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## 990

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

benefit trust or private foundation)

20**12** 

🗌 Yes 🔲 No

Cat. No. 11282Y

Form 990 (2012)

OMB No. 1545-0047

Open to Public Inspection

For the 2012 calendar year, or tax year beginning 2012, and ending 20 13 Check if applicable. C Name of organization D Employer identification number П Address change Doing Business As American Federation of Ts/4444 Kanawha Fed of Ts 55-0663521 Number and street (or P.O box if mail is not delivered to street address)  $\Box$ Name change Room/suite E Telephone number 1610 Washington St., East Initial return 304-344-2679 П City, town or post office, state, and ZIP code Terminated Amended return Charleston, WV 25311-2127 G Gross receipts \$ Application pending F Name and address of principal officer. H(a) is this a group return for affiliates? Tyes Ves Vo P.O. Box 2722 Charleston, WV 25330 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) √ 501(c) ( 5 ) 
√ (insert no ) 
√ 4947(a)(1) or 
√ 527 Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization: ☐ Corporation ☐ Trust ☐ Association 🗸 Other ▶ L Year of formation M State of legal domicile: Part I Briefly describe the organization's mission or most significant activities: The mission of the organization is to improve the working conditions of the entity's members and their families; to give voice to their legitimate professional, economic Activities & Governance and social aspirations; and to strengthen the institutions in which our members work. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) . . . . . . 6 10 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year Contributions and grants (Part VIII, line 1h). 631,055 642,371 Revenue Program service revenue (Part VIII, line 2g) 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . 10 7 8 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 631,062 642,379 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 13 6,000 6,844 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . 8,564 8,685 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 583.646 602,072 Total expenses. Add lines 13-17 (must-equal Part IX, column (A), line 25) 18 598,210 617.601 Revenue less expenses. Subtract line 18 ที่ใช้ที่ได้เคราะ 19 32,852 24.778 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 559 Ŝ 136,695 <u>161,474</u> Total liabilities (Part X, line 26) . 2014 21 22 Net assets or fund balances. Subtract line\_21\_from line 20 136,695 161,474 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Heven Sign Signature of officer Date STEVEN W SHAMBLIN, TREASURER Here Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check [] if self-employed Preparer Firm's name **Use Only** Firm's EIN ▶ Firm's address ▶ Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

	90 (2012)	Page 2
Part		
	Check if Schedule O contains a response to any question in this Part III	<u>. U</u>
1	Briefly describe the organization's mission:	
	The mission of the organization is to improve the working conditions of the entity's members and their families; to give voice	·
	to their legitimate professional, economic and social aspirations; and to strengthen the institutions in which our members work	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	<b></b> ✓ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	<b></b> ✓ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	red by
	the total expenses, and revenue, if any, for each program service reported.	omers,
	and total emperiors, and total any, for each, program controls topolica.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$	1
	Per capita was paid to affiliate organizations to improve the working conditions of the organization's members and to represent	
	members before the employer. This involves handling grievances and other employee concerns. The intent is to protect employer	
	rights and dignity. Worksite by worksite outreach throughout the school year to determine what issues concern our members.	<b>1</b>
		<b></b>
		<b></b>
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
	Organizing potential members to join the union. Worksites are visited to meet and develop relations with individuals	•
	who wish to join the union and become a part of the larger voice as well as to obtain the benefits that accrue to members	
	through membership.	
		•••••
	·	
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	)
	Training of individual members in professional issues.	·
	•••••••••••••••••••••••••••••••••••••••	
		•••••
,		
•		
	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e `	Total program service expenses ▶	

Part	IV Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	-		
	complete Schedule A	1		<b>✓</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	<b>√</b>	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		NA
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<b>✓</b>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		<b>√</b>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>·</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>·</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<b>✓</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>✓</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		NA
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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		NA
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		NA
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<i>'</i>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			-
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>√</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>,</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	•	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		NA
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	_	✓
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Part	V Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response to any question in this Part V		<u> </u>
			Yes No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		-
C	reportable gaming (gambling) winnings to prize winners?	1c	NA
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		NA.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	/VA
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b>√</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	NA
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		
	account)?	4a	<b>V</b>
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	50	<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	NA
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
	gifts were not tax deductible?	6b	<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 services provided to the payor?		44.6
h	and services provided to the payor?	7a 7b	NA
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	NA
_	required to file Form 8282?	7c	_NA
ď	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	NA
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	NA
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g	NA
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	WA
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	NA
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	NA
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	NA
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		
11	Section 501(c)(12) organizations. Enter:		
a b	Gross income from members or shareholders		
~	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	NA
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	NA
_	Note. See the instructions for additional information the organization must report on Schedule O.		
	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		
	Enter the amount of reserves on hand	140	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	AIR
			990 (2012)

Pari	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response to any question in this Part VI			
Sect	tion A. Governing Body and Management	<del></del>	•	. ♥
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar		-	
	committee, explain in Schedule O.			1:05
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<u> </u>	1
6 7a	Did the organization have members or stockholders?	6	<b>√</b>	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	<b>✓</b>	ļ. —
-	stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
9	Each committee with authority to act on behalf of the governing body?	8b	✓	-
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		1
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
ь	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		NA
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	100		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		NL
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
13	describe in Schedule O how this was done	12c		NA
14	Did the organization have a written document retention and destruction policy?	14		1
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		NA
b	Other officers or key employees of the organization	15b		NA
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ь	with a taxable entity during the year?	16a	·**	<b>√</b>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	j.	NA
Secti	on C. Disclosure	1	l- ,	1
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
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 or	of inte	oct -	ooliov
	and financial statements available to the public during the tax year.		·	oncy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Stayo Shamblin Transport 1510 Washington St. 5 #200. Charleston WW 25211	of the	•	

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Form 990 (2012)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Column   C	Check this box if heither the organization	don nor any relate	u orga	dillZ			ompe	IISa	Teu any curren	T Officer, director	r, or trustee.
Name and Title  Name and Title  Average hours per week learner week le					_	-					
Name and Title	(A)	(B)				ne	(D)	(E)	(F)		
Comparison   Com	Name and Title	Average			ess person is both an Reportable						
Comparison											
Company and the plant of the			Jo Jul	Suj	Q	\$	al F	Б			
Company and the plant of the		related	dire	랿	ğ	ě	D es	∄	organization	(W-2/1099-MISC)	from the
(1) Fred Albert			cto	ğ	•	호	9 6		(W-2/1099-MISC)		
(1) Fred Albert			, tr	함		ě	ğ				
(1) Fred Albert			tee	uste		-	) sa				
President				ď			ē				
President											
(2) Cynthia Phillips	(1) Fred Albert	10 hours									
Vice President					✓	L.			0	0	0
(3) Steve Shamblin	(2) Cynthia Phillips	10 hours			١.						
Treasurer	Vice President			Ш	✓				0	0	<u> </u>
(4) Liz Riggall	(3) Steve Shamblin	10 hours									
Secretary	Treasurer				✓				0	0	0
(5) Meg Britt	(4) Liz Riggall	5 hours									
Board Member	Secretary				✓		L		0	0	0
Color   Colo	(5) Meg Britt	2 hours									
Board Member			<b>✓</b>						0	0	0
Company   Comp	(6) Jennifer Cavender-McNeal	2 hours									
Board Member	Board Member		✓						0	0	0
Solution	(7) Sarah Kendall	2 hours									
Board Member	Board Member		✓_		L.,			L	0	0	0
Board Member       ✓       0       0       0         (9) Bob Frostic       2 hours       0       0       0         Board Member       ✓       0       0       0         (10) Chris Sheppard       2 hours       0       0       0         Board Member       ✓       0       0       0         (11) Patty Akers       2 hours       0       0       0         Board Member       ✓       0       0       0         (12) Veronica Coleman       2 hours       0       0       0         Board Member       ✓       0       0       0         (13) Jama Shamblin       2 hours       ✓       0       0       0         Board Member       ✓       0       0       0       0         (14) Debbie Stollings       2 hours       ✓       0       0       0	(8) Ellen Shapiro	2 hours								1	
Board Member         ✓         0         0         0           (10) Chris Sheppard         2 hours         0         0         0           Board Member         ✓         0         0         0           (11) Patty Akers         2 hours         0         0         0           Board Member         ✓         0         0         0           (12) Veronica Coleman         2 hours         0         0         0           Board Member         ✓         0         0         0           (13) Jama Shamblin         2 hours         ✓         0         0         0           Board Member         ✓         0         0         0         0           (14) Debbie Stollings         2 hours         ✓         0         0         0			✓						0	0	0
Board Member         ✓         0         0         0           (10) Chris Sheppard         2 hours         0         0         0           Board Member         ✓         0         0         0           (11) Patty Akers         2 hours         0         0         0           Board Member         ✓         0         0         0           (12) Veronica Coleman         2 hours         0         0         0           Board Member         ✓         0         0         0           (13) Jama Shamblin         2 hours         ✓         0         0         0           Board Member         ✓         0         0         0         0           (14) Debbie Stollings         2 hours         ✓         0         0         0	(9) Bob Frostic	2 hours									
Comparison   Co			✓						o	0	0
Board Member         ✓         0         0         0           (11) Patty Akers         2 hours         0         0         0           Board Member         ✓         0         0         0           (12) Veronica Coleman         2 hours         0         0         0           Board Member         ✓         0         0         0           (13) Jama Shamblin         2 hours         ✓         0         0           Board Member         ✓         0         0         0           (14) Debbie Stollings         2 hours         ✓         0         0	(40) ot ch	2 hours									
Board Member         ✓         0         0         0           (12) Veronica Coleman         2 hours         0         0         0           Board Member         ✓         0         0         0           (13) Jama Shamblin         2 hours         ✓         0         0         0           Board Member         ✓         0         0         0         0           (14) Debbie Stollings         2 hours         ✓         0         0         0		T	✓						0	0	<u> </u>
(12) Veronica Coleman       2 hours         Board Member       ✓         (13) Jama Shamblin       2 hours         Board Member       ✓         (14) Debbie Stollings       2 hours	(11) Patty Akers	2 hours								]	
Board Member         ✓         0         0         0           (13) Jama Shamblin         2 hours         ✓         0         0         0           Board Member         ✓         0         0         0         0           (14) Debbie Stollings         2 hours         ✓	Board Member		<b>/</b>					L	0	0	0
Board Member         ✓         0         0         0           (13) Jama Shamblin         2 hours         ✓         0         0         0           Board Member         ✓         0         0         0         0           (14) Debbie Stollings         2 hours         ✓	(12) Veronica Coleman	2 hours									
Board Member			✓						0	<u>o</u>	0
Board Member         ✓         0         0         0           (14) Debbie Stollings         2 hours         ✓         ✓         ✓	(13) Jama Shamblin	2 hours									
(14) Debbie Stollings 2 hours		<del>-</del>	<b>✓</b>						o	0	o
		2 hours									
	7.		<b>✓</b>		L.	L	$L_{-}$	L	0	o	o

Section A. Officers, Directors, Trust	tees, itey L	inpio,	yees	s, ar	1U F	ugne	St C	ompensated	mpioyees (co	rium	uea)
(A) Name and title	(B) Average hours per	box, office	ot ch unles	Pos leck is pe	ition more	is both or/trus	an lee)	(D)  Reportable compensation		om	(F) Estimated amount of other
	hours for related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MIS		compensation from the organization and related organizations
	2 hours	1		:				0		0	0
	2 hours							1		1	
Member	İ	✓						0	İ	o	O
							-				
							-				
			•	•		•	<b>&gt;</b>	0		0	
	-		•			•	<b>&gt;</b>	0		0	
							<u>.                                    </u>	<u>_</u>			0
		to th	ose 	list	ed a	above	e) w	ho received m	ore than \$100	,000	J of
										ate	Yes No
											e <b>1. 1. 1. 1.</b>
											5 <b>√</b>
n B. Independent Contractors											
(A) Name and business addi	ress							(B) Description of s	ervices		(C) Compensation
	<del></del>										
				-							
							th		ove) who		
	(A) Name and title  Perry Throckmorton Member Sa Austin Member  Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organi  Did the organization list any former of employee on line 1a? If "Yes," complete to For any individual listed on line 1a, is the organization and related organizations individual Did any person listed on line 1a receive of for services rendered to the organization on B. Independent Contractors  Complete this table for your five highest of compensation from the organization. Rep year.  (A) Name and business add  Total number of independent contractor	(A) Name and title N	(A) Name and title  Average week (list any hours for related organizations below dotted line)  Perry Throckmorton  2 hours  Member  2 hours  Member  2 hours  Member  3 Austin  2 hours  Member  5 Sub-total  Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to the reportable compensation from the organization ▶ 0  Did the organization list any former officer, director, of employee on line 1a? If "Yes," complete Schedule J for start organization and related organizations greater than \$1 individual  Did any person listed on line 1a, is the sum of reportat organization and related organizations greater than \$1 individual  Did any person listed on line 1a receive or accrue comper for services rendered to the organization? If "Yes," complete this table for your five highest compensated incompensation from the organization. Report compensation organization from the organization fro	(A) Name and title    Average hours per week (list any hours for related organizations below dotted line)   Average hours per week (list any hours for related organizations below dotted line)   Average hours per week (list any hours for related organizations below dotted line)   Average hours   Avera	(A) Name and title    (B)   Average hours per week (list any)   Nours for related organizations below dotted and in the provision of the prov	Name and title  Name and titl	(A) Name and title  (B) Average hours per veek (list any hours for related blanch of the compensation or and title or an individual listed on line 1a; is the sum of reportable compensation and related organizations or generated individual listed on line 1a; is the sum of reportable compensation from any for services rendered to the organization and related organization? If "Yes," complete Schedule J for such individual indiv	(A) Name and title    C)   Position (an other skinson is both an one box, unless the sum one box the box, unless the sum one box, unless the sum one box the box, unless the sum one box the box, unless the sum one box the box, unless the sum one box, unless the sum of the sum	Name and bits    (a)   (b)   (c)   (	Ray   Ray	(N) Name and title    Position (continued to the continued to the continued to the compensation from the organization is not the organization and related organization from the organization from the organization and related organization from the organization from the organization from the organization and related organization from the organization fr

Par	t VIII	Statement of Reve							
		Check if Schedule O	contains a	respo	onse to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Grants	1a	Federated campaigns	3	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	635,012				
چ کی چ	С	Fundraising events .		1c	0				
Giffts, ilar An	d	Related organizations		1d	0				
S, E	е	Government grants (cor		1e	0			1.	
r Si	f	All other contributions, g					1		
至		and similar amounts not in		1f	7,359				
Contributions, and Other Sim	g	Noncash contributions include	ded in lines 1a	-1f: \$					
g g	h	Total. Add lines 1a-1				642,371	·		
					Business Code				Y
Č	2a	*****				0			
æ	ь					0			
į.	C					0			
ě	d				·	0		-	
Ē	е					0			
Program Service Revenue	f	All other program ser	vice reveni	Je .		0			
F	g	Total. Add lines 2a-2			🕨	0			
	3	Investment income and other similar amo Income from investmen	(including ounts) .	divid	ends, interest,	8	0	0	8
	5			•		0			
			(i) Rea		(iı) Personal				
	6a	Gross rents							
	b	Less: rental expenses		•					
	С	Rental income or (loss)							
	d	Net rental income or	loss) .		>	0			
	7a	Gross amount from sales of	(i) Securit	ies	(ii) Other	A CONTRACTOR SECTIONS AND A CONTRACTOR OF THE SECTION OF THE SECTI			
		assets other than inventory							
	b	Less: cost or other basis and sales expenses .							
	C .	Gain or (loss)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
e	d 8a	Net gain or (loss) .  Gross income from fu		• •	•	0			
Revenu	Oa.	events (not including \$ of contributions reporte		<u>c)</u>					
Other Rev	b	See Part IV, line 18 . Less: direct expenses		· a					
0	c	Net income or (loss) fi			events . ►	0			
	_	Gross income from ga		ties.	CVCING . P	,			. प्राप्त के करण जिल्हा की है जिल्हा संस्थित के स्वर्ण के स्वर्ण के स्वर्ण के स्वर्ण के स्वर्ण के स्वर्ण के स्वर्ण के स्वर्ण के स्वर्ण के स्वर्ण के
	b	Less: direct expenses		. b					
		Net income or (loss) fi			vities ▶	0			
	10a	Gross sales of in returns and allowance							
ŀ	b	Less: cost of goods s	old	. b				200	
	С	Net income or (loss) fr			entory ►	0			
- 1		Miscellaneous R			Business Code				
1	11a					0			
	b					0			
į	С					0	·		
İ	d	All other revenue .				0			
	е	Total. Add lines 11a-	11d	'	🕨	0			
1	12	Total revenue. See in	structions		▶	642 270		0	

	90 (2012)  Statement of Functional Expenses	• • • • • • • • • • • • • • • • • • • •			Page	10
	on 501(c)(3) and 501(c)(4) organizations must con		VI other organization	ns must complete co	olumn (A).	_
	Check if Schedule O contains a respon					
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	6,844				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	8,685				<u> </u>
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0				
7 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0				
9 10	Other employee benefits	0				_
11 a b	Fees for services (non-employees):  Management	0				
c d e	Accounting	0				
f	Investment management fees	0	and a like the same and a	ET Colombia de Lancia de Caracia		—
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0				
12 13	Advertising and promotion	2,888 229				
14	Information technology	0				
15	Royalties	0				
16	Occupancy	0				
17 18	Travel	0				
19	Conferences, conventions, and meetings .	3,007				
20	Interest	0				
21	Payments to affiliates	593,838				
22 23	Depreciation, depletion, and amortization . Insurance	0				
24	Other expenses. Itemize expenses not covered	0				: ·
27	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)					
а	Good & Welfare	2,110				
b		0				
C		0				
d	All other expenses	0				
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	617 601				_
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	617,601				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if	о				

P	art X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part	<u> </u>	• •	🗍
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	9,482	1	10,635
	2	Savings and temporary cash investments	127,213	2	150,839
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments-other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	. 0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	136,695	16	161,474
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L	0	-	0
_	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24 25	Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	0		0
	00	of Schedule D	. 0		0
	26	Total liabilities. Add lines 17 through 25	0		0
ces		complete lines 27 through 29, and lines 33 and 34.			
lar	27	Unrestricted net assets	127,213		150,839
ä	28	Temporarily restricted net assets	9,482		10,635
Net Assets or Fund Balances	29	Permanently restricted net assets	0	29	0
ţ	30	Capital stock or trust principal, or current funds	_0	30	0
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
۲	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
<u>ē</u>	33	Total net assets or fund balances	136,695	33	161,474
	34	Total liabilities and net assets/fund balances	136,695	34	161,474
					Form <b>990</b> (2012)

Form 9	90 (2012)			Page <b>12</b>
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part Xi		<u></u>	🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		642,379
2	Total expenses (must equal Part IX, column (A), line 25)	2		617,601
3	Revenue less expenses. Subtract line 2 from line 1	3		24,778
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		136,695
5	Net unrealized gains (losses) on investments	5		0
6	Donated services and use of facilities	6		0
7	Investment expenses	7		0
8	Prior period adjustments	8	_	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		161,474
Part	Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Y	es No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or		
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
ь	Were the organization's financial statements audited by an independent accountant?		2b	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o			
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the second selection of the second selection		2c	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in		1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in		un.
	the Single Audit Act and OMB Circular A-133?		3a	NA
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			NA
	required addit of addits, explain why in schedule of and describe any steps taken to undergo such a	uults	3b	
			Form 9	90 (2012)

#### **SCHEDULE C** (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047 20**12** 

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

		that have 1401 filed 1 offit 5700 (election			•
		s," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (Proxy	Tax), then
	ection 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Employer ide	entification number
	•	Kananda E. L. W. SE. J.		Linployer ad	
Part		Kanawha Federation of Teachers e organization is exempt und	or soction E01/	o) or is a section 527	55-0663521
1		the organization's direct and indire			organization.
2					\$ 4.694
3	Volunteer hours				
3	volunteer nours				0
Part	BB Complete if th	e organization is exempt und	er section 501(c	c)(3)	
1		excise tax incurred by the organiza			\$
2		excise tax incurred by organization			\$ \$
3		ed a section 4955 tax, did it file Fo			. Yes No
4a					Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und	er section 501(d	c), except section 50	1(c)(3).
1		ly expended by the filing organiz			
	activities				\$ o
2		filing organization's funds contrib			
		ivities			\$0
3		expenditures. Add lines 1 and 2.			
					\$o
4	Did the filing organization	n file <b>Form 1120-POL</b> for this year	?		🗌 Yes 📝 No
5		ses and employer identification nur			
		ents. For each organization listed,			
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committee	e (PAC). If addition	nai space is needed, pro	vide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0	contributions received and promptly and directly
					delivered to a separate
					political organization If none, enter -0
(1)					
<u> </u>					<del>                                     </del>
(2)					
(2)					
(3)					
(4)			·		
\*/ 					
(5)					
\-, 					
(6)					
,					

Schedule	C /Form	ggn or	990-F71	2012

Pa	rt II-A Complete if the organization section 501(h)).	is exempt (	under section 50	)1(c)(3) and file	d Form 5768 (ele	ection under
A	Check ► ☐ if the filing organization beloname, address, EIN, expense					oup member's
В	Check ▶ ☐ if the filing organization che			rol" provisions a	apply.	
	Limits on Lobby				(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts	paid or incurred.	)	organization's totals	group totals
1	a Total lobbying expenditures to influence	oublic opinion	(grass roots lobby	ing)		
	b Total lobbying expenditures to influence a	a legislative bo	ody (direct lobbying	9)		
	<ul> <li>Total lobbying expenditures (add lines 1a</li> </ul>	and 1b) .				
	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add	lines 1c and 1	d)			
	f Lobbying nontaxable amount. Enter the columns.	ne amount fi	rom the following	table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:	A Committee of the Comm	
	Not over \$500,000	20% of the an	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess or	ver \$1,500,000.		v.
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25%)	6 of line 1f)				
	h Subtract line 1g from line 1a. If zero or les	s, enter -0-				
	i Subtract line 1f from line 1c. If zero or les	•				
	j If there is an amount other than zero of reporting section 4911 tax for this year?		1h or line 1i, did	-		Yes No
	4-Yea (Some organizations that mad columns below. S	le a section 5		not have to com		Ð
	Lobbying	Expenditures	During 4-Year Av	eraging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	(d) 2012	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	led	Form	5768	1	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a			(b)	
desc	ription of the lobbying activity.	Yes	No	A	moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			,		
С	Media advertisements?					
đ	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				3	
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					·
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1	<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	✓	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .    Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		NA
1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."  Dues, assessments and similar amounts from members	(b)	Part	III-A,	line ——	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
a	Current year		2a	-		
þ	Carryover from last year		2b			
С 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		2c 3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of t excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyi	he ng	Š			
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	_5_			
Par			A / . /	<u> </u>		
	ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	art II	-A (at	filiated	grou	р
		art 11	-A (ar		grou	р . <u>-</u>
		••••				

Scriednie C (Lou	11 990 or 990-E2) 2012	Page 4
Part IV	Supplemental Information (continued)	
	•••••••••••••••••••••••••••••••••••••••	
	······································	

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

2012 Open to Public Inspection OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Departn Internal	Department of the Treasury Internal Revenue Service		Ō	Complete if the orgal	nization answered "Yes" to Fo ►Attach to Form 990.	Yes" to Form 990, Form 990.	the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	_•	Open to Public Inspection
Nате с	Name of the organization							Employ	Employer identification number
Ameri	can Federation of	Teachers/#444	American Federation of Teachers/#4444 Kanawha Federation of Teachers	tion of Teachers					55-0663521
Partl	General	Information	General Information on Grants and Assistance	Assistance					
-	Does the orgar the selection cr	nization mainta riteria used to	Does the organization maintain records to substantiate the an the selection criteria used to award the grants or assistance?	stantiate the amou or assistance?	int of the grants or	assistance, the g	rantees' eligibility for	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	e, and
8	Desc	rt IV the organ	ization's procedur	es for monitoring	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nds in the United	States.		
Part		and Other As ine 21, for an	Grants and Other Assistance to Governme Part IV, line 21, for any recipient that received	vernments and received more th	Organizations i	n the United Si Il can be duplica	nts and Organizations in the United States. Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed.	the organization answ space is needed.	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
<b>1</b> (8)	1 (a) Name and address of organization or government	of organization int	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>3</b>									
(2)									
(6)									
<b>4</b>									
(2)									i
9)									
<b>6</b>									
<b>®</b>									
6									
(10)									
(11)									
(12)									
3 2	Enter total num Enter total num	ber of section ber of other or	Enter total number of section 501(c)(3) and government organizat Enter total number of other organizations listed in the line 1 table	ernment organizat in the line 1 table	organizations listed in the line 1 table ie 1 table	ne 1 table			<b>A</b> . <b>A</b> .
For Pa	perwork Reduction	on Act Notice,	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22:

Part III can be duplicated if additional space is needed.

Part III can be duplicated if additional space is needed	space is needed				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Josh Martin for Senate	-	1,000	0	0 N/A	N/A
2 Committee to Re-Elect Bobbie Hatfield	-	1,000	0	N/A	N/A
3 Bonnie Brown for House	-	1,000	0	0 N/A	N/A
4 Nancy Johnson for House	-	1,000	0	N/A	N/A
5 Adam Young for House	-	1,000	0	0 N/A	N/A
6 Megan Lawrence, Scholarship	1	450	0	0 N/A	N/A
7 Kathryn Shamblyn, Scholarship Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	te this part to pro	950 wide the information	o required in Part I,	Ine 2, Part III, column (t	N/A b), and any other additional
Kathleen Sweat, Scholarship	1	450	0	0 N/A	N/A
Christopher Blakenship, Scholarship	-	400	0	O N/A	N/A
		-			
					Schedule I (Form 990) (2012)

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

20**12** 

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number 55-0663521 American Federation of Teachers/#4444 Kanawha Federation of Teachers Part VI.A.6 The entity has members who voluntarily join the organization. Part VI.A.7a The members of the organization elect the officers and board members through elections. Part VI.A.7b The members of the organization vote on changes to the local's constitutions and other governing documents. Part VI.C.19 Governing documents are available upon request. Financial documents are also available upon request and are reviewed at the entity's board meetings. Part VI.9 Other changes in net assets or fund balances: \$1.00 - rounding error

Schedule O (Form 990 or 990-EZ) (2012)	Page Z
Name of the organization	Employer identification number
	·

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

Related Organizations and Unrelated Partnerships

► Attach to Form 990.

▶ See separate instructions.

2012

OMB No. 1545-0047

Open to Public **Employer identification number** Inspection

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Schedule R (Form 990) 2012 Š Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes 55-0663521 (f)
Direct controlling
entity (e) End-of-year assets N/A N/A N/A N/A N/A N/A (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) 501 c 501 c 501 c (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Cat. No 50135Y (c)
Legal domicile (state
or foreign country) (b) Primary activity ≩ ≩ ဗ္ဗ Political Committee (b) Primary activity -abor Union -abor Union American Federation of Teachers/#4444 Kanawha Federation of Teachers For Paperwork Reduction Act Notice, see the Instructions for Form 990. (9) (1) American Federation of Teachers EIN: 36-0725240 (a) Name, address, and EIN (if applicable) of disregarded entity 1610 Washington St., E. Ste 200 Charleston, WV 25311 1610 Washington St., E. Ste 200 Charleston, WV 25311 (a) Name, address, and EIN of related organization 555 New Jersey Ave., NW Washington, DC 20001 (3) AFT/West Virginia COPE EIN: 55-0776014 (2) AFT/West Virginia EIN: 55-0587594 Part ! (1) N/A Part € 3 <u>@</u> 9 € © 9 E

The centure if had one or more related organizations treated as a partnership curing the tax year, and the control related organization are related organizations. Taxable as a comporation or Trust (Complete if the organization are related organizations treated as a comporation or trust curing the tax year.)  The centure is of the centure of the cent	Schedule R (Form 990) 2012  Dary   Identification of Relative of R	ated Organizati	ons Taxable	as a Partner	ship (Comp	lete if the	organizatio	on answer	ed "Yes" l	to Form 990.	Part IV. II		Page 2
Commission   Com	9	r more related o	rganizations (c)	reated as a part (d)	artnership d	uring the t	ax year.)	(g)	(h)	6	9		. 5
Ganizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, pmay activity (state of foreign country) (Comp. 8 cop, or trust) (Comp		riiilaiy activity	domicile (state or foreign country)	entity				year assets					ntage rship
Ganizations Taxable as a Corporation or Trust (Complete if the organization answered "Ves" to Form 990, and the state of treated as a corporation or trust (Complete if the organization answered "Ves" to Form 990, and the state of treated organization answered "Ves" to Form 990, and the state of treated organizations treated as a corporation or trust (Comp. 8 cop. or trust) and trust of the state of treate or treated organization answered "Ves" to Form 990, and the state of treated forms of the state of treated or treated organization answered "Ves" to Form 990, and the state of treated forms of the state of treated or treated organization answered "Ves" to Form 990, and the state of treated forms of the state of treated forms of the state of treated forms of the state of treated forms of the state of treated forms of the state of treated forms of the state of treated forms of the state of treated forms of the state of treated forms of the state of treated forms of the state of treated forms of the state	_											٥	
r more relaxed organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, remore relaxed organizations treated as a corporation or trust during the tax year.)    Primary activity   Legal dominile											-	_	
Ganizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, and the principle of the organization answered "Yes" to Form 990, and the principle of the organization answered "Yes" to Form 990, and the principle of the organization answered "Yes" to Form 990, and the principle of the organization answered "Yes" to Form 990, and the principle of the organization answered "Yes" to Form 990, and the principle of the organization answered "Yes" to Form 990, and the principle of the organization answered "Yes" to Form 990, and the principle of the organization answered "Yes" to Form 990, and the principle of the organization answered "Yes" to Form 990, and the principle of the organization and the organization and the principle of the organization and the orga	- ;												
Ganizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, r more relaxed organizations treated as a corporation or trust during the tax year.)  (b) Primary activity Legal during in the tax year.)  (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d													
rmore related organizations treated as a corporation or trust (Complete if the organization answered "Yes" to Form 990,  (b) (complete if the organization answered "Yes" to Form 990,  (complete if the organization answered "Yes" to Form 990,  (b) (complete if the organization answered "Yes" to Form 990,  (complete if the organization	ļ.,												
Ganizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, representations treated as a corporation or trust during the tax year.)  (b) Legaldomcile (d) Type of entry (Coop., Scop., or trust) Income and-of-year assets ownership (Coop., Scop., or trust) Income and-of-year assets ownership (Coop., Scop., or trust) Income (Coop., Scop., o	<del>                                     </del>					,							
Ganizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, remore related organizations treated as a corporation or trust during the tax year.)  (b) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	<del>                                     </del>												
r more related as a Corporation or Trust (Complete if the organizations answered "Yes" to Form 990, r more related organizations treated as a corporation or trust during the tax year.)  (a)  (b)  (c)  (d)  (d)  (p)  (d)  (p)  (corp. S corp. or trust)	<u> </u>											_	
Company activity   Legal domicile   Company activity   Legal domicile   Company activity   Legal domicile   Company activity	f Rela	ated Organizati d one or more re	ons Taxable la:ed organiz	as a Corpora ations treated	ation or Tru as a corpo	st (Compleration or tr	ete if the c ust during	rganizatio the tax ye	n answere	ed "Yes" to F	-orm 990,	Part IV,	
N	lated or	ganization	(b) Primary activit	(c) Legal di	omicile Dire	(d) ct controlling entity	(e) Type of er (C corp, S corp	ritity Shri	total 18	(g) Share of nd-of-year assets	(h) Percentage ownership	(i) Section 512 controll entity?	(b)(13) ed 2
												Yes	<b>₽</b>
							:						

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Schedule R (Form 990) 2012

Part V Transactio

Vot this schedule	of this screeding.  The following transactions with one or more related organizations listed in Parts II–IV?	) rent from a controlled entity	1b	lization(s)	on(s)			19	#		organization(s)	elated organization(s)	ated organization(s)	ing solicitations by related organization(s)	sets with related organization(s)	(s)	chenses	xpenses		nization(s)	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	on Transaction Amount involved Method of determining amount involved type (a-s)	1r 7,224 Cash				
Note Complete line 1 if any antity is listed in Parts II III or IV of this schadula	1 During the tax year, did the organization engage in any of the following transaction	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<b>b</b> Gift, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)	d Loans or loan quarantees to or for related organization(s)	e Loans of loan guarantees by related organization(s)	T Ulvidends from related organization(s)	g Sale of assets to related organization(s)	h Purchase of assets from related organization(s)	i Exchange of assets with related organization(s)	related	k Lease of facilities, equipment, or other assets from related organization(s)		m Performance of services or membership or fundralsing solicitations by related organization(s)		o Sharing of paid employees with related organization(s)	<b>p</b> Reimbursement paid to related organization(s) for expenses			,	2 If the answer to any of the above is "Yes," see the instructions for information or	(a) Name of other organization	(1) AFT/WV COPE		(4)	(5)	

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	gamzation. Oc	Si Si Cononia i	Succession of the second of th	(9)	an myesument po	ar uner en inpes.	٤	6		100
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded	Are all partners section 501(c)(3)	to Ig	(9) Share of end-of-year assets	Disproportionate allocations?	Code amount of Schi	U) General or managing partner?	(K) Percentage ownership
			from tax under section 512-514)	organizations?			Yes No	(Form 1065)	Yes No	
(1) N/A										
(2)										
(3)										
(4)	- 1									
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ω										
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(14)										
(15)										
(16)										:
								Sche	Schedule R (Form 990) 2012	n 990) 2012

schedule in (i	om 990) 2012	Page 3
Part VII	Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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