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# SCANNES SEP 1 5 2013

# Form **990**

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

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

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

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

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

Ā	For the	2014 cale	endar year, or tax year beginning July 1 , 2014, and ending	June 30	, 20 15			
В		applicable	D En	D Employer identification number				
	Address o		C Name of organization Scranton Federation of Teachers/AFT Local #1147  Doing business as Scranton Federation of Teachers/AFT Local #3147		23-6298769			
$\overline{\Box}$	Name cha	•	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Tel	ephone number			
$\overline{\Box}$	Initial retu	-	431 Wyoming Avenue		570-343-3911			
$\Box$		n/terminated			370-343-3311			
Η	Amended		Scranton, PA 18503-1228	6 0	oss receipts \$ 551,138			
H		on pending						
ч	Application	on pending	,					
_	T				dinates included? Yes Vo No tach a list (see instructions)			
<u> </u>	Tax-exem Website:				•			
<u>ж</u>		rganization		H(c) Group exem				
_	art I			1952 M	State of legal domicile. PA			
		Summ	_ *					
ø	I		escribe the organization's mission or most significant activities: Represent	ation of the or	ganizations			
Governance	<u> </u>	members	ın Scranton, PA	••••				
E		Ob 1- 41-	5- L <b>N</b> □ (24)		<del></del>			
Š			is box $\blacktriangleright$ if the organization discontinued its operations or disposed of m	1	_ 1			
	I .		of voting members of the governing body (Part VI, line 1a)	<u> </u>	3 22			
Activities &			of independent voting members of the governing body (Part VI, line 1b) .	_	4 18			
ij				· · ·	5 4			
흕			nber of volunteers (estimate if necessary)		6 50			
⋖			elated business revenue from Part VIII, column (C), line 12	<u> </u>	7a <u>0</u>			
	<u> </u>	Net unrel	ated business taxable income from Form 990-T, line 34		7b 0			
				Prior Year	Current Year			
Revenue	1		tions and grants (Part VIII, line 1h)	41,	972 32,504			
	1	_	service revenue (Part VIII, line 2g)	461,	349 502,753			
ě			nt income (Part VIII, column (A), lines 3, 4, and 7d)	1,	948 2,326			
_			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,	047 13,555			
_			enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	522,	316 551,138			
			nd similar amounts paid (Part IX, column (A), lines 1-3)	5,	500 3,000			
		Benefits <sub>l</sub>	paid to or for members (Part IX, column (A), line 4)		0 0			
es	15 8	Salaries, d	other compensation, employee benefits (Part IX, column (A), lines 5-10)	182,	258 193,051			
Sus	16a F	Professio	onal fundraising fees (Part IX, column (A), line 11e) RECETY	<u></u>	0 0			
Expenses			draising expenses (Part IX, column (D), line 25) ▶0	10				
ш	17 (	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	015 1348,	130 355,083			
	18 7	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25) UG. 2	535,	388 551,134			
	19 F	Revenue	less expenses. Subtract line 18 from line 12	1:13,	0724			
ces Ses			OGC Begin	ning of Current	fear End of Year			
Assets Balanc			ets (Part X, line 16)	451,	280 465,307			
d As		Fotal liab	ılıties (Part X, line 26)	240,	721 254,745			
Fund Fund	22 1	Vet asset	ts or fund balances. Subtract line 21 from line 20	210,	559 210,562			
Pa	ırt II	Signat	ure Block					
Und	der penalti	es of perjur	ry, I declare that I have examined this return, including accompanying schedules and statements	s, and to the bes	t of my knowledge and belief, it is			
true	c, correct,	and comple	ete. Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge	,			
		E	Sevi Kan	8/	13/15			
Sig	1	Signa	ature of officer	Date	, , , ,			
He	e	N KE	UN KAYS U					
	l	Туре	or print name and title					
Pa	id	Print/Typ	pe preparer's name Preparer's signature Date	Che	eck I if PTIN			
	eparer	<u> </u>			-employed			
	e Only		ame ▶	Firm's EIN	<b>&gt;</b>			
_			ddress ▶	Phone no.				
May	the IRS	discuss	s this return with the preparer shown above? (see instructions)		🗌 Yes 🗌 No			
_			ction Act Notice, see the separate instructions. Cat No 11	282Y	Form <b>990</b> (2014)			

art	90 (2014) III Statem	ent of Program Service	Accomplishments		
			esponse or note to any line in this Pa	ırt III <u></u>	[
1		be the organization's mission			
	Representatio	n of members before the em	ployer in Scranton, PA.		
			••••		
		<del></del>	ter	www.hish.ways.wat listed on the	
2	Did the organ	nization undertake any sign	ificant program services during the year	ar which were not listed on the	Yes ✓ No
	•				tes MINO
3	Did the orga	cribe these new services on	g, or make significant changes in h	ow it conducts any program	
•	services? .	inization cease conducting	, or make significant changes in the		Yes 🗹 No
		cribe these changes on Sch	redule O		
4			rvice accomplishments for each of its	three largest program services, as	measured b
	expenses. Se	ection 501(c)(3) and 501(c)(	4) organizations are required to report for each program service reported.	the amount of grants and allocation	ons to other
4a	(Code:	) (Evnences \$	including grants of \$	) (Revenue \$	
44	Code.	ments to the American Fode	ration of Teachers, AFT/PA and the Scrai	aton Central Labor Council provide re	nresentation
		proughout the United States		itori Ceritar Labor Councii provide re	presentation
	to members ti	iroughout the office States	mar cinisyivana.		
					<b></b>
	<u> </u>			\ (D=======	
4b	(Code:	) (Expenses \$	including grants of \$	) (Hevenue \$	
	Salaries for of	ficers enables assistance to	members before the employer.		
		···········	······		
		·····	••••••	•••••	
			,		
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	`	) (Expenses \$	including grants of \$moders to improve their ability to perform		)
4c	ER&D Expens	) (Expenses \$ ses: Training courses for me or continuing education purp	mbers to improve their ability to perform		) ool
4c	ER&D Expens	ses: Training courses for me	mbers to improve their ability to perform		) iol
4c	ER&D Expens	ses: Training courses for me	mbers to improve their ability to perform		) ool
4c	ER&D Expens	ses: Training courses for me	mbers to improve their ability to perform		) ool
4c	ER&D Expens	ses: Training courses for me	mbers to improve their ability to perform		) ol
4c	ER&D Expens	ses: Training courses for me	mbers to improve their ability to perform		) nol
4c	ER&D Expens	ses: Training courses for me	mbers to improve their ability to perform		) iol
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4c	ER&D Expens	ses: Training courses for me	mbers to improve their ability to perform		ol
	ER&D Expens	ses: Training courses for me or continuing education purp	mbers to improve their ability to perform oses.		ol
4c	ER&D Expens	ses: Training courses for me	mbers to improve their ability to perform oses.	their duties within the Scranton Scho	) ool

Part	V Checklist of Required Schedules			Page 3
			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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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>	<del>  -</del>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		WA
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	1	
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		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			<u> </u>
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	1	
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	•	1
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		1
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		<b>√</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		7
	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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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		1
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		<b>V</b> ✓
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	19 20a		<b>∀</b>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		NA

Part	Checklist of Required Schedules (continued)			
	Division of the state of the st		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	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		<b>√</b>
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
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		<b>✓</b>
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):		برد	
a b	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		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	1
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		1
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		1
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	<u> </u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	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? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	<b>√</b>	<b>✓</b>
-		Forn	n 990	(2014)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of hote to any line in this Fart v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	1	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		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	1		,
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		NA
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	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<u>√</u> _	
7	Organizations that may receive deductible contributions under section 170(c).	ļ ļ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		NA
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		NA
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-	required to file Form 8282?	7c		NA
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u>-</u>		מוג
e	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 h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		NA
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		1014
o	sponsoring organization have excess business holdings at any time during the year?	8		NA
9	Sponsoring organization have excess business holdings at any time during the year 1	- <del>-</del>		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		NA
b	Did the sponsoring 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a	_	NA
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.	,		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>√</b>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		NR

Inter 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 0.  Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee the are attempted to a management ompany or other person?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Back committee with authority to act on behalf of the governing body?  Did the organization in a management of the governing body?  Did the organization have a written organization about policies not required by the Internal Revenue Code.)  Tyes, "did	Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, 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 or note to any line in this Part VI	ee ins	struct	
Ves   N	Secti			-	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, or trustees, or key employees to a management company or other person?  4 Did the organization become aware during the year of a significant diversion of the organization's assests?  5 Did the organization have members or stockholders?  7 Did the organization have members stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  5 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, by including address? If "Yes," provide the names and addresses in Schedule O.  9 Ves the organization have local chapters, branches, or affiliates?  10a 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 by by the following and consistently monitor and enforce compliance with the policy? If "Yes," by to be followed a complete copy of this Form \$90.  10a Did the organization regularly and consistently monitor and enforce compl				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 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 have a family relationship or a business relationship with any other officer, directors, or trustees, or key employees to a management company or other person?  4 Did the organization become aware during the year of a significant diversion of the organization's assests?  5 Did the organization have members or stockholders?  7 Did the organization have members stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  5 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, by including address? If "Yes," provide the names and addresses in Schedule O.  9 Ves the organization have local chapters, branches, or affiliates?  10a 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 by by the following and consistently monitor and enforce compliance with the policy? If "Yes," by to be followed a complete copy of this Form \$90.  10a Did the organization regularly and consistently monitor and enforce compl	1a	Enter the number of voting members of the governing body at the end of the tax year   1a   22	F		
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the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	b	Each committee with authority to act on behalf of the governing body?	8b	>	
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describe in Schedule O how this was done	b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓_	<u> </u>
Did the organization have a written document retention and destruction policy?	С		12c	✓	
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b Other officers or key employees of the organization	а	The organization's CEO, Executive Director, or top management official	15a		1
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participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			16a		<b>✓</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	- '	NA
Section C. Disclosure	Section	on C. Disclosure	.,,		
<ul> <li>List the states with which a copy of this Form 990 is required to be filed ►</li> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on available for public inspection. Indicate how you made these available. Check all that apply.</li> </ul>		Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
<ul> <li>Own website   Another's website</li></ul>	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 of the conflict of interest of the conflict of the conf	erest <sub>l</sub>	oolicy	, and
IIII GII O GI	20	State the name, address, and telephone number of the person who possesses the organization's books and recommendation of the person who possesses the organization of the person of t	ords:	<b>&gt;</b>	
· · · · · · · · · · · · · · · · · · ·	20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords:	<b>&gt;</b>	

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Part VII	Compensation of 0	Officers, Director	s, Trustees	, Key Employees,	, Highest Comp	ensated Employe	es, and
	Independent Contr	ractors					

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
			-		C)					
(A)	(B)	<b> </b>	- 4 - 1-		ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per week (list any		1-	_	_	or/trust		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	emp High	Former	the	organizations	compensation
	related organizations	rect	tutio	ĕ	em	est o	<u> </u>	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	우류	mai	ŀ	oloy	eom				and related organizations
	line)	stee	trust		ď	pens				organizations
			ee			Highest compensated employee				
(1) Decement Reland	60 hours									
(1) Rosemary Boland President	bu riours			1		1		24,000	o	0
(2) Matt Loftus	20 hours			Ť		-				<del>-</del>
1st Vice President	1 20 110013	1		<b>/</b>	ļ			21,600	o	0
(3) Pat Festa	15 hours									
2nd Vice President		1		✓				7,124	0	0
(4) Kevin Kays	20 hours							•		
Treasurer				✓				21,600	0	0
(5) Vince Wojnar	5 hours									
3rd Vice President			<u> </u>	<b>✓</b>				0	0	0
(6) Jennifer Telesco	2 hours	_								
Trustee		✓	<u> </u>					. 0	0	0
(7) Jerry Baldauff	2 hours	,						_		_
Trustee		✓	-				<u> </u>	0	0	0
(8) Ted Anderson	2 hours	1								
Trustee	0.1	<b>-</b>			—			0	0	0
(9) Rochelle Crolly  Executive Committee	2 hours	1						0	اه	0
(10) 5	2 hours	<u> </u>						•		
Executive Committee	Zilouis	1						o	o	0
(11) Vince Amico	2 hours			_						<del></del>
Executive Committee		1						0	o	0
(12) Dan Walter	2 hours									<u> </u>
Executive Committee		✓						0	0	0
(13) Ann Geiger	2 hours									
Executive Committee		1						0	0	0
(14) Mary Doran	2 hours									
Executive Committee		✓					<u> </u>	0	0	0

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					(0	C)								
	(B)	(B) Position						(D)	(E)	-		(F)		
	<b>(A)</b> Name and title	Average					than o	one			I			ı
		hours per					or/trust		compensation	compensation from	om	am	ount of	
	week (list any	2 5	3	0	7	ᅄᄑ	Ţ	from	related	ı		other		
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	귷	Former	the organization	organizations (W-2/1099-MIS	c)		ensation	on
		organizations	효흡	휴	۳	Ę	st c	e	(W-2/1099-MISC)	,	-′		ınızatıo	п
		below dotted	9 =	nal		§	ÖĦ		1				related	
		line)	ste	trus		ĕ	pen					orga	nızatıor	15
			•	tee		]	Highest compensated employee		)		- 1			
(4 E) n		<del> </del>		_					<del> </del>					
	ancis Regan	2 hours	1								0			0
	ive Committee thleen Beckwith	2 hours	<u> </u>			<del> </del>			0	-	<del>-</del> - -			
	itnieen Beckwith ive Committee	2 nours	1						0		0			0
		2 hours	•	-	_			-			<del>"</del>  -			
		2 nours	1						0		0			0
	rive Committeesa Ross	2 hours	•					<del> </del>	- 0		<del>"</del> -			
		Zilouis	1						0		0			0
	ive Committee	0 h						$\vdash$			<del>-</del>  -			
	nnifer Zaleski	2 hours	1											0
	ive Committee			H				$\vdash$	. 0		0			
	slie Lempke	2 hours	1								0			0
	ive Committee	0.1	•		_	-			0		-			
	ny Trapani	2 hours	1											_
	ive Committee	01	_ <b>v</b>					├	0		0			0
	thy Waltz	2 hours	1											
Retiree	кер			-				$\vdash$	0	-	0			0
(23)														
(0.4)						<u> </u>		<u> </u>		<del> </del>				——
(24)		ļ <b></b>							•					
(05)								<del> </del>	<del> </del>	·	<del> -</del>			
(25)														
1b	Sub-total	l							74 224		_ -			
				•	•		•		74,324	-	0			0
C	Total from continuation sheets to Part			•	•		•		0		0			0
d_	Total (add lines 1b and 1c)							<u> </u>	74,324		0			0
2	Total number of individuals (including but		I to th	ose	list	ed a	above	e) W	ho received mo	ore than \$100	,000	of		
	reportable compensation from the organi	zation > 0											Yes	No
3	Did the organization list any former of	ficer direct	tor 6	r tr	uete		kov c	mn	lovoo or high	ast compans	atad		res	INO
0	employee on line 1a? If "Yes," complete S									est compens	aleu	-		
4	• •										. 41	3	<del> </del>	<b>-</b>
4	For any individual listed on line 1a, is the organization and related organizations												ł	!
		greater the	ан фі 					٥,	complete 3cm	edule o loi s	acri			:
E	Did any person listed on line 1a receive o								rolated organiz	 Istion or Indivi	dual	4	├─	<b>-</b>
5	for services rendered to the organization?											5	1	
Section	n B. Independent Contractors	103, 0	Unipi						den persen	<del> </del>	<u> </u>	13		<u> </u>
1			ad inc	lone	- n d		o o ntr		are that receive	d mara than 6	1100	000 0		
•	Complete this table for your five highest of compensation from the organization. Rep													2
		ort compe	isalic	) I IC	וו זכ	IE C	alenu	ai y	rear ending with	ii Or Within the	orya	ainzan	ווכונ	ал
	year.							_						
	(A) Name and business add	ress							(B) Description of se	ervices	c	(C) Compens		
										-				
N/A								<u> </u>						
							-	<del>-</del>						
								-						
								<u> </u>						
	Total number of independent contracto	rs (ıncludir	na hii	t no	ot li	imit	ed to	th	ose listed abo	ve) who				<del></del>
_	received more than \$100,000 of compens								0	,				;
	<u></u>			-	_			_						

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a res	ponse or note to	o any line in this  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
छ छ	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				
ع ق	C	Fundraising events 1c	0			ł	,
ifts	d	Related organizations 1d	21,600				1
nig.	e	Government grants (contributions) 1e	0				
Sir	f	All other contributions, gifts, grants,	0	1			ļ
her	•	and similar amounts not included above	10,904				
를 를 를	~	Noncash contributions included in lines 1a-1f. \$	10,904				1
no d	g h	Total. Add lines 1a–1f		22 504		}	
		Total. Add lines 1a-11	Business Code	32,504			
Ž	0-	Duca Income					
eve	2a	Dues Income	900099	502,753		<del> </del>	
Program Service Revenue	b	•		0			
Ž	C	•		0			
Se	d	***************************************		0	<del></del>	-	ļ <u>.</u> -
ram	е			0			
g	t	All other program service revenue.		502,753			
<u> </u>	g	Total. Add lines 2a-2f				<del></del>	T
	3	Investment income (including divid					
		and other similar amounts)		2,326			2,326
	4	Income from investment of tax-exempt be	· .	0			
	5	Royalties	▶	0		ļ	
		(i) Real	(II) Personal		t.		
	6a	Gross rents			1		,
	b	Less: rental expenses					i
	С	Rental income or (loss)			معاسما الماسيد	g = 10 posture p = 0	
	d	Net rental income or (loss)	🕨	0		<u> </u>	
	7a	Gross amount from sales of (i) Securities	(II) Other				1
		assets other than inventory				1	,
	b	Less: cost or other basis					İ
		and sales expenses .					3,
	С	Gain or (loss)					
	d	Net gain or (loss)	▶	0			
enne	8a	Gross income from fundraising					,
Other Reve		events (not including \$ of contributions reported on line 1c).				,	,
er		See Part IV, line 18 a					
#	b	Less: direct expenses b				}	
	С	Net income or (loss) from fundraising	events . ►	_0			}
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b	_				
	С	Net income or (loss) from gaming acti	vities ►	0	a / Jane 14 2 4		
	10a	Gross sales of inventory, less					
		returns and allowances a					4
	b						,
	C	Net income or (loss) from sales of inve	entory. •	0			
		Miscellaneous Revenue	Business Code			-	
	110			49 555	•	•	
	11a	ER&D Class Income	900099	13,555		<del>                                     </del>	<del></del>
	b						
	C .	A.UU.		<del>-</del>			<del> </del>
	d	All other revenue					<del> </del>
!	е	Total. Add lines 11a-11d	🟲	13,555			
	12	Total revenue. See instructions	<b></b> !	EE1 120		1	2 326

	30 (2014)				Tage 10						
Part	IX Statement of Functional Expenses										
Sectio	n 501(c)(3) and 501(c)(4) organizations must com										
	Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0									
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,000			i •						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			:						
4 5	Benefits paid to or for members	154,477									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	134,477									
7 8	Other salaries and wages	177									
9	section 401(k) and 403(b) employer contributions) Other employee benefits	17,852 6,677									
10	Payroll taxes	14,045									
11	Fees for services (non-employees):										
а	Management	0									
b	Legal	5,009									
С	Accounting	1,000	<del></del>								
d	Lobbying	0			<del></del> -						
e	Professional fundraising services. See Part IV, line 17	0									
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0									
12	Advertising and promotion	0	·								
13	Office expenses	5,493									
14	Information technology	0									
15	Royalties	0									
16	Occupancy	17,213									
17 18	Travel	. 0									
19	Conferences, conventions, and meetings .	9,956									
20	Interest	9,950		-							
21	Payments to affiliates	292,968	·								
22	Depreciation, depletion, and amortization .	901									
23	Insurance	504									
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.)				1						
а	Member Communications	2,913									
b	ER&D Class	14,969									
C	Contributions	3,650									
d	All other expenses Manager Francisco										
е 25	All other expenses Miscellaneous Expenses Total functional expenses. Add lines 1 through 24e	330 551,134	<del></del>								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)										
	10110WING 001 30-2 (700 300-120)	0		L							

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing . . . . . . 1 32,498 33,488 2 2 Savings and temporary cash investments . . . . . 370,334 383,987 3 3 0 0 4 4 43,224 46,772 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 Loans and other receivables from other disqualified persons (as defined under section 1 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . 6 0 0 Assets 7 7 Notes and loans receivable, net . . . . . 0 0 8 Inventories for sale or use . . . . . 8 0 0 Prepaid expenses and deferred charges 4,131 9 868 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 46,459 Less: accumulated depreciation . . . . 10b 1,093 10c 46,267 192 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 0 14 14 0 0 15 Other assets. See Part IV, line 11 . . . . . . . 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 451,280 16 465,307 240,721 17 17 Accounts payable and accrued expenses . . . . . . 254,745 18 18 0 0 Deferred revenue . . . . . . . . 19 19 0 0 20 0 20 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 0 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 Total liabilities. Add lines 17 through 25 26 26 240,721 254,745 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 27 178,061 177.073 28 28 Temporarily restricted net assets . . . 32.498 33,489 29 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . . . 0 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 0 32 32 Retained earnings, endowment, accumulated income, or other funds. 0 0 33 33 210,559 210,562 34 34 Total liabilities and net assets/fund balances . 451,280 465,307 Form **990** (2014)

orm 99	90 (2014)			Pa	age <b>12</b>
Parl	XI Reconciliation of Net Assets	·	<u>-</u>		
	Check if Schedule O contains a response or note to any line in this Part XI		· · · ·		<u>. 7</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	51,138
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	51 <u>,1</u> 34
3	Revenue less expenses. Subtract line 2 from line 1	3			4
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	10,559
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		2	10,562
<b>Part</b>	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· <u>·</u> ·		
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in	. [		
	Schedule O.				
2a	· · · · · · · · · · · · · · · · · · ·		2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or	[		1
	reviewed on a separate basis, consolidated basis, or both:				;
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				į
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			,
	separate basis, consolidated basis, or both:				1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				l
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	}		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		NA
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in			
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set to	forth in	1		

3b

Form **990** (2014)

### 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**14** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Se</li> </ul>	ection 501(c)(4), (5), or (6) orga	nızations: Complete Part III			
Name o	of organization			Employer ide	ntification number
Scrant	on Federation of Teachers/	AFT Local #11 <u>47</u>			23-6298769
Part		e organization is exempt und			organization.
1	•	the organization's direct and indire	•	•	
2	Political expenditures .				
3	Volunteer hours				20
Part	-B Complete if the	e organization is exempt und	er section 501(	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶	\$
2		excise tax incurred by organization			\$
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	🔛 Yes 🔛 No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			1(c)(3).
1		ly expended by the filing organiz			\$
2	Enter the amount of the	filing organization's funds contrib	outed to other org	anizations for section	
	527 exempt function acti	vities			\$
3	Total exempt function e	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
	line 17b				\$
4	Did the filing organization	file Form 1120-POL for this year	?		Yes No
5	Enter the names, address	ses and employer identification nur	mber (EIN) of all so	ection 527 political organ	izations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing orgar	nization's funds. Also enter
	the amount of political co	entributions received that were pro	mptly and directly	delivered to a separate	political organization, such
	as a separate segregated	fund or a political action committee	ee (PAC). If additio	nal space is needed, pro	vide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	<b>(-,</b>	(-,	<b>\-,</b>	filing organization's	contributions received and
				funds. If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					
		····			
(2)					21.12.21.11
(3)					
					<del>                                     </del>
(4)					
(5)					
(6)		<b></b>			

	Complete if the organization section 501(h)).					
	Check ► ☐ if the filing organization belo name, address, EIN, expens	es, and sha	are of excess lobb	oying expenditur	es).	up member's
В	Check 🕨 🗌 if the filing organization chec			trol" provisions a	pply.	
	Limits on Lobbyi				(a) Filing	(b) Affiliated
	(The term "expenditures" mea				organization's totals	group totals
1:	<ul> <li>Total lobbying expenditures to influence p</li> </ul>	ublic opinior	ı (grass roots lobby	ring)		
ı	<ul> <li>Total lobbying expenditures to influence a</li> </ul>	legislative b	ody (dırect lobbying	g)		
(	c Total lobbying expenditures (add lines 1a	and 1b) .				
(	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add li	nes 1c and	1d)			
1	f Lobbying nontaxable amount. Enter th columns.	e amount f	from the following	g table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		· · · · · · · · · · · · · · · · · · ·
	Not over \$500,000	20% of the a	mount on line 1e.			•
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		•
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000				
	g Grassroots nontaxable amount (enter 25%	of line 1f)				
ĺ	h Subtract line 1g from line 1a. If zero or less	, enter -0-				
i	i Subtract line 1f from line 1c. If zero or less	, enter -0-				
j	If there is an amount other than zero o	n either line	th or line 1i, did	I the organization	file Form 4720	
-	reporting section 4911 tax for this year?					Yes No
	(Some organizations that made a secti See the s	on 501(h) el eparate inst	tructions for lines	e to complete all 2a through 2f.)	of the five column	s below.
	Lobbying E	xpenditures	s During 4-Year Av	veraging Period	,	
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					· <del></del>
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
1	f Grassroots lobbying expenditures					

_	(election under section 501(h)).		-1		/L:	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed		a) 	<del> </del>	(b)	
lesci	ription of the lobbying activity.	Yes	No	_ A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?			_		
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			<b>↓</b> .		
C	Media advertisements?			<del></del>		
d	Mailings to members, legislators, or the public?		<del> </del>	<del></del>		
e	Publications, or published or broadcast statements?		}	<del>                                     </del>		
f	Grants to other organizations for lobbying purposes?		<del> </del>	1		
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	_	<del>  -</del>	<del> </del>		
i	Other activities?		<del>                                     </del>	<del> </del>		_
i	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)?	-	`*			
b	If "Yes," enter the amount of any tax incurred under section 4912			ļ		-
С	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	)(5), c	or se	ction		
	501(c)(6).					,
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	✓	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	✓	<u> </u>
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .  Complete if the organization is exempt under section 501(c)(4), section 501(c)			3	Ц	✓
a c	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O				line :	3, is
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1	<del> </del>		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	OI				
_						
a	Current year		2a 2b	<del> </del>		
b	Carryover from last year		2D 2c	<del> </del>		
3	Total		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		-3-	<del> </del>		
7	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
	and political expenditure next year?		4	1		
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part				<u> </u>		
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up list	t); Pa	rt II-A, I	ines 1	and
	instructions); and Part II-B, line 1. Also, complete this part for any additional information.	·				
						<b></b>
				· <b></b>		

Schedule C (For	rm 990 or 990-EZ) 2014	Page <b>4</b>
Part IV	Supplemental Information (continued)	
		·

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Scranton Federation of Teachers/AFT Local #1147		23-6298769		
Par			ds or Accounts.	
	Complete if the organization answered		T	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)	ļ <del></del>		
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year	- discussion weltons that the assets h	old in depar advised	
5	funds are the organization's property, subject to the			
c	- , , , ,	-		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene	and donor advisors in writing that gran	or any other purpose	
	conferring impermissible private benefit?			
Par	Conservation Easements.			
, ar	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the			
•	Preservation of land for public use (e.g., recrea		a historically important land area	
	Protection of natural habitat		a certified historic structure	
	☐ Preservation of open space	_ : ::		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation	
	easement on the last day of the tax year.		Held at the End of the Tax Year	
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easemen	ts	<u>2</u> b	
C	Number of conservation easements on a certified			
d	Number of conservation easements included in		1 1	
_	historic structure listed in the National Register .			
3	Number of conservation easements modified, tran	sferred, released, extinguished, or tern	ninated by the organization during the	
	tax year ►	ti		
4 5	Number of states where property subject to conse Does the organization have a written policy re		poetion handling of	
3	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, in			
Ū		noposting, and smorting conest valien	cassinonia asing the year	
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation ease	ments during the year	
	▶\$	3	ů ,	
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		· · · · · ·	
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text of		ancial statements that describes the	
	organization's accounting for conservation easeme			
Par	Organizations Maintaining Collection	· · · · · · · · · · · · · · · · · · ·	Other Similar Assets.	
	Complete if the organization answered		<del></del>	
1a	If the organization elected, as permitted under SF			
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the 1			
h				
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar			
	public service, provide the following amounts relat		addition, or research in farmorance of	
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$	
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$	
2	If the organization received or held works of art			
_	following amounts required to be reported under S			
а	Revenue included in Form 990, Part VIII, line 1 .	•		
_ h	Assets included in Form 000. Part V		•	

_			•
Ра	a	е	4

Par	Organizations Maintaining	Collections of	Art, His	torical 1	reasures	or Ot	her Similar A	Assets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot							
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	rams		
b	☐ Scholarly research		е	□ Othe	r				
C	☐ Preservation for future generations	S							
4	Provide a description of the organiza XIII.	tion's collections a	and expl	ain how t	hey further	the org	ganization's exc	empt purpos	e in Part
5	During the year, did the organization								
	assets to be sold to raise funds rather	than to be mainta	ined as	part of th	e organizat	ion's co	llection?	· 🔲 Yes	☐ No
Par									
	Complete if the organization 990, Part X, line 21.								orm ———
1a	included on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing t	able:				
								Amount	
С	Beginning balance					10			
d	Additions during the year					10			
е	Distributions during the year					1e	<del></del>	<del>.</del>	
f	Ending balance					1f	<del></del>		
2a	Did the organization include an amount								∐ No
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the e	xplanatio	n has been	provide	ed in Part XIII	<u> </u>	Ш
Par			–	000 5		40			
	Complete if the organization						(-D T)	-t- 1 (1) F	
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years ba	ack (e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions	·							
С	Net investment earnings, gains, and								
	losses								<del></del>
d	Grants or scholarships	·	<del></del>						
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance				L.,			L	
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	ı, column (a	a)) held a	as:		
a	Board designated or quasi-endowmen		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
•	The percentages in intes za, zb, and z	.c should equal 10						41 <sub>-</sub> _	
3a	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are neid	ana aa	ministered for		
	organization by:								es No
	(i) unrelated organizations					• •		. 3a(i)	
	(ii) related organizations					• • •		. 3a(ii)	
b 4	If "Yes" to 3a(ii), are the related organi					• •		. <u>3b</u>	<u> </u>
4	Describe in Part XIII the intended uses		n's endo	winent ii	unas.				
Part	VI Land, Buildings, and Equip Complete if the organization		' to Forr	~ 000 E	ort IV line	110 9	Soo Form 000	Dort V line	. 10
	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Book v	
	Description of property	(a) Cost of oth			ther)		epreciation	(a) Book v	
1a	Land	•							<del></del>
b	Buildings	• [							
C	Leasehold improvements								
d	Equipment	•			46,459	<u></u>	46,267		192
е	Other	·		Ļ <u> </u>					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part X	<, column	ı (B), line 10	<u>)c.) .</u> .	<u></u> ▶	_	192

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" to For			2
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial				
	eld equity interests			
(3) Other				
(A)				
(B) (C)		- <del></del>		
(D)				
(E)		<del></del>		
(F)				<del></del>
(G)		<del> </del>		
(H)		-		
Total. (Column (I	o) must equal Form 990, Part X, col (B) line 12 ) ▶			
Part VIII	Investments—Program Related.  Complete if the organization answered "Yes" to For	rm 990, Part IV, line	e 11c. See Form 990, Part X, line 13	3.
	(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value	_
(1)				
(2)				
(3)				
_(4)				
_(5)				
(6)		<u> </u>		
(8)		<del> </del>		
(9)	o) must equal Form 990, Part X, col. (B) line 13 ) ▶			
Part IX	Other Assets.	<u>.</u>		
r are ix	Complete if the organization answered "Yes" to For	m 990 Part IV. line	e 11d. See Form 990. Part X. line 15	5.
· · · · · · · · · · · · · · · · · · ·	(a) Description	<u>,</u>	(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)		<del></del>		
(8)		<del></del>		
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.		<u> ▶ </u>	
raitx	Complete if the organization answered "Yes" to For line 25.	m 990, Part IV, line	e 11e or 11f. See Form 990, Part X,	
1.	(a) Description of liability (b) Book value			
(1) Federal in	come taxes			1 2
(2)				i
(3)				;
(4)				
(5)				1
(6)				
(7)				•
(8)				:
(9)				;
	n) must equal Form 990, Part X, col (B) line 25.) ▶	1.1.1	1-6	
	uncertain tax positions. In Part XIII, provide the text of the footn s liability for uncertain tax positions under FIN 48 (ASC 740). Che			
organization S	hability for different tax positions under Fire 40 (ASO 140). Off	CONTINUE II THE TEVE OF II	is regarded has been provided in rait Alli	ليا

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Schedule D (Fo	rm 990) 2014	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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		•

### SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

OMB No 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	ton Federation of Teachers/AFT Local #1147 23-62987	69		
Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
		-		-
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			;
	Form 990 of other organizations Approval by the board or compensation committee			;
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	• •	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	,	,
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a	. 1. n	- 4
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	-	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
			,	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of Fo	or eacl	h listed individual mu	st equal the total amo	ount of Form 990, Pa	rt VII, Section A, line 1	a, applicable colum	n (D) and (E) amounts	for that individual.
		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation	oldossatos (4)	(C) Total of actions	(F) Componention
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(b) Noritaxable benefits	(E)(I)+(D)	in column (B) reported as deferred in prior Form 990
	(0)							
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2	(3)							
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3	(ii)					1		
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4	(ii)		66883345337111111111111111111111111111111111	1	*			
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5	(ii)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		***************************************
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Schedule J (Form 990) 2014

Schedule J (Form 990) 2014	Supplemental Information
Schedule	Part II

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Part VII.5: \$107,916 was estimated as a payable to the Scranton School District for reimbursement of Rosemary Boland's (President) release time from the school district. She remained an employee of the school district and was paid directly to them. The \$107,916 includes salary, taxes and benefits. An additional salary amount was paid to President Boland directly									
s to the Scranton School District for reimbursement of Rosemary Boland's directly to them. The \$107,916 includes salary, taxes and benefits. An a									
Part VII.5: \$107,916 was estimated as a payable to the Scranton S an employee of the school district and was paid directly to them.	by the organization.								

Schedule J (Form 990) 2014

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

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Scranton Federation of Teachers/AFT Local #1147	23-6298769
Part VI.A 6: The organization has dues paying members.	
Part VI.A.7a: Members elect the governing body.	
Part VI.A.7a: Members elect the governing body.	
Part VI.A 7b: Members approve changes to the constitution/by-laws.	
Part VI.B.12c: The Executive Committee monitors the conflict of interest policy by completion of annual states of the conflict of interest policy by completion of annual states of the conflict of interest policy by completion of annual states of the conflict of interest policy by completion of annual states of the conflict of interest policy by completion of annual states of the conflict of interest policy by completion of annual states of the conflict of interest policy by completion of annual states of the conflict of interest policy by completion of annual states of the conflict of interest policy by completion of annual states of the conflict of interest policy by completion of annual states of the conflict of interest policy by completion of annual states of the conflict of the conf	iual disclosure forms and with
an audit of the financial records.	
Part XI.9: \$-1.00 due to rounding differences.	

# SCHEDULE R (Form 990)

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Department of the Treasury Internal Revenue Service

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

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

Open to Public 2014

OMB No 1545-0047

**Employer identification number** Inspection

(g) Section 512(b)(13) controlled entry? (f) Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes 23-6298769 (f)
Direct controlling
entity (e) End-of-year assets N/A No N/A No N/A No (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(c)(5) 501(c)(5) 501(c)(5) (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) Philadelphia, PA Washington, DC Dunmore, PA (b) Primary activity National Labor Union Central Labor Union (b) Primary activity State Labor Union (1) American Federation of Teachers EIN: 36-0725240 (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Scranton Federation of Teachers/AFT Local #1147 555 New Jersey Ave., NW Washington, DC 20001 1816 Chestnut St., Philadelphia, PA 19103 1258 O'Neill Highway Dunmore, PA 18512 (3) Northeast PA Area Labor Federation (2) AFT Pennsylvania EIN: 25-1035208 Name of the organization Part <del>(</del>2 Part II (1) N/A

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Schedule R (Form 990) 2014

Cat No 50135Y

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

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Schedule R (Form 990) 2014

(I) Section 512(b)(13) controlled entity? (k) Percentage Schedule R (Form 990) 2014 No ownership Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (i) General or managing partner? ž (h) Percentage ownership Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1 (g)
Share of
end-of-year assets (Form 1065) (h)
Disproportionate
allocations? ŝ (f) Share of total Yes income (g) Share of end-of-Type of entity (C corp, S corp, or trust) (f) Share of total income (d) Direct controlling entity (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d) (a) entity Primary activity (c) Legal domicile (state or foreign (b) Primary activity (a)
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part IV Part III (1) N/A (1) N/A Ε 2 ල € 9 E 9 (2) ව ₹ 9 9

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related organı	ızations lısted in Parts	: II-1\\	
			•	1a /
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b <
c Gift, grant, or capital contribution from related organization(s)			•	10
<b>d</b> Loans or loan guarantees to or for related organization(s)			•	1d 🗸
e Loans or loan guarantees by related organization(s)				1e ~
			·	
f Dividends from related organization(s)			•	11
g Sale of assets to related organization(s)				1g /
h Purchase of assets from related organization(s)				1h ~
i Exchange of assets with related organization(s)			•	1i 🗸
j Lease of facilities, equipment, or other assets to related organization(s)				1;
V   passa of facilities an unment or other assate from related organization(s)				1k
Performance of services or membership or fundraising solicitations by related organization(s)				- Tu
				-t
Sharing of paid employees with related organization(s)				10
p Reimbursement paid to related organization(s) for expenses				1p 🗸
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q 🗸
			•	1
r Other transfer of cash or property to related organization(s)				1r
s Other transfer of cash or property from related organization(s)				1s /
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	omplete this line, inclu	including covered relationships and transaction thresholds.	ships and transactio	on thresholds.
(a) Name of related ormatical	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	amount involved
	type (a-s)		ħ	
(1) Donneylvania AFT	-	21.600	21 600 Cash received	
(2) American Federation of Teachers	19	188,554	188,554 Cash paid	
(9) Donnerskonie AET	Ç	101 810	101 810 Cach paid	
(b) remisylvania Ar i	7		nind lices	
(4) NE PA Area Labor Federation	19	2,603	2,603 Cash paid	
(5)			.,	
(6)			Schedule R	Schedule R (Form 990) 2014

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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) (d) (e) (f) (g) Name, address, and ElN of entity Primary activity Legal domicile Predominant Are all partners Share of Share of	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of		(h) Disproportionate	() Code V—UBI	(I) General or	(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded	section 501(c)(3)	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1		ownership
			rom tax under sections 512-514)	organizations?			- 1	(Form 1065)	,	
(4) 11/4				res			Yes No		Yes No	
	<del>.</del> -									
(2)										
(6)										
8										
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(16)										
								Sche	dule R (For	Schedule R (Form 990) 2014

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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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