

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



	000	Ì
Form	DD	

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

		ue Service	► Information about Form 990 and its instructions is at www.ii	s.gov/fo <u>rm</u> 9	90.	Inspection	on							
A	For the	2014 cale	ndar year, or tax year beginning July 1 , 2014, and endi	ng Ju	ıne 30	, 20 15								
В	Check if	applicable:	C Name of organization American Federation of Teachers #4444 Kanawha Fe	d of Ts	D Emp	loyer identification nun	nber							
7	Address	change	Doing business as Kanawha Federation of Teachers #4444		1	55-0663521								
	Name ch	- I	Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number											
	initial ret	-	1615 Washington St., E 300 304-344-267											
_		inal return/terminated City or town, state or province, country, and ZIP or foreign postal code												
	Amended return Charleston, WV 25311 G Gross receipts \$ 669,471													
$\bar{\sqcap}$			F Name and address of principal officer: Fred Albert	H(a) is this a		for subordinates? Yes								
		- 1	P.O. Box 2722 Charleston, WV 25330			ates included? Tyes								
	Taxever	mpt status	□ 501(c)(3)			ch a list. (see instructions								
<u>.</u>	Website		23 001/0/(0) 23 001/0/(0) 23 021	H(c) Grou	in exempt	ion number ▶ 07	Ω7							
K			Corporation ☐ Trust ☐ Association ✔ Other ► Labor Union L Year of form			ate of legal domicile.	WV							
	art I	Summ	·	130	0 111 01	ate or legal definitions.								
	1		scribe the organization's mission or most significant activities: The n	nission of the	organi:	zation is to improve	the -							
φ.	, •	-	onditions of the entity's members and their families; to give voice to their											
Governance			I aspirations; and to strengthen the institutions in which our members wo		iolessio	riai, economic								
Ě	2		s box ▶ ☐ if the organization discontinued its operations or disposed		n 25%	of its not assets								
Š	3				1 -	1	15							
<u>م</u>	4		of independent voting members of the governing body (Part VI, line 1b)				15							
S	5		nber of individuals employed in calendar year 2014 (Part V, line 2a)	,	. 5		15							
ξ	1 -				: 6		0							
Activities &	6		hber of volunteers (estimate if necessary)		· —		10							
٩	7a		elated business revenue from Part VIII, column (C), line 12		. 7		0							
	b	Net unie	ated business taxable income from Form 990-T, line 34	Prior	. 7	Current Yea	0							
		0	in a good words (Dout VIII the 4th)											
æ	8		ions and grants (Part VIII, line 1h)	684,8		669,458								
Revenue	9	-	service revenue (Part VIII, line 2g)		0									
Re	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	-		11	13							
	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			_0	0							
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ļ	684,9	02	669,471							
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		17,8	19	15,40 <u>0</u>							
	14		paid to or for members (Part IX, column (A), line 4)			0	0							
es	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)			0	0							
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)			0	0							
X	b		draising expenses (Part IX, column (D), line 25)											
ш	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		622,3	94	652 <u>,</u> 034							
	18	Total exp	enses. Add lines 13-17 (musical and a column (A), line 25)		640,2	13	667,43 <u>4</u>							
	19	Revenue	less expenses. Suptract line 18 from line 12		44,6		2,037							
sets or alances			The (Part V. Broad of St. MAY A R. ages 18)	Beginning of (Current Ye	er End of Year	·							
alan	20		ets (Part X, line Topo) . MAI. U Z Z016 . [2]		206,1	63	208,200							
Net Ass Fund Ba	21		ilities (Part X, line 26)			0	0							
		Net asset	s or fund balances. Subtrect line 21 from tine 2001	<u></u>	206,1	63	208,200							
Pa	art II	Signat	ure Block OGDEN, UT											
			y, I declare that I have examined this return, including accompanying schedules and state			of my knowledge and b	elief, it is							
_tru	e, correc	t, and comple	ete Declaration of preparer (other than officer) is based on all information of which prepar	er nas any kno	wieage									
			teven Wandow											
Sig		Signa	iture of officer		Date									
He	re	I												
		Туре	or print name and title											
Pa	id	Print/Typ	pe preparer's name Preparer's signature	Date	Chec	k I if PTIN								
	epare	r L				employed								
	e Onl		ame ►	F	rm's EIN	>								
		y -	ddress ▶		none no									
Ma	y the IF	RS discuss	this return with the preparer shown above? (see instructions)			Yes	No							

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2014)

Form 99	0 (2014) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
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?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	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 employee rights and dignity. Worksite by worksite outreach is done throughout the school year to determine what issues concern our members.
	members.
	•••••••••••••••••••••••••••••••••••••••
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.
	······································
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses

Part	Checklist of Required Schedules			ago e
			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		✓
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		✓
3	candidates for public office? If "Yes," complete Schedule C, Part I	3	1	
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	✓	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		✓
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	Ť		-
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44.		,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		✓
	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				Ť
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
Ť	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			/
h	Schedule D, Parts XI and XII	12a		
J	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		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			,
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		✓
15	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	13		-
	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		1
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	gan	(2014)
		FOIL		(4102)

Part	Checklist of Required Schedules (continued)			
••	DILU		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	✓	
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		✓
	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		√
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		✓
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	28a 28b		1
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	-	√
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		∀
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	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	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		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, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		Forr	n 990	(2014)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			-age O						
	Check if Schedule O contains a response or note to any line in this Part V									
,			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable									
С	reportable gaming (gambling) winnings to mine winners									
2a	reportable gaming (gambling) winnings to prize winners?	1c		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		NY						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	MARIA SPAGE	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 account)?			,						
b	If "Yes," enter the name of the foreign country: ▶	4a		V						
D	See instructions for filling 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	ALC: VALCOUS	■						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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									
h	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	,							
7	Organizations that may receive deductible contributions under section 170(c).	300								
a	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	(Calconnair)	NA						
b	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 e	If "Yes," indicate the number of Forms 8282 filed during the year	7.		NA						
f	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?	7e 7f	$\overline{}$	NA						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		NA						
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		NA						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
_	sponsoring organization have excess business holdings at any time during the year?	8		NA						
9	Sponsoring organizations maintaining donor advised funds.									
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a		NA						
10	Section 501(c)(7) organizations. Enter:	9b	Vide	/U/A						
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:									
a	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.)									
12a	against amounts due or received from them.)	12a		NΑ						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	128								
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.									
þ	Enter the amount of reserves the organization is required to maintain by the states in which									
_	the organization is licensed to issue qualified health plans									
C 140	Enter the amount of reserves on hand									
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V						

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	truct	ions.
Sactiv	Check if Schedule O contains a response or note to any line in this Part VI	· ·	•	<u>.</u>
Section	on A. Governing body and Management		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.			
b 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 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6	✓ ✓	√
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	√	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	rue Co)
40-	Distable assessing the second about the burney by a second assessing the second asset the second ass	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		NA
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		1
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 12b		√ NB
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		NA
13 14 15	Did the organization have a written whistleblower policy?	13 14		✓
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b		NA
	with a taxable entity during the year?	16a		✓
	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		WY
~	on C. Disclosure			
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 (Sectio available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)	n 501(c)(3)s	only)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Steve Shamblin, Treasurer 1615 Washington St., E #300 Charleston, WV 25311	cords	.	

Form	aan	(2014)	

Page 7

Form **990** (2014)

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 no	or any relate	d orga	aniz			ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles er and	Pos neck ss pe	rson	than o	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Fred Albert President	10 hours			1				0	0	0
(2) Cynthia Phillips	10 hours	İ							}	
Vice President	ļ	ļ		✓			ļ	0	0	0
(3) Jerry Throckmorton	5 hours						ļ	}	ļ	
Secretary				✓	_	L	ļ	0	0	0
(4) Steve Shamblin	10 hours			١,						
Treasurer	 _			✓			<u> </u>	0	0	0
(5) Lisa Austın Board Member	2 hours	1						0	0	0
(6) Meg Britt	2 hours]				Ì	1	}]	
Board Member	<u> </u>	✓	_				_	0	0	0
(7) Jennifer Cavender-McNeal	2 hours	[.		l	ļ					
Board Member		✓						0	0	0
(8) Elizabeth Evans	2 hours		•					1		
Board Member	<u> </u>	/		_				0	0	0
(9) Patricia Hamilton	2 hours								İ	
Board Member		✓						0	0	0
(10) Linda Monday	2 hours			ĺ				1	1	
Board Member		1	_					0	0	0
(11) Debra Stollings	2 hours									
Board Member		1		<u> </u>				0	0	0
(12) Julee Strahler	2 hours	ł								
Board Member		✓		Ĺ	<u> </u>			0	0	0
(13) Marci Wandling	2 hours									
Board Member		1	<u> </u>				<u> </u>	0	0	0
(14) Debra Webster	2 hours					}	}			
Board Member	<u> </u>	/			<u> </u>			<u> </u>	o	0

Part	Section A. Officers, Directors, Trust	ees, Key E	mpio	yees		na F C)	lignes	St C	ompensated E	impioyees (cor	ntinuea)	
	` (A) Name and title		box,	Position (do not check more than box, unless person is bo officer and a director/tru					(D) Reportable compensation	(E) Reportable compensation from		
		week (list any hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	other compensal C) from the organization and relate organization	e on ed
(15) Pa	t Snead	2 hours										
Board (16)	Member		✓		-				0		0	0
1101		 										
(17)												
(18)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b	Sub-total			•				>	0		0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•	•			0	 	0	0 0
2	Total number of individuals (including but reportable compensation from the organi	t not limited	to th					e) w	-1	1		
3	Did the organization list any former of employee on line 1a? If "Yes," complete									nest compens	ated	s No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	bie	con	npe	nsatic	n a	and other comp			
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indivi	dual	
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											tax
	(A) Name and business add	iress							(B) Description of s	services	(C) Compensation)
N/A		-						_				
2	Total number of independent contractor							th	nose listed ab	ove) who		
	received more than \$100,000 of compens	sation from	the c	rga	niza	ition			0			

Part	VIII	Statement of Reve							
		Check if Schedule C	contains	a res	ponse or note to			<u></u>	<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	3	1a	0			Eres en e	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	660,897				
ts, (С	Fundraising events .		1c	0				
Giff	d	Related organizations		1d	0				
ons, Giff Similar	е	Government grants (con		1e	0				
rtio er S	f	All other contributions, g							
tributio Other		and similar amounts not inc		1f	8,561				
Cont and	g	Noncash contributions includ			0				
_	h	Total. Add lines 1a-1	Γ	• •	Business Code	669,458			
Program Service Revenue	20				Business Code				
Seve	2a b				1	0			
e E	C					0			
ervi	4					0		·····	
SE	e					0			
gra	f	All other program ser	vice revent	ле .		Ö	<u>.</u>		
Pro	g	Total. Add lines 2a-2			>	0			
	3	Investment income							
		and other similar amo	ounts) .		•	13			13
	4	Income from investmen	t of tax-exe	mpt b	ond proceeds ►	0			
	5	Royalties			<u> ▶</u>	0			
			(ı) Rea		(II) Personal				
	6a	Gross rents			<u> </u>				
	b	Less: rental expenses							
	C	Rental income or (loss)			<u> </u>				
	d	Net rental income or	(IOSS) . (i) Securit	· ·	>	0			
	7a	Gross amount from sales of assets other than inventory	(i) Securi	.105	(II) Other				
	ь	Less: cost or other basis							
		and sales expenses .	1						
	С	Gain or (loss)							
	d	Net gain or (loss) .			<u> </u>	0			
ē	8a	Gross income from fu	ındroioina					e e e e e e e e e e e e e e e e e e e	
venu	Ua	events (not including \$	and along						
(a)		of contributions reporte	ed on line 1	c).					
Other R		See Part IV, line 18 .				ALWANA VAL			
Ŧ	b	Less: direct expenses	s	. b					7 6 g 1 1 1 1 2 g
	С	Net income or (loss) f	rom fundra	using	events . >	0			
	9a	Gross income from ga							
	b	Less: direct expenses							
	C	Net income or (loss) f	-	_	ivities >	0			
	10a	Gross sales of in returns and allowance	•						
	b	Less: cost of goods s Net income or (loss) f							
	C	Miscellaneous R		01 1110	Business Code	0	i series a		ienekana 200 mendenyas y
	11a				24311033 0048				
	b					0			
	C					0			
	d	All other revenue .	,			0			
	е	Total. Add lines 11a-			>				
	12	Total revenue. See in			•	669,471	the regarding between the contract of the property and property and property		13

Part IX	Statement of Functional Expenses			
Section 50	01(c)(3) and 501(c)(4) organizations must complete all columns. All other	er organizations mu	ist complete column	(A).

	Check if Schedule O contains a respont include amounts reported on lines 6b, 7b, and 10b of Part VIII.	se or note to any lin (A) Total expenses	e in this Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,750	expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	13,650			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0			
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	0			
9 10	Other employee benefits	0			
11 a b	Fees for services (non-employees): Management	0			
c d	Accounting	0	/ N		
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0 g			
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	0 3,883			
13 14	Office expenses	195 0			
15 16	Royalties	0			
17 18	Travel	0	· · · · · · · · · · · · · · · · · · ·		
19 20	Conferences, conventions, and meetings . Interest	12,435 0			
21 22	Payments to affiliates	633,521			
23 24	Insurance	0			
a b	Good & Welfare Scholarship Fund Contribution	766 1,234			
c d		0	· · · · · · · · · · · · · · · · · · ·		
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	0 667,434			
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 following SOP 98-2 (ASC 958-720)	0			

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 3,771 9.044 2 197,119 204,429 3 Pledges and grants receivable, net 3 0 4 n 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 Assets 0 6 0 7 0 Inventories for sale or use 8 8 0 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 Less: accumulated depreciation 10b 0 10c b 0 0 11 Investments—publicly traded securities 0 11 0 12 Investments—other securities. See Part IV. line 11 o 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 15 0 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 206,163 16 208,200 17 17 Accounts payable and accrued expenses 0 0 18 18 0 0 19 19 0 0 20 20 0 0 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 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 0 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 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 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 197,119 204.429 28 Temporarily restricted net assets . . . 28 9,044 3,771 29 29 o l Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 0 30 30 Capital stock or trust principal, or current funds 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0 0 32 Retained earnings, endowment, accumulated income, or other funds . 32 0 0 33 33 206,163 208,200 Total liabilities and net assets/fund balances 34 206,163 208,200 Form 990 (2014)

orm 99	0 (2014)			Page 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		669,471
2	Total expenses (must equal Part IX, column (A), line 25)	2		667,434
3	Revenue less expenses. Subtract line 2 from line 1	3		2,037
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		206,163
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		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		208,200
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	· ·		<u> </u>
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 Schedule O.	plain	in P	Yes No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:		. 2a	V
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	 ed on	. 2b	
C	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account			
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set 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	_	1e 3b	NA
			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

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

• Se	ection 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
Name	of organization			Employer ide	ntification number
Ameri	can Federation of Teachers	#4444 Kanawha Federation of Teach	iers		55-0663521
Part		e organization is exempt und			organization.
1		the organization's direct and indire			
2	•				11,139
3	Volunteer hours				0
Part	<u> </u>	e organization is exempt und			
1		excise tax incurred by the organization			5
2		excise tax incurred by organization			\$
3	•	ed a section 4955 tax, did it file Fo	•		= =
4a					LYes LNo
b Part	If "Yes," describe in Part	ıv. e organization is exempt und	or coation E01/	a) execut eastion E0:	1(0)(2)
1		ly expended by the filing organization			1(0)(3).
•		· · · · · · · · · · · · ·			\$
2		filing organization's funds contrib			
_		vities			B
3		expenditures. Add lines 1 and 2			,
					\$
4		n file Form 1120-POL for this year			Yes ✓ No
5		ses and employer identification nu ents. For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	fund or a political action committe	ee (PAC). If additio	nal space is needed, prov	vide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Dago	-

SCHE	idle C (FOITI 990 OF 990-122) 2014					raye Z
	t II-A Complete if the organization section 501(h)).	•			•	
A (Check $ ightharpoonup$ if the filing organization belo					up member's
_ /	name, address, EIN, expens	•			•	
B '	Check ► ☐ if the filing organization che Limits on Lobby			roi" provisions a	 	#1. A#1. a
	(The term "expenditures" me				(a) Filing organization's totals	(b) Affiliated group totals
1a						
Ŀ		•				
c		•				
c	* * .					
e						
f						
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
	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 of	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	/er \$1,500,000.		
	Over \$17,000,000	\$1,000,000.	<u> </u>			
ç	•	•	· · · · · ·			
ŀ						
i	Subtract line 1f from line 1c. If zero or les				#II. Farma 4700	
J	If there is an amount other than zero or reporting section 4911 tax for this year?					☐ Yes ☐ No
			Period Under sec			
	(Some organizations that made a sec	tion 501(h) ele	ection do not have	e to complete all	of the five column	s below.
	See the	separate insti	uctions for lines	2a through 2f.)		
	Lobbying	Expenditures	During 4-Year Av	reraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
28	Lobbying nontaxable amount					
k	Lobbying ceiling amount (150% of line 2a, column (e))					
	Total lobbying expenditures					
	Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

r art i	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed (election under section 501(h)).	Form	5768	
	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed yes	a) No		(b) nount
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:			
b	Volunteers?			
đ	Mailings to members, legislators, or the public?			
f	Grants to other organizations for lobbying purposes?			
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			**************************************
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part I	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	or se	ction	
1 2	Were substantially all (90% or more) dues received nondeductible by members?		1 2	Yes No ✓
3 Part I	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)(5), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes." Dues, assessments and similar amounts from members	or se		line 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
_	Current year	2a		
b	Carryover from last year	2b 2c		
с 3	Total	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
_	and political expenditure next year?	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	5		
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group lis instructions); and Part II-B, line 1. Also, complete this part for any additional information.	t); Pai	t II-A, li	nes 1 and
	······································			

Schedule C (For	m 990 or 990-EZ) 2014	Page 4
Part IV .	m 990 or 990-EZ) 2014 Supplemental Information (continued)	

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

		······

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047	2014	Open to Public Inspection
------------------	------	---------------------------

% □

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant Employer identification number or assistance √ Yes 55-0663521 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (f) Method of valuation (book, FMV, appraisal, other) . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-. cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ Attach to Form 990. (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable American Federation of Teachers #4444 Kanawha Federation of Teachers the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Vame of the organization (1) N/A Part Part II € (12) ন্ত ල <u>0</u> 9 E **⊚** <u></u> 9 £

Schedule I (Form 990) (2014)

Cat No 50055P

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

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2014)

Part III Grants an

(a) Type of grant or assistance (b) Number of	(b) Number of		(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	riviv, appraisal, orner)	
1 Flowers for WV	1	1,000	0	0 N/A	N/A
2 Committee to Elect Bobbie Hatfield	1	1,000	0	N/A	N/A
3 Nancy Guthrie for House	1	1,000	0	0 N/A	N/A
4 Nancy Jamison for WV House	-	1,000	0	N/A	N/A
5 Wong for WV	-	1,000	0	0 N/A	MA
6 Commitee to Re-Elect Adam Young	-	1,000	0	0 N/A	ΝΆ
7 Mike Pushkin for House 1 1,000 1,000 0 N/A N/A 1,000 Day III Column (h) and any other additional information	1 the information n	1,000 Tip Dari I	0 Dart III column	0 N/A	N/A ional information
Sally Shepherd for House	1	1,000	0	N/A	N/A
Meg Leary Britt	1	2,000	0	N/A	N/A
Elect Karen Ireland	-	1,000	0	N/A	N/A
Aaron Calvert, Scholarship	-	400	0	MA	N/A
Dakota Epling, Scholarship	-	920	0	N/A	N/A
Mikalyn Murphy, Scholarship	_	200	0	N/A	N/A
Brittany Smith, Scholarship	-	200	0	N/A	N/A
Kasadi Ann Legg	1	900	0	N/A	N/A
Courtney Dexter	+	200	0	N/A	N/A

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

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► 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

American Federation of Teachers #4444 Kanawha Federation of Teachers	55-0663521
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 constitution and other go	verning documents.
Part VI.C.19 Governing documents are available upon request. Financial documents are also available	upon request adn are
reviewed at the entity's board meetings.	
······	

	••••••

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization American Federation of Teachers #4444 Kanawha Federation of Teachers

Part

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Open to Public 20:14

OMB No. 1545-0047

Employer identification number Inspection

55-0663521

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2014 ž (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 (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 (d) Exempt Code section 501 c 501 c 501 c (c)
Legal domicile (state or foreign country) Cat No 50135Y (c) Legal domicile (state or foreign country) (b) Pnmary activity ≩ ≩ 2 Political Committee (b) Primary activity Labor Union Labor Union For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (1) American Federation of Teachers EIN: 36-0725240 1615 Washington, St., E Ste 300 Charleston, WV 25311 1615 Washington St., E Ste 300 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: 55-0687594 Part II (1) N/A 4 ন্ত ව € 3 9 9 9 E

Page 2

Schedule R (Form 990) 2014

(i) Section 512(b)(13) controlled (k) Percentage ownership ŝ 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 (J) General or £ managing partner? (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI (g) Share of end-of-year assets (g) (h)
Share of end-of- Disproportionate year assets allocations? £ (f) Share of total income Yes (e)
Type of entity
(C corp., S corp., or trust) (f) Share of total income because it had one or more related organizations treated as a partnership during the tax year (d)
(Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (state or foreign country) (c) Legal domicile (b) 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 (2) Ε 8 ල € 9 8 ල € 9 (3 3

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	7				Tes No
i During the tax year, and the organization engage in any of the following transactions with one of more related organizations listed in Parts II—V ?	or more related organ	iizaiiotis iisteu III Part	. AI_I 0		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	>
b Giff, grant, or capital contribution to related organization(s)				Q	>
c Gift great or central contribution from related organizations				7	1
	· · · ·		- - - -	2 7	
d Loais of loai guarantees to of lot related organization(s)				2	>
e Loans or loan guarantees by related organization(s)				1e	>
f Dividends from related organization(s)				4	>
a Sale of assets to related organization(s)			•	10	>
				, =	
					\
Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s)				= =	>
	•		•		
k Lease of facilities, equipment, or other assets from related organization(s)		•	•	+	
				=	>
m Performance of services or membership or fundacions colliniations by related organization(s)				E	
Shoring of facilities are income and income income in the company of the company				1	<u> </u>
				L	>
o Sharing of paid employees with related organization(s)				10	>
p Reimbursement paid to related organization(s) for expenses				1p	>
q Reimbursement paid by related organization(s) for expenses				19	<i>></i>
r Other transfer of eash or property to related organization(s)				1	
			•		
				> 2	- :
2 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.	complete this line, incli	uding covered relation	nships and transact	tion threst	nolds.
(a)	9	9	9	_	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	ng amount in	nvolved
(1) American Federation of Teachers	•	286,536 Cash	Cash		
(2) AFT/WV Federation of Teachers	L	347,045 Cash	Cash		
(3) AFT/MV COPE	Ŋ	7,327	7,327 Cash		
(4)					
(5)					
(9)	· 10				
			Schedule	Schedule R (Form 990) 2014	90) 2014

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

(c) Legal domicile (state or foreign country)	secucios 312-314) Yes No Yes No Yes No									
(g) Share of end-of-year assets				<u> </u>						
Share of total income										
(e) Are all partners section 501(c)(3)	Yes No		 		 			 	<u> </u>	_
Predominant A Predominant Income (related, unrelated, excluded from tax under c										
(c) Legal domicile (state or foreign country)		j							,	
(b) Primary activity										
(a) Name, address, and EIN of entity	N/A									

Schedule R	(Form 990) 2014	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
•		
		,
		,