
|   |   |   |   |   |   |   | , |   | elate<br>erso |   | - |   |   |   |   |     |  |

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

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

| Yes | 7 |
|-----|---|
|     |   |
|     | N |
|     |   |
|     |   |

|    |      |      |      |      |       |      |      |     |      | ete : |      |      |      |    |      |     |      | -     |    |  |
|----|------|------|------|------|-------|------|------|-----|------|-------|------|------|------|----|------|-----|------|-------|----|--|
|    | •    | •    | ٠    | •    | •     | •    | •    | •   | •    | •     | •    | •    | •    | ٠  | •    |     | •    | •     | ٠  |  |
| or | accr | ue d | com  | pens | satio | n fr | om a | any | unre | elate | d or | ganı | zatı | on | or i | ndı | vidu | ıal 1 | or |  |
| "Y | es," | con  | nple | te S | chec  | lule | J fo | rsu | ch p | erso  | n.   |      |      |    |      |     |      |       |    |  |

# services rendered to the organization?

5

(B)

Description of services

# **Section B. Independent Contractors**

Νo Nο

(C)

Compensation

Form **990** (2016)

### from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address

compensation from the organization >

| Part '   | VI:    | Statement of  | Revenue       |          |                    |          |  |            |                                   |                |              |   |
|--|--------|---|---------------|----------|--------------------|----------|--|------------|-----------------------------------|----------------|--------------|---|
|  |        | Check If Schedule   | O contains a  | a respo  | onse or note to an | (        | this Part VIII<br>( <b>A)</b><br>revenue | Rel:<br>ex | (B)<br>ated or<br>cempt<br>action | Unrel          | ated<br>ness | (D)  Revenue excluded from tax under sections |
|  | -      |   |               |          |                    |          |  |            | venue                             | reve           | nue          | 512-514                                       |
| ts ts  |        | a Federated campaign  |               | 1a       |                    |          |  |            |                                   |                |              |   |
| Contributions, Gifts, Grants and Other Similar Amounts |        | <b>b</b> Membership dues .  |               | 1b       |                    |          |  |            |                                   |                |              |   |
| s, G<br>Am   |        | c Fundraising events  |               | 1c       |                    |          |  |            |                                   |                |              |   |
| ig ji  |        | <ul><li>d Related organization</li><li>e Government grants (cor</li></ul> |               | 1d       |                    |          |  |            |                                   |                |              |   |
| im.  |        | f All other contributions,  |               | 1e       |                    |          |  |            |                                   |                |              |   |
| tion<br>or S   |        | and similar amounts not<br>above  | t included    | 1f       | 1,089,999          |          |  |            |                                   |                |              |   |
| ë  | ١,     | g Noncash contribution  | ns included   |          |                    |          |  |            |                                   |                |              |   |
| a di   |        | in lines 1a-1f \$   |               |          |                    |          |  |            |                                   |                |              |   |
| ತಿ ಜ   | ŀ      | <b>Total.</b> Add lines 1a-1f   | ·             |          | <u></u>            | 1        | 1,089,999                                |            |                                   |                |              |   |
| Пe   |        |   |               |          | Busines            | s Code   |  |            |                                   |                |              |   |
| ven  |        | MEMBER DUES   |               |          |                    |          |  | 38,477     | 2,938                             | <del>-  </del> |              |   |
| Service Revenue  | b      | FAIR SHARE DUES   |               |          |                    |          | 1  | 66,626     | 166                               | 5,626          |              | +   |
| r M C  | С      |   |               | _        |                    |          |  |            |                                   |                |              |   |
| 3  |        | l <del></del>   |               |          |                    |          |  |            |                                   |                |              |   |
| ıran.  | e<br>f | All other program serv  |               |          |                    |          |  |            |                                   |                |              |   |
| Program  |        | Total.Add lines 2a-2f   |               |          | 3,                 | ,105,103 |  |            |                                   |                |              |   |
| _  |        | Investment income (in-  |               |          | nterest and other  | <u> </u> |  |            |                                   |                |              |   |
|  | 9      | sımılar amounts)  |               |          | 1                  | ▶॑       | 1,106                                    | 5          |                                   |                |              | 1,106   |
|  |        | Income from investme  |               | -        |                    | ▶        |  |            |                                   |                |              |   |
|  | 5      | Royalties   |               |          |                    | <u> </u> |  |            |                                   |                |              |   |
|  | 62     | Gross rents   | (ı) Rea       |          | (II) Personal      | -        |  |            |                                   |                |              |   |
|  | -      |   |               |          |                    |          |  |            |                                   |                |              |   |
|  | b      | Less rental expenses  |               |          |                    |          |  |            |                                   |                |              |   |
|  | c      | Rental income or  |               |          |                    | $\dashv$ |  |            |                                   |                |              |   |
|  |        | (loss)  |               |          |                    | _        |  |            |                                   |                |              |   |
|  | C      | ו Net rental income or<br>ר   | •             |          | (u) Ohloon         | +        |  |            |                                   |                |              |   |
|  | 7a     | Gross amount from sales of assets other than inventory                    | (ı) Securit   | iles     | (II) Other         |          |  |            |                                   |                |              |   |
|  |        | Less cost or<br>other basis and<br>sales expenses                         |               |          |                    |          |  |            |                                   |                |              |   |
|  |        | Gain or (loss)  I Net gain or (loss)                                      |               |          |                    | 4        |  |            |                                   |                |              |   |
|  |        | Gross income from ful   |               |          | <u> </u>           | +        |  |            |                                   |                |              |   |
| Other Revenue  |        |   | l on line 1c) | of       |                    |          |  |            |                                   |                |              |   |
| Re   |        | Less direct expenses  |               | b        |                    |          |  |            |                                   |                |              |   |
| her  |        | : Net income or (loss) f  |               |          | ents 🕨             | 1        |  |            |                                   |                |              |   |
| ot   | 94     | Gross income from ga<br>See Part IV, line 19                              | ming activiti | es       |                    |          |  |            |                                   |                |              |   |
|  |        |   |               | а        |                    |          |  |            |                                   |                |              |   |
|  |        | Less direct expenses  |               | b        |                    |          |  |            |                                   |                |              |   |
|  |        | : Net income or (loss) f  |               | activiti | ies 🕨              | _        |  |            |                                   |                |              |   |
|  |        | aGross sales of invento<br>returns and allowance                          | es            | a        |                    |          |  |            |                                   |                |              |   |
|  |        | Less cost of goods so   |               | b        |                    |          |  |            |                                   |                |              |   |
|  | _      | Net income or (loss) f  Miscellaneous F                                   |               | invent   | Business Code      |          |  |            |                                   |                |              |   |
|  | 11     | -aMISCELLANEOUS   | \evenue       |          | business code      | +        | 2,300                                    | ,          |                                   |                |              | 2,300   |
|  |        | THIS CELLY WESTS  |               |          |                    |          |  |            |                                   |                |              |   |
|  | Ŀ      | ,   |               |          | •                  |          |  |            |                                   |                |              |   |
|  |        |   |               |          |                    |          |  |            |                                   |                |              |   |
|  | c      |   |               |          |                    |          |  | 1          |                                   |                |              |   |
|  |        |   |               |          |                    |          |  |            |                                   |                |              |   |
|  | c      | All other revenue .   |               |          |                    |          |  |            |                                   |                |              |   |
|  |        | Total. Add lines 11a-   |               |          | •                  | 1        |  |            |                                   |                |              |   |
|  | 12     | <b>! Total revenue.</b> See I   | nstructions   |          | ,                  |          | 2,300                                    |            |                                   |                |              |   |
|  |        |   |               | •        |                    |          | 4,198,508                                | 3          | 3,105,103                         |                |              | 3,406<br>Form <b>990</b> (2016)               |

| Part IX | Statement of Functional Expense | S |
|---------|---------------------------------|---|
|         |                                 |   |

| orm 990 (2016)  |                       |                              |   | Page <b>10</b>             |
|---|-----------------------|------------------------------|---|----------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co   | olumns All other orga | anızatıons must comp         | elete column (A)                          |                            |
| Check if Schedule O contains a response or note to any  | line in this Part IX  |                              |   | 🗆                          |
| Do not include amounts reported on lines 6b,<br>7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraisingexpenses |
| 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, line 15 and 16   |                       |                              |   |                            |
| 4 Benefits paid to or for members   |                       |                              |   |                            |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   |                       |                              |   |                            |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                              |   |                            |
| 7 Other salaries and wages  | 883,228               | 683,196                      | 200,032                                   |                            |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)   | 120,685               | 85,565                       | 35,120                                    |                            |
| 9 Other employee benefits   | 7,228                 | 7,228                        |   |                            |
| <b>10</b> Payroll taxes   | 45,729                | 29,749                       | 15,980                                    |                            |
| 11 Fees for services (non-employees)  |                       |                              |   |                            |
| a Management  |                       |                              |   |                            |
| <b>b</b> Legal  | 1,000                 | 1,000                        |   |                            |
| c Accounting  | 6,550                 | 6,550                        |   |                            |
| 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)  | 3,500                 | 3,500                        |   |                            |
| 12 Advertising and promotion  |                       |                              |   |                            |
| 13 Office expenses  | 58,810                | 58,810                       |   |                            |
| 14 Information technology   |                       |                              |   |                            |
| 15 Royalties  |                       |                              |   |                            |
| 16 Occupancy  | 142,760               | 71,380                       | 71,380                                    |                            |
| 17 Travel   |                       |                              |   |                            |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials •   |                       |                              |   |                            |
| 19 Conferences, conventions, and meetings   | 9,862                 | 9,862                        |   |                            |
| <b>20</b> Interest  |                       |                              |   |                            |
| 21 Payments to affiliates   | 2,343,691             | 2,343,691                    |   |                            |
| 22 Depreciation, depletion, and amortization  |                       |                              |   |                            |
| 23 Insurance  | 102,161               | 67,161                       | 35,000                                    |                            |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | ·                     |                              | ,   |                            |
| a GRANTS  | 214,666               | 214,666                      |   |                            |
| b PROFESSIONAL DEVELOPMENT  | 69,424                | 69,424                       |   |                            |
| c GOVERNANCE  | 42,402                | 42,402                       |   |                            |
| d COMMUNICATIONS  | 38,796                | 37,544                       | 1,252                                     |                            |
| e All other expenses  | 165,572               | 165,572                      |   |                            |
| 25 Total functional expenses. Add lines 1 through 24e   | 4,256,064             | 3,897,300                    | 358,764                                   | 0                          |
| 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)  |                       |                              |   |                            |

| 1 | Cash-non-interest-bearing   | 535,671 | 1 | 251,395 |
|---|---|---------|---|---------|
| 2 | Savings and temporary cash investments  |         | 2 | 400,000 |
| 3 | Pledges and grants receivable, net  |         | 3 |         |
| 4 | Accounts receivable, net  | 6,403   | 4 | 6,105   |
| 5 | Loans and other receivables from current and former officers, directors,<br>trustees, key employees, and highest compensated employees Complete Part<br>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) |         |   |         |

|        | 5   | trustees, key employees, and highest compensa  II of Schedule L  |                    | · · · · · · · · · · · · · · · · · · · |        | 5           |    |
|--------|-----|--|--------------------|---------------------------------------|--------|-------------|----|
| Assets | 6   | Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations in Part II of Schedule L.  Notes and loans receivable, net | n 4958<br>Itions o | (c)(3)(B), and<br>f section 501(c)(9) |        | 6           |    |
| ا به   | ′ ′ | Notes and loans receivable, net  |                    |                                       |        |             |    |
| SS     | 8   | Inventories for sale or use  |                    | •                                     |        | 8           |    |
| ⋖      | 9   | Prepaid expenses and deferred charges  |                    |                                       | 2,062  | 9           | 4  |
|        | 10a | Land, buildings, and equipment cost or other<br>basis Complete Part VI of Schedule D   | 10a                | 133,754                               |        |             |    |
|        | b   | Less accumulated depreciation  | 10b                | 90,539                                | 41,749 | <b>10</b> c | 43 |

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Liabilities 22

Fund Balances

Assets or

Net

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗹 and

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

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

check here > \( \square\$ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

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

Retained earnings, endowment, accumulated income, or other funds

**Total liabilities.**Add lines 17 through 25 .

Intangible assets . . . .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

| ets | 7   | voluntary employees' beneficiary organizations<br>Part II of Schedule L<br>Notes and loans receivable, net | (see ins | structions) Complete |         | 7   |         |
|-----|-----|--|----------|----------------------|---------|-----|---------|
| sse | 8   | Inventories for sale or use  |          |                      |         | 8   |         |
| Ø   | 9   | Prepaid expenses and deferred charges  |          |                      | 2,062   | 9   | 4,863   |
|     | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                          | 10a      | 133,754              |         |     |         |
|     | ь   | Less accumulated depreciation  | 10b      | 90,539               | 41,749  | 10c | 43,215  |
|     | 11  | Investments—publicly traded securities .   |          |                      | 393,956 | 11  | 394,075 |
|     | 12  | Investments—other securities See Part IV, line   |          | 12                   |         |     |         |

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11.736

1.111.389

172,176

247,244

40.098

459,518

651.871

651,871

1,111,389

Form **990** (2016)

11.736

991.577

282,150

282,150

709.427

709,427

991.577

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

3а

3b

Nο

Form 990 (2016)

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

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

Audit Act and OMB Circular A-133?

## Additional Data

Software ID: Software Version:

**EIN:** 41-0252680

LOCAL 28

Form 990 (2016)

Form 990, Part III, Line 4a: MEMBERS' EDUCATIONAL PROGRAMS

Name: ST PAUL FEDERATION OF TEACHERS

THE UNION PROVIDES LEGAL AND NEGOTIATION SERVICES TO EMPLOYMENT DISPUTES WITH THE DISTRICT AND PROVIDES MEETING SPACE AND FUNDING FOR

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099organization and Highest compense Former Individual trustee or director Key employee organizations Institutional MISC) related MISC) below dotted organizations line)

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

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|----------------------------------|-------|----|--------------|---|-----|--------|---|--|
| DENISE RODRIGUEZ<br>PRESIDENT 6- | 40 00 | x  |              | × |     | 27,499 | 0 |  |
| NICHOLAS FABER                   | 40 00 | X  |              | × |     | 27,312 | 0 |  |
| VICE PRESIDE                     |       |    |              |   |     |        |   |  |
| REBECCA WADE                     | 10 00 | Х  |              |   |     | 11,605 | 0 |  |
| MEMBER                           |       | χ. |              |   |     | 11,003 | 3 |  |
| DEDECCA MCCAMMON                 | 5 00  |    |              |   |     |        |   |  |

4,406

3,600

3,600

2,210

1,630

1,390

0

0

0

0

0

0

0

| REDECCA WADE     |      | x  |
|------------------|------|----|
| MEMBER           |      |    |
| REBECCA MCCAMMON | 5 00 | ., |
| SECRETARY        |      | X  |
| ELLEN OLSEN      | 5 00 |    |

MEMBER

SUE SNYDER

**TREASURER** 

SECRETARY

MEMBER

VICE PRES 6-NICHOLAS FABER

PRESIDENT 8-

KIMBERLY COLBERT

SARAH JOHNSON

ERICA SCHLATZLEIN

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099organization and or direct Highest compensated employee Former Institution MISC) related organizations MISC) below dotted organizations employee line)

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

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|             | altrustee<br>⊙r | onal Trustee |
|-------------|-----------------|--------------|
| ERIK BRANDT | <br>×           |              |
| MEMBER      |                 |              |

JOAN DUNCANSON ELBERT

MEMBER PETE GREBNER

MEMBER PEGGY COBBINS

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER YASMIN MURIDI

MEMBER

MEMBER

SHAWN DAVENPORT

BERNETTA GREEN

LAUREL KUHNER BERKER

LAUREL KUHNER BERKER

STEPHANIE PIGNATO

Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Reportable Average Position (do not check more Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) from the organization organizations for related Former Highest comp employee (W- 2/1099-(W- 2/1099organization and Individual tru or director key employe organizations Institutional MISC) MISC) related below dotted organizations line)

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

|               |  | 1966 | Trustee | Ď | pensated |   |   |  |
|---------------|--|------|---------|---|----------|---|---|--|
| BRIAN PEARSON |  | _    |         |   |          | 0 | 0 |  |
| MEMBER        |  | ^    |         |   |          | 0 | 0 |  |

| BRIAN PEARSON | <br>× |  |  | 0 | 0   |   |
|---------------|-------|--|--|---|-----|---|
| 1EMBER        | x     |  |  | _ |     |   |
| INDSAY PEIFER | <br>× |  |  | 0 | 0   |   |
| 1EMBER        |       |  |  | Ĭ | · · | 1 |

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MEMBER JULIA SHEPHERD

MEMBER

MEMBER DENISE YOUNG

MEMBER SEE PHA VANG

MEMBER DENISE YOUNG

MEMBER

JENNA STYLES SPOONER

| IAN PEARSON  | <br>× |  |  | 0 | 0 |  |
|--------------|-------|--|--|---|---|--|
| MBER         | ^     |  |  | 3 |   |  |
| NDSAY PEIFER | <br>× |  |  | 0 | 0 |  |
| MBER         | ^     |  |  | J |   |  |
| ITLIN REID   |       |  |  |   |   |  |

| MEMBER         | ^     |  |  |   | 0 | 3   |
|----------------|-------|--|--|---|---|-----|
| LINDSAY PEIFER | <br>× |  |  | 0 | 0 | 0   |
| MEMBER         | _ ^   |  |  |   | 0 | 0   |
| CAITLIN REID   | <br>× |  |  | 0 | 0 | 0   |
| MEMBER         | ^     |  |  | Ĭ | Ĭ | · · |

|              | <br>I X | ı |  | I | 1 0 | 1 0 | ( | )      |
|--------------|---------|---|--|---|-----|-----|---|--------|
| MEMBER       |         |   |  |   |     | J   | • | _      |
| CAITLIN REID |         |   |  |   | 0   | 0   | ( | -<br>) |
| MEMBER       | _ ^     |   |  |   |     |     |   | •      |
| DANE RYAN    |         |   |  |   |     |     |   | _      |

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Open to Public

OMB No 1545-0047

DLN: 93493050009419

Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE C** (Form 990 or 990-

If the organization answered "Yes" on Form 990, Part IV. Line 3, or Form 990-FZ, Part V. line 46 (Political Campaign Activities), then

| If the      | ection 501(c)(3) organizations Cor<br>Section 501(c) (other than section 5<br>Section 527 organizations Complet<br>corganization answered "Yes" of<br>Section 501(c)(3) organizations that<br>Section 501(c)(3) organizations that<br>corganization answered "Yes" of<br>xy Tax) (see separate instruction<br>Section 501(c)(4), (5), or (6) organization | n Form 990, Part IV, Line 4, or Form 9<br>t have filed Form 5768 (election under 9<br>t have NOT filed Form 5768 (election u<br>n Form 990, Part IV, Line 5 (Proxy Ta<br>s), then | e Part I-C<br>s I-A and C below<br>190-EZ, Part VI, Iir<br>section 501(h)) Co<br>nder section 501(h | ne 47 (Lobi<br>mplete Par<br>)) Complet<br>nstruction | bying Activi<br>t II-A Do no<br>te Part II-B [<br>s) or Form \$ | ties),<br>t com<br>o no<br>90-E | plete Part II-l<br>it complete Pa<br>Z, <b>Part V, lin</b>                    | art II-A<br>ie <b>35</b> c                                       |
|-------------|---|---|---|---|---|---------------------------------|---|--|
| STI         | me of the organization<br>PAUL FEDERATION OF TEACHERS   |   |   |   | Employer id   | lenti                           | fication nun  | nber   |
|             | AL 28 t I-A Complete if the orga  | nization is exempt under section  | - F01(a) ar is  |   | 41-0252680  | <u> </u>                        | ation .   |  |
| 1<br>2<br>3 | Provide a description of the organ<br>Political expenditures<br>Volunteer hours   | nization's direct and indirect political cai  | mpaign activities in  |   | 527 Orga  | \$                              |   | 696  |
| Par         | t I-B Complete if the orga  | nization is exempt under section  | on 501(c)(3).   |   |   |                                 |   |  |
| 1           | •   | ax incurred by the organization under s   |   |   | <b>•</b>  | \$                              |   |  |
| 2           | , and the second se  | ax incurred by organization managers u  |   |   | •   | \$                              |   |  |
| 3           | _   | tion 4955 tax, did it file Form 4720 for  | tnis year?  |   |   |                                 | ∐ Yes   | ☐ No   |
| 4a          | Was a correction made?  |   |   |   |   |                                 | ☐ Yes   | ☐ No   |
|             | If "Yes," describe in Part IV   |   |   |   | =047.34   |                                 |   |  |
|             |   | nization is exempt under section  |   |   |   | <u>3).</u>                      |   |  |
| 1<br>2      | ′ '   | led by the filing organization for section<br>anization's funds contributed to other or   | •   |   |   | \$                              |   |  |
| _           | function activities   | anization's funds contributed to other t  | rgariizations for se  | ection 327 e  | ► ►   | \$                              |   |  |
| 3           | Total exempt function expenditure   | es Add lines 1 and 2 Enter here and o   | n Form 1120-POL,  | lıne 17b  | <b>&gt;</b>   | \$                              |   |  |
| 4           | Did the filing organization fileFor   | m 1120-POL for this year?   |   |   |   |                                 | ☐ Yes   | ✓ No   |
| 5           | organization made payments For of political contributions received  | employer identification number (EIN) of<br>reach organization listed, enter the am<br>that were promptly and directly deliver<br>see (PAC) If additional space is needed,         | ount paid from the<br>ed to a separate p  | filing orga<br>olitical orga                          | nization's fur<br>anization, suc                                | nds A                           | Also enter the  |  |
|             | (a) Name  | (b) Address   | (c) EIN   | filing o  | ount paid froi<br>rganization's<br>f none, ente<br>-0-          |                                 | (e) Amount contributions and promp directly deliv separate organization enter | s received<br>otly and<br>vered to a<br>political<br>or If none, |
| _           |   |   |   |   |   | $\dashv$                        |   |  |
| 2           |   |   |   |   |   |                                 |   |  |
| 3           |   |   |   |   |   |                                 |   |  |
| 4           |   |   |   |   |   |                                 |   |  |
| 5           |   |   |   |   |   |                                 |   |  |

Schedule C (Form 990 or 990-EZ) 2016

SCHEDULE C, PART I-A, LINE 1

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying |  | (a)   |                   | (b)          |              |
|---|--|---|-------------------|--------------|--------------|
|   |  | Yes   | No                | Amount       |              |
| 1   |  | attempt to influence foreign, national, state or local legislation,<br>pinion on a legislative matter or referendum, through the use of |                   |              |              |
| а   | Volunteers?  | I   | ( <sup>1</sup>    |              |              |
| b   | Paid staff or management (include compens                                | sation in expenses reported on lines 1c through 1i)?  | $\overline{}$     |              | 1            |
| c   | Media advertisements?  | Γ   | $\overline{}$     |              | 1            |
| d   | Mailings to members, legislators, or the publ                            | olic?   |                   |              |              |
| е   | Publications, or published or broadcast state                            | ements?   | $\overline{\Box}$ |              |              |
| f   | Grants to other organizations for lobbying pu                            | ourposes?   |                   |              |              |
| g   | Direct contact with legislators, their staffs, g                         | government officials, or a legislative body?  |                   |              |              |
| h   | Rallies, demonstrations, seminars, conventi                              | ions, speeches, lectures, or any similar means?   |                   |              |              |
| i   | Other activities?  | Γ   |                   |              |              |
| j   | Total Add lines 1c through 1i  | ſ   |                   |              |              |
| 2a  | Did the activities in line 1 cause the organiz                           | zation to be not described in section 501(c)(3)?  | ( )               | 1            |              |
| b   | If "Yes," enter the amount of any tax incurre                            | ed under section 4912   |                   |              | 1            |
| С   | If "Yes," enter the amount of any tax incurry                            | red by organization managers under section 4912   | (-1)              | 1            |              |
| d   | If the filing organization incurred a section 4                          | 4912 tax, did it file Form 4720 for this year?  | (-1)              | 1            |              |
| Par   | rt III-A Complete if the organization (6).                               | ion is exempt under section 501(c)(4), section 501(c)   | )(5), o<br>——     | r secti      | Yes No       |
| 1   | Were substantially all (90% or more) dues re                             | received nondeductible by members?  |                   | Г            | 1 No         |
| 2   | Did the organization make only in-house lob                              | •   |                   | F            | 2 No         |
| 3   | - · · · · · · · · · · · · · · · · · · ·                                  | obying and political expenditures from the prior year?  |                   | F            | 3 No         |
| Par   | rt III-B Complete if the organization                                    | ion is exempt under section 501(c)(4), section 501(c) rt III-A, lines 1 and 2, are answered "No" OR (b) Part                            |                   |              |              |
| 1   | Dues, assessments and similar amounts from                               | m members   | 1                 |              |              |
| 2   | expenses for which the section 527(f) to                                 | political expenditures (do not include amounts of political tax was paid).  |                   |              |              |
| a   | Current year   |   | 2a                | <del> </del> |              |
| b   |  |   | 2b                | <b></b>      |              |
| c   |  |   | 2c                | <del></del>  |              |
| 3   |  | B(e)(1)(A) notices of nondeductible section 162(e) dues   | 3                 | <del></del>  |              |
| 4   |  | e 2c exceeds the amount on line 3, what portion of the excess does reasonable estimate of nondeductible lobbying and political          | 4                 |              |              |
| 5   | Taxable amount of lobbying and political expenditures (see instructions) |   |                   |              |              |
| P:  | art IV Supplemental Information  | , ,   |                   |              |              |
| Prov  |  | ne 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list),  | Part II-          | ·A, lines    | 1 and 2 (see |
| ı 🗀   | Return Reference   | Explanation   |                   |              |              |
| اد  |  |   |                   |              |              |

ST PAUL SCHOOLS LEVY REFERENDUM

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

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

As Filed Data -

DLN: 93493050009419

OMB No 1545-0047

## Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Internal Revenue Service

Department of the Treasury

(Form 990)

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Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Name of the organization **Employer identification number** ST PAUL FEDERATION OF TEACHERS LOCAL 28 41-0252680 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes □ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year > Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2016

| Par    | 41111           | Organizations M   | aintaining Coi               | lections c   | or Art,    | HISTOFI    | cai ir   | easu    | res, or    | Otner      | Similar A   | ssets (c   | ontinue          | <u>a)</u>    |        |
|--------|-----------------|---|------------------------------|--------------|------------|------------|----------|---------|------------|------------|-------------|------------|------------------|--------------|--------|
| 3      |                 | the organization's acq<br>(check all that apply)        |                              | n, and other | records    | , check a  | any of t | he fol  | lowing th  | nat are a  | significant | use of its | collecti         | on           |        |
| а      |                 | Public exhibition                                       |                              |              |            | d          |          | Loan    | or excha   | nge prog   | ırams       |            |                  |              |        |
| b      |                 | Scholarly research                                      |                              |              |            | e          |          | Other   |            |            |             |            |                  |              |        |
| c      |                 | Preservation for future                                 | e generations                |              |            |            |          |         |            |            |             |            |                  |              |        |
| 4      | Provi<br>Part ) | de a description of the                                 | organization's coll          | lections and | l explain  | how the    | y furth  | er the  | organiza   | ation's ex | kempt purp  | ose in     |                  |              |        |
| 5      |                 | ng the year, did the org<br>is to be sold to raise fur  |                              |              |            |            |          |         |            |            | ular        | ☐ Ye:      | , [              | ] No         | •      |
| Pai    | rt IV           | Escrow and Cust<br>Complete if the ord<br>X, line 21.   |                              |              | " on Fo    | rm 990     | , Part : | IV, lıı | ne 9, or   | reporte    | ed an amo   | unt on F   | orm 99           | 90, F        | Part   |
| 1a     |                 | e organization an agent<br>ded on Form 990, Part :      |                              | an or other  | ınterme    | dıary for  | contrib  | utions  | s or othe  | r assets   | not         | ☐ Ye       | , [              | ] <b>N</b> o | •      |
| ь      | If "Ye          | es," explain the arrange                                | ement in Part XIII           | and comple   | ete the f  | ollowina   | table    |         |            |            |             | Amount     |                  |              | -      |
| c      |                 | nning balance   |                              |              |            |            |          |         | F          | 1c         |             |            |                  |              | -      |
| d      | _               | ions during the year                                    |                              |              |            |            |          |         | Ī          | 1d         |             |            |                  |              | -      |
| е      | Dıstrı          | butions during the year                                 | r                            |              |            |            |          |         | Ī          | 1e         |             |            |                  |              | -      |
| f      | Endır           | ng balance  |                              |              |            |            |          |         |            | 1f         |             |            |                  |              | -      |
| 2a     | Dıd tl          | he organization include                                 | an amount on Fo              | rm 990, Pai  | t X, line  | 21, for    | escrow   | or cu   | stodial ad | count lia  | bility?     | ☐ Ye       | , [              | No           | -      |
| b      | If "Ye          | es," explain the arrange                                | ament in Part XIII           | Check her    | a if the c | avnlanati  | on has   | heen    | provided   | in Part \  | ¥111        |            | г                | <br>T        |        |
|        | rt V            | Endowment Fund  |                              |              |            |            |          |         |            |            |             |            | •                |              |        |
|        |                 |   | abi complete ii              | (a)Currer    |            |            | or year  |         | (c)Two ye  |            | (d)Three ye |            | (e)Four          | years        | back   |
| 1a     | Beginn          | ning of year balance .                                  |                              |              |            |            |          |         |            |            |             |            |                  |              |        |
| b      | Contrib         | outions   |                              |              |            |            |          |         |            |            |             |            |                  |              |        |
| c      | Net inv         | vestment earnings, gair                                 | ns, and losses               |              |            |            |          |         |            |            |             |            |                  |              |        |
| d      | Grants          | or scholarships   |                              |              |            |            |          |         |            |            |             |            |                  |              |        |
| e      |                 | expenditures for facilition                             | es                           |              |            |            |          |         |            |            |             |            |                  |              |        |
| f      | Admını          | strative expenses .                                     |                              |              |            |            |          |         |            |            |             |            |                  |              |        |
| g      | End of          | year balance  |                              |              |            |            |          |         |            |            |             |            |                  |              |        |
| 2      | Provi           | de the estimated perce                                  | ntage of the curre           | nt year end  | balance    | e (line 1g | g, colun | nn (a)  | ) held as  | i          |             |            |                  |              |        |
| а      | Board           | d designated or quasi-e                                 | endowment 🟲                  |              |            |            |          |         |            |            |             |            |                  |              |        |
| b      | Perm            | anent endowment 🕨                                       |                              |              |            |            |          |         |            |            |             |            |                  |              |        |
| c      | Temp            | porarily restricted endov                               | wment <b>&gt;</b>            |              |            |            |          |         |            |            |             |            |                  |              |        |
|        |                 | percentages on lines 2a                                 |                              | •            |            |            |          |         |            |            |             |            |                  |              |        |
| 3a     |                 | here endowment funds<br>nization by                     | not in the posses            | sion of the  | organıza   | ition that | are he   | ld and  | d adminis  | stered fo  | r the       |            | Y                | es           | No     |
|        | (i) uı          | nrelated organizations                                  |                              |              |            |            |          |         |            |            |             |            | (i)              | $\perp$      |        |
|        |                 | elated organizations .                                  |                              |              | ٠.         |            |          |         |            |            |             | -          | (ii)             | 4            |        |
| ь<br>4 |                 | es" on 3a(II), are the re<br>ribe in Part XIII the inte | =                            |              | •          |            |          | •       |            |            |             |            | b                | Д            |        |
|        | rt VI           |   |                              |              | ii s eiiuc | willelic   | unus     |         |            |            |             |            |                  |              |        |
| æ      | CAT             | Complete if the or                                      |                              |              | on For     | m 990,     | Part I   | V, lın  | e 11a. 9   | See Fori   | ກ 990, Pa   | rt X, line | 10.              |              |        |
|        | Descri          | iption of property                                      | (a) Cost or oth<br>(investme | er basıs     |            | t or other |          |         |            |            | epreciation |            | <b>d)</b> Book ' | /alue        |        |
| 1a     | Land            |   |                              |              |            |            |          |         |            |            |             |            |                  |              |        |
| b      | Buildin         | ıgs   |                              |              |            |            |          |         |            |            |             |            |                  |              |        |
|        |                 | old improvements  |                              |              |            |            |          |         |            |            |             |            |                  |              |        |
| d      | Equipn          | nent  |                              |              |            |            | 13:      | 3,754   |            |            | 90,539      |            |                  |              | 43,215 |
| е      | Other           |   |                              |              |            |            |          |         |            |            |             |            |                  |              |        |
| Tota   | ıl. Add         | lines 1a through 1e (Co                                 | olumn (d) must ed            | qual Form 9  | 90, Part   | X, colun   | nn (B),  | line 1  | 0(c)) .    | •          | <b>&gt;</b> |            |                  |              | 43,215 |

| Part VII                                   | <b>Investments—Other Securities.</b> Complete if the ord See Form 990, Part X, line 12.     | ganızatıoı  | n answ         | vered 'Yes' on F   | orm 990, Pai                  | t IV, line 11b.                |
|--|---|-------------|----------------|--------------------|-------------------------------|--------------------------------|
|  | (a) Description of security or category (including name of security)                        |             | )Book<br>/alue |                    | (c)Method of voor end-of-year |                                |
| (1)Financial                               | derivatives   |             |                |                    | or ena er year                | That Note Falle                |
| ( <b>2)</b> Closely-h<br>( <b>3)</b> Other | neld equity interests   |             |                |                    |                               |                                |
| (A)  |   |             |                |                    |                               |                                |
| (B)  |   |             |                |                    |                               |                                |
| (C)  |   |             |                |                    |                               |                                |
| (D)  |   |             |                |                    |                               |                                |
| (E)  |   |             |                |                    |                               |                                |
| (F)  |   |             |                |                    |                               |                                |
| (G)  |   |             |                |                    |                               |                                |
| (H)  |   |             |                |                    |                               |                                |
|  | n (b) must equal Form 990, Part X, col (B) line 12 )  | •           |                |                    |                               |                                |
| Part VIII                                  | <b>Investments—Program Related.</b> Complete if the o See Form 990, Part X, line 13.        | organizati  | on ans         | swered 'Yes' on    | Form 990, P                   | art IV, line 11c.              |
|  | (a) Description of investment   | (b) Book    | value          |                    | c) Method of voor end-of-year |                                |
| (1)  |   |             |                |                    |                               |                                |
| (2)  |   |             |                |                    |                               |                                |
| (3)  |   |             |                |                    |                               |                                |
| (4)  |   |             |                |                    |                               |                                |
| (5)  |   |             |                |                    |                               |                                |
| (6)  |   |             |                |                    |                               |                                |
| (7)  |   |             |                |                    |                               |                                |
| (8)  |   |             |                |                    |                               |                                |
| (9)  |   |             |                |                    |                               |                                |
| Total. (Colum                              | n (b) must equal Form 990, Part X, col (B) line 13 )  | •           |                |                    |                               |                                |
| Part IX                                    | Other Assets. Complete if the organization answered 'Yes'  (a) Description                  | on Form 9   | 990, Pa        | rt IV, line 11d Se | ee Form 990, F                | Part X, line 15 (b) Book value |
| (1)  |   |             |                |                    |                               |                                |
| (2)  |   |             |                |                    |                               |                                |
| (3)  |   |             |                |                    |                               |                                |
| (4)  |   |             |                |                    |                               |                                |
| (5)  |   |             |                |                    |                               |                                |
| (6)  |   |             |                |                    |                               |                                |
| (7)  |   |             |                |                    |                               |                                |
| (8)  |   |             |                |                    |                               |                                |
| (9)  |   |             |                |                    |                               |                                |
|  | mn (b) must equal Form 990, Part X, col (B) line 15 )                                       |             |                |                    | •                             |                                |
| Part X                                     | <b>Other Liabilities.</b> Complete if the organization answersee Form 990, Part X, line 25. | ered 'Yes'  | on Fo          | rm 990, Part IV    | /, line 11e or                | 11f.                           |
| 1.<br>(1) Federal :                        | (a) Description of liability ncome taxes  |             | <b>(b)</b> B   | ook value          |                               |                                |
|  |   |             |                |                    |                               |                                |
| ACCRUED SI                                 | EVERANCE  |             |                | 40,098             |                               |                                |
| (2)  |   |             |                |                    |                               |                                |
| (3)  |   |             |                |                    |                               |                                |
| (4)  |   |             | _              |                    |                               |                                |
| (5)  |   |             |                |                    |                               |                                |
| (6)  |   |             |                |                    |                               |                                |
| (7)  |   |             |                |                    |                               |                                |
| (8)  |   |             |                |                    |                               |                                |
| (9)  |   |             |                |                    |                               |                                |
|  | n (b) must equal Form 990, Part X, col (B) line 25 )  | <b>•</b>    |                | 40,098             |                               |                                |
| 2. Liability for                           | or uncertain tax positions In Part XIII, provide the text of the f                          | tootnote to | the or         | ganızatıon's fınan | cial statement                | s that reports the             |

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

Explanation

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

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

4c

5

4,256,064

Schedule D (Form 990) 2015

**Supplemental Information** 

Add lines 4a and 4b .

Return Reference

5

Part XIII

| Schedule D (Form 990) 2015  Part XIII Supplemental Information (continued) |  |             |                            |  |  |  |  |
|--|--|-------------|----------------------------|--|--|--|--|
| Return Reference   |  | Explanation |                            |  |  |  |  |
|  |  |             | Schedule D (Form 990) 2016 |  |  |  |  |

| efile GRAPH  | IIC print | - DO NOT PROCESS   As Filed Data -  | DLI                                       | N: 93493050009419              |  |  |
|--|-----------|---|---|--------------------------------|--|--|
| SCHEDUL  | ΕΩ        | Supplemental Information to Form 990  | 0 or 990-F7                               | OMB No 1545-0047               |  |  |
| (Form 990 or 990-<br>EZ) Department of the Treasury                    |           | Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional info   Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and it   www.irs.gov/form990. | c questions on<br>ormation.               | 2016 Open to Public Inspection |  |  |
| Internal Revenue Se<br>Name of the org<br>ST PAUL FEDERATI<br>LOCAL 28 |           | CHERS   | Employer identification number 41-0252680 |                                |  |  |
| 990 Schedule   | e O, Sup  | plemental Information  Explanation  |   |                                |  |  |
| Reference  |           | ·   |   |                                |  |  |
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 7A                            | ANNUAL    | ELECTIONS ARE HELD  |   |                                |  |  |

Return Explanation

990 Schedule O. Supplemental Information

FORM 990, DECISIONS ARE SUBJECT TO APPROVAL BY THE BOARD OF DIRECTORS
PAGE 6,
PART VI,
LINE 7B

Return Explanation

Reference

FORM 990 THE PRESIDENT REVIEWS AND APPROVES THE 990

990 Schedule O, Supplemental Information

FORM 990, THE PRESIDENT REVIEWS AND APPROVES THE 990
PAGE 6,
PART VI,
LINE 11B

Return Explanation
Reference

990 Schedule O. Supplemental Information

FORM 990, OFFICERS, DIRECTORS, AND KEY EMPLOYEES REVIEW THIS POLICY AT START OF EACH YEAR AND EACH I PAGE 6, S ASKED IF THEY HAVE ANY CONFLICTS OR POTENTIAL CONFLICTS TO DISCLOSE IF SO, THEY ARE ASK PART VI, ED TO IDENTIFY THEM IN DETAIL

Return Explanation
Reference

990 Schedule O. Supplemental Information

LINE 15A

FORM 990, ALL OFFICERS AND DIRECTOR OF STAFF ARE COMPENSATED THROUGH EMPLOYEE REVIEW AND EXECUTIVE PAGE 6, BOARD ACTION/APPROVAL AND/OR CONTRACTUALLY PART VI.

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. ANNUAL BUDGET PROCESS PAGE 6, PART VI. LINE 15B

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO DOCUMENTS AVAILABLE TO THE PUBLIC PAGE 6, PART VI.

LINE 19