SCANNED AUG 2 2 2017

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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.

Α	For the	e 2016 cale	ndar year, or tax year beginning July 1 , 2016, and ending	Jur	ne 30	, 20 17
В	Check	if applicable	C Name of organization Scranton Federation of Teachers/AFT Local #1147		D Employe	er identification number
	Address	s change	Doing business as Scranton Federation of Teachers/AFT Local #1147			23-6298769
	Name o	hange	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephor	ne number
	Initial re	eturn	431 Wyoming Avenue			570-343-3911
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return	Scranton, PA 18503-1228		G Gross re	ceipts \$ 583,604
	Applica	ition pending	F Name and address of principal officer Rosemary Boland, President Hial) is this a d	roup return for s	subordinates? Yes Vo
						sincluded? Yes Vo
$\overline{}$	Tax-exe	empt status	□ 501(c)(3)			list. (see instructions)
J	Website			c) Group	exemption	number ▶ 0787
K			Corporation Trust Association ✓ Other ► Union L Year of formation	1952		of legal domicile PA
	art I	Summ			·l··· · · · · · · · · · · · · · · · ·	
	1	Briefly de	escribe the organization's mission or most significant activities: Representati	ion of t	he organi	zation's
e			in Scranton, PA			
Activities & Governance						
Ē	2	Check th	is box ▶ ☐ if the organization discontinued its operations or disposed of mor	re thar	1 25% of	its net assets.
õ	3		of voting members of the governing body (Part VI, line 1a)	······································	3	22
ಶ	4		of independent voting members of the governing body PFN F415F	[.	4	18
ies	5	Total nur	nber of individuals employed in calendar year 20 6 (Party, line 2a)	ادر ت	5	4
₹	6	Total nur	nber of volunteers (estimate if necessary)	၂တ္တု	6	20
Aci	7a	Total unr	elated business revenue from Part VIII, column (1 AUG 1 4 2017	인	7a	0
	ь	Net unrel	ated business taxable income from Form 990-T, ine 34	. R3	7b	0
				Prior Ye	ear	Current Year
Revenue	8	Contribut	tions and grants (Part VIII, line 1h)		39,831	39,652
	9		service revenue (Part VIII, line 2g)		530,631	529,979
eve	10	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)		1,757	1,658
ď	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,590	12,315
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		585,809	583,604
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		3,000	3,000
	14		paid to or for members (Part IX, column (A), line 4)		0	
S	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		197,164	202,654
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	0
þe	b		draising expenses (Part IX, column (D), line 25) ▶	, Sa',		
ũ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		377,366	400,631
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		577,530	606,285
	19		less expenses. Subtract line 18 from line 12		8,279	-22,681
- Se				ing of Cu	rrent Year	End of Year
Assets (Balanc	20	Total ass	ets (Part X, line 16)		477,681	461,916
Ass	21		illities (Part X, line 26)		258,839	265,755
Net As Fund B	22		ts or fund balances. Subtract line 21 from line 20		218,842	196,161
Pa	art II		ture Block			
Un	der pena		ry, I declare that I have examined this return, including accompanying schedules and statements,	and to t	he best of n	ny knowledge and belief, it is
			ete Declaration of preparer (other than officer) is based on all information of which preparer has ar			
		T 1	Veri Kling			
Sig	ın	Sign	ature of officer	Da	ite	, 1
He	re	K	EVIN KAYS SECRETARY-TREASURER		8	10/17
		Туре	or print name and title			,
Pa	id	Print/Ty	pe preparer's name Preparer's signature Date		Check	- PTIN
	iiu epare	ar			self-emp	
	epare se On		ame ►	Firn	n's EIN ▶	L
US	e OII	יי עי	ddress ▶		ne no	
Ma	y the li		s this return with the preparer shown above? (see instructions)			☐ Yes ☐ No

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Cat No. 11282Y

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

(Expenses \$

4e

Part	V Checklist of Required Schedules			_ <u>-</u>
			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_		~
	candidates for public office? If "Yes," complete Schedule C, Part I	3	v	
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? <i>If "Yes," complete Schedule C, Part II</i>	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	v	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
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		,
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			<i>v</i>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	10	- N	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	×	\(\frac{1}{2}\)	
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	11a		<i>v</i>
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		<i>v</i>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
b	Schedule D, Parts XI and XII	12a		~
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
ь	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.	116		,
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	14b		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	_	,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<i>v</i>
	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		~
	the state of the s			

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	3	20a		
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of greats or other constance to any demonstration or	20b		_
	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		~
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		23	_	
	\$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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		٧
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		٧
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			NA
	If "Yes," complete Schedule L, Part I	25b		141
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		,
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):			- 1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a	*********	~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		V
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31		<u> </u>
	complete Schedule N, Part II	32		~
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	24	V	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			_
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	,	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			-3-
	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	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	이		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	.		
2a	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	V	1 W.
4 a		1 /		*
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	المستدا	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.0		186.3
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	andlen test	
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		NI
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			<u> </u>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶	ŭ,	4.1	×.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	3.		
_	(FBAR)		M.S.	Min.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		ALIA
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		NA
ou.	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	- Oa	ļ -	
	gifts were not tax deductible?	6b	,	
7	Organizations that may receive deductible contributions under section 170(c).	, x0	. 4	1 30 . 37 . 37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1	**************************************	1
	and services provided to the payor?	7a		NA
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		WA
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_		MIA
_	required to file Form 8282?	7c	<u> </u>	NA
d e	If "Yes," indicate the number of Forms 8282 filed during the year	J 700		ÑA
f	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?	7e 7f		NA
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	NA
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		NR
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	11	* }	2.
	sponsoring organization have excess business holdings at any time during the year?	8	_ ^ ^	NA
9	Sponsoring organizations maintaining donor advised funds.	_235_		
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	3867	NA
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12	-		
11	Section 501(c)(12) organizations. Enter.	+		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	\exists		
	against amounts due or received from them.)		+	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		NA
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			3 4 3
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1: 13	1776	7"4",
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		NO
	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			
_		- 1	1	1100
с 14а	Enter the amount of reserves on hand	14a	**************************************	V
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14a		NIX

Section A. Governing Body and Management 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. 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 officer, director, trustee, or key employees and a family relationship or a business relationship with any officer, director, trustee, or key employees to a management company or other person? 3 Did the organization begate control over management duties customarily performed by or under the direct supervision of officers, directors, or frustees, 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 become aware during the year of a significant diversion of the organization's assests? 7 Did the organization become aware during the year of a significant diversion of the organization's assests? 8 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 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 Did the organization that all the governing body? 6 Did the organization organization that the organization or eventual activities of such chapters, the year of the governing body? 9 Is there any officer, director, trustee, or key employees the difference in the proper significant the organization have written policies and procedures governing the activities of such chapters, sifflistes, and branches to ensure their longer provides and provide by the fol	Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See in:	struct	ions.
the 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. Be Enter the number of voting members included in line 1a, above, who are independent Del dray officer, director, trustee, or key employee? Did the organization degate control over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees? Did the organization begate 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 become aware during the year of a significant diversion of the organization's assets? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization and the properties 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? But the organization ontemporaneously document the meetings held or written actions undertaken during the year by the following: The year officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have been also also also also also also also also		Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		. 🗆
there are material differences in voting members of the governing body at the end of the tax year. If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule () b. Enter the number of voting members included in line 1a, above, who are independent in the properties of the committee or similar committee, explain in Schedule () b. Enter the number of voting members included in line 1a, above, who are independent in the properties of the committee or similar committee, explain in Schedule () b. Enter the number of voting members included in line 1a, above, who are independent in the properties of the committee of the com	Secti	on A. Governing Body and Management			
if there are material differences in voting infalls 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. Enter the number of voting members included in line 1s, above, who are independent 1b 1s 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 employees to a management company or other person.' 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.' 4 Did the organization have any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have members or stockholiders? 7a Did the organization have members, stockholiders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholiders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 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, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization sending address? If "**(****Es*** provide the names and addresses in Schedule O.**) 8 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 11 Has the organization have local chapters, branches, or affiliates? 12 Did the organization have a written conflict of interest policy? If "Yes," did the organization have a written conflict of interest policy? If "No." go to line 13 12 Did the orga				Yes	No
if there are material differences in voting inplicit 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. Enter the number of voting members included in line 1a, above, who are independent 1b 1b 1e 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 employees to a management company or other person? 3 Did the organization delegate control over management dulies customarily performed by or under the direct suspervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization have any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 7 Did the organization have members, stockholders? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint once or more members of the governing body? 5 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, fusitee, or key employee listed in Part VII, Section A, who cannot be reached at the organization song address? If VI'es, "provide the names and addresses in Schedule O 9 Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 8 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 11 Has the organization have local chapters, branches, or affiliates? 12 Did the organization have a written conflict of interest policy? If "Yos," or to kine 13 13 Did the organization have a written conflict of interest policy? If "No," or t	1a		<u>'2</u>		
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	(2016)	

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."

Check this have if neither the experimentary new related experimentary compensated any oursest efficient dispeter

- 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 organiz	ation nor any relate	a org I	anız		n co C)	ompe	nsa	ited any currer	τ οπicer, directo	r, or trustee.
/4\	(7)				ution					(F)
(A) Name and Title	(B) Average hours per week (list any	(do not check more than one box, unless person is both ar officer and a director/trustee)			an tee)	(D) Reportable compensation from	(E) Reportable compensation from related			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Rosemary Boland	50 hours									_
President			\vdash	~	<u> </u>	~		24,000	0	0
(2) Matt Loftus	20 hours									_
First Vice President	45.1			~			_	21,600	0	0
(3) Pat Festa 2nd Vice President	15 hours	-		v				0.000	_	0
	20 h		\vdash	-				8,009	0	0
(4) Kevin Kays	20 hours	-		,				21,400	_	
Secretary-Treasurer	10 haves		\vdash	-			-	21,600	0	0
(5) Vince Wojnar 3rd Vice President	10 hours			,				0	o	0
(6) Jennifer Telesco	5 hours							-	-	
Trustee		~						0	0	0
(7) Jerry Baldauff	5 hours									
Trustee		~				,		o	0	d
(8) Ted Anderson	5 hours									-
Trustee		~						o	0	0
(9) Steve Bartnicki	5 hours						ļ			
Executive Committee		~						0	О .	o
(10)Dave Powell	5 hours									, .
Executive Committee		'						0	0	o
(11)Vince Amico	5 hours									
Executive Committee		~						0	0	c
(12)Dan Walter	5 hours]			Γ					
Executive Committee		~						0	0	C
(13)Ann Geiger	5 hours									
Executive Committee		~		<u> </u>				0	0	C
(14)Mary Doran	5 hours									
Executive Committee		\ \ \						o	0	c

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, ar	nd H	lighe	st C	ompensated E	mployees (contin	ued)
					(0	C)						
	(A)	(B)	(do n	ot ch		ition more	e than	one (D) (E)				(F)
	Name and title	Average hours per	box,	un!es	s pe	rson	is both	n an	Reportable	Reportable		Estimated
		week (list any					or/trus	,	compensation from	compensation related	irom	amount of other
		hours for related	ndıv or dı	Institutional trust	Officer	Key employee	ang h	Former	the	organizatio		compensation
		organizations	rect	utio	Q	[쁔	Highest compensated employee	l et	organization (W-2/1099-MISC)	(W-2/1099-N	1130)	from the organization
		below dotted	٩ -	nal t		loye) in					and related
		in ie)	Individual trustee or director	rust		ñ	bens					organizations
			-	ee			ated					
(15)Fra	ncis Regan	5 hours										
Execut	ive Committee		~						0	ı	o	0
(16) Ka	thleen Beckwith	5 hours										.,
Execut	ive Committee		~						0		0	0
	rissa Byron	5 hours										
	ive Committee		~						0		0	0
	a Ross	5 hours									ŀ	
	ive Committee		~						0		0	0
	nnifer Zaleskı ive Committee	5 hours	~									_
	slie Lempke	ГЬ	•			ļ			0		0	0
31	ive Committee	5 hours	·									
	ny Trapani	5 hours		-				-	0		0	0
	ive Committee	3 110413	_						0		0	0
	thy Waltz	5 hours										
	ıve Committee		~				İ	İ	l o		o	0
(23)	1 11							···				
(24)												
(25)		ļ						1]			
	Cub total							Ļ	77.000			
-	Sub-total	 VII Cantin	 A		•		•		75,209		0	0
	Total from continuation sheets to Part Total (add lines 1b and 1c)	-					•		75,209		0	0
	Total number of individuals (including but							N 111				_
_	reportable compensation from the organi		i to tri	USE	1151	eu a	above	3) W	no received m	ore man \$10	טט,טט	U OI
	,											Yes No
3	Did the organization list any former of	ficer, direc	tor, o	r tre	uste	е,	key e	emp	oloyee, or high	est compe	nsate	d 🐺 🐧 🕒
	employee on line 1a? If "Yes," complete s											3
4	For any individual listed on line 1a, is the	sum of rep	oortab	ole d	com	per	nsatio	n a	nd other comp	ensation fro	m th	e
	organization and related organizations	greater tha	an \$1	50,0	000	? //	f "Ye	s, "	complete Sch	edule J for	r suc	h 📑 🔝 📆
	ındividual	•		•	•		•					4
	Did any person listed on line 1a receive of										ividua	al Y Y Y
	for services rendered to the organization	r it "Yes," c	ompi	ere :	Scn	eau	ile J T	or s	sucn person	<u> </u>	· · ·	5 /
	n B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization Rep	compensate	ea inc	iepe	enae Sr. th	ent	contr alond	acto	ors that receive	ed more that	n \$10	0,000 of
	year	ort compe	isalic	/II IC	/I U	C C	aleliu	iai y	real ending wit	n or within t	ne or	gariization s tax
-	(A)							Γ.	(B)			(C)
	Name and business add	ress							Description of s	ervices		Compensation
N/A				***************************************								
									······································	<u> </u>		
	Total number of independent activities	ma (made all a		A	-4 '	1 <i>1</i>	- al +		H_* . 1			
	Total number of independent contractor received more than \$100,000 of compens							י נו	ose listed abo	ove) who		

Par	t VIII	Charle if Sahadula Charlesia a seria and a serial a	P t .	D 13/111		
		Check if Schedule O contains a response or note t	O any line in this (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
s, Grants	1a b	Federated campaigns 1a		revenue		512-514
Gifts, ilar Ar	c d	Fundraising events 1c Constitution of the Related organizations 1d 26,677	7			
Contributions, Gift and Other Similar	e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 16 12,975)			
Con	g h	Noncash contributions included in lines 1a-1f. \$ Control Total Add lines 1a-1f Control C	Ha a - `\%` \			
Revenue	2a b	Dues Income Business Code 900099	529,979 0			
Program Service Revenue	c d		0 0			
'ogra	f	All other program service revenue .	0			
	3	Total. Add lines 2a–2f ▶ Investment income (including dividends, interest, and other similar amounts) ▶	1,658			1,658
	4	Income from investment of tax-exempt bond proceeds ▶	0			1,036
	5	Royalties	0		* · · · · · · · · · · · · · · · · · · ·	
	6a	Gross rents				
	b	Less: rental expenses Rental income or (loss)				
	d	Net rental income or (loss)	0	, 8 °		han at we are
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
		Less cost or other basis and sales expenses . Gain or (loss)				
	d d	Net gain or (loss)	0			
evenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
Other Rev	ь	See Part IV, line 18 a Less: direct expenses b				
0	С	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 a	0			
	b	Less: direct expenses b				
	с 10а	Net income or (loss) from gaming activities ▶ Gross sales of inventory, less returns and allowances a	0			
	b	Less: cost of goods sold b		~ J-		
	С	Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code	0	~ ****	2 -	
	11a	ER&D Class Income 900099	12,315	.a		<u> </u>
	b		0			
	c d	All other revenue	0			
	e	Total. Add lines 11a–11d	12,315			~
	12	Total revenue. See instructions.	583 604			1 658

Part IX Statement of Functional Expenses

Section 501(c)(3) and	501(c)(4) organizati	ons must complete a	ll columns. All othe	r organizations mu	st complete column (A).
Check if	Schodula O conta	ine a recognes or p	oto to any line in th	up Dort IV	

<u> </u>	Check it Schedule O contains a respon				· · · · · · · · · · · · · · · · · · ·
	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	(D) 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			** *** ** * * * * * * * * * * * * * *
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4		0			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
4 5	Benefits paid to or for members			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
•	trustees, and key employees	156.041			
6	Compensation not included above, to disqualified	130,041			
Ů	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0		 	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	23,819			
9	Other employee benefits	7,691			
10	Payroll taxes	15,103			
11	Fees for services (non-employees).				
а	Management	0			
þ	Legal	28,175			
С	Accounting	1,175		ļ.,	
d	Lobbying	0		ļ	
е	Professional fundraising services See Part IV, line 17	0		· · · · · · · · · · · · · · · · · · ·	
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		l		
12	Advertising and promotion	0			
13	Office expenses	4,349			
14	Information technology	7,347		 	
15	Royalties	0			
16	Occupancy	17,213			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	11,741			
20	Interest	0			
21	Payments to affiliates	315,292			
22 23	Depreciation, depletion, and amortization . Insurance	530			
24	Other expenses. Itemize expenses not covered	330 @ ####################################	No. of Control of Cont	[[[]] [] [] [] [] [] [] [] [-1.0 *****
27	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	ER&D Class Expenses	12,602		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1
b	Contributions	4,955			
c	Member Communications	4,088			
d	Miscellaneous Expenses	511			
е	All other expenses	0		 	
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	606,285	<u>.</u>		
26	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here Following SOP 98-2 (ASC 958-720)	1			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		\	·

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	ırt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	42,119	1	32,834
	2	Savings and temporary cash investments	336,413	2	342,391
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	95,360	4	84,954
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		22./00 5	
əts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
A	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	3,789	9	1,737
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 46,459			
	b	Less accumulated depreciation 10b 46,459	0	10c	
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments – program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0		0
ĺ	16	Total assets. Add lines 1 through 15 (must equal line 34)	477,681	16	461,916
	17	Accounts payable and accrued expenses	258,839	17	265,755
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25	258,839	26	265,755
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	176,723	27	154,975
Ва	28	Temporarily restricted net assets	42,119	28	41,186
밀	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ş;	30	Capital stock or trust principal, or current funds	0	30	0
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
ا کِ	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
8	33	Total net assets or fund balances	218,842	33	196,161
	34	Total liabilities and net assets/fund balances	477,681	34	461,916
					Form 990 (2016)

Form	മരവ	1201	£١

Page **12**

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)	
Total revenue (must equal Part VIII, column (A), line 12). Total expenses (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 2 from line 1. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments. Donated services and use of facilities. Investment expenses. Prior period adjustments. Prior period adjustments. Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 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," explain in Schedule O. 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 compiled or reviewed on a separate basis, consolidated basis, or both:	
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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," explain in Schedule O. 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 compiled or reviewed on a separate basis, consolidated basis, or both:	583,604
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	606,285
Net unrealized gains (losses) on investments	-22,681
6 Donated services and use of facilities 7 Investment expenses	218,842
7 Investment expenses	C
8 Prior period adjustments	
9 Other changes in net assets or fund balances (explain in Schedule O)	C
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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," explain in Schedule O. 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 compiled or reviewed on a separate basis, consolidated basis, or both:	
Check if Schedule O contains a response or note to any line in this Part XII 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," explain in Schedule O. 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 compiled or reviewed on a separate basis, consolidated basis, or both:	
Check if Schedule O contains a response or note to any line in this Part XII	196,161
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," explain in Schedule O. 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 compiled or reviewed on a separate basis, consolidated basis, or both:	
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," explain in Schedule O. 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 compiled or reviewed on a separate basis, consolidated basis, or both:	<u>. , D</u>
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	es No
Schedule O. 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 compiled or reviewed on a separate basis, consolidated basis, or both:	25
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 compiled or reviewed on a separate basis, consolidated basis, or both:	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	
reviewed on a separate basis, consolidated basis, or both:	<u> </u>
	. 1
b 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 audited on a	2 23.54
separate basis, consolidated basis, or both.	
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	- p 3 4
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	- 1
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	MA
. 	* k=
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	1,5
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	
the Single Audit Act and OMB Circular A-133?	~
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	NA
Form S	777

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**16**

Open to Public Inspection

Department of the Treasury

Complete if the organization is described below. Attach to Form 990 or Form 990 F7

► 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," on 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," on 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," on 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

Tax) (see separate instructions),	then		•	
<u>• s</u>	ection 501(c)(4), (5), or (6) or	ganizations Complete Part III			
Name	of organization			Employer ide	ntification number
Scran	ton Federation of Teachers				23-6298769
Part		ne organization is exempt u			
1	Provide a description of definition of political calls	of the organization's direct and ampaign activities")	indirect political ca	ampaign activities in Par	t IV (see instructions for
2	Political campaign activ	rity expenditures (see instructions	s)		5,604
3		tical campaign activities (see inst			20
Part		ne organization is exempt u			
1	Enter the amount of any	excise tax incurred by the organ	nization under section	on 4955 ▶ \$	<u> </u>
2	Enter the amount of any	excise tax incurred by organizat	tion managers unde	r section 4955 ▶ 🧐	B
3	If the organization incur	red a section 4955 tax, did it file	Form 4720 for this y	/ear?	. Yes No
4a	Was a correction made	?			🗌 Yes 📗 No
b	If "Yes," describe in Par				
Part		ne organization is exempt u			(c)(3).
1		ctly expended by the filing orga	ınızation for section	527 exempt function	
)
2		e filing organization's funds con	· ·	-	
_	527 exempt function ac			. \$)
3		expenditures. Add lines 1 and			
				. > \$	`
4	= =	on file Form 1120-POL for this ye			L Yes L No
5	organization made payn	sses and employer identification nents. For each organization liste contributions received that were p	d, enter the amount	paid from the filing organ	ization's funds. Also enter
	as a separate segregate	d fund or a political action commi	ittee (PAC). If additio	onal space is needed, prov	ide 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)	100				
(3)					
(4)					
(5)					
(6)					

Dogo	2
Page	_

Pa	art II-A Complete if the organization section 501(h)).	on is exempt u	ınder section 5	01(c)(3) and file	d Form 5768 (ele	ction under
A	Check ► ☐ If the filing organization be					oup member's
	name, address, EIN, expe				,	
В	Check ► ☐ if the filing organization ch			trol" provisions a	apply.	
		bying Expendit			(a) Filing	(b) Affiliated
	(The term "expenditures" n	town	•	•	organization's totals	group totals
	1a Total lobbying expenditures to influence			• •		
	b Total lobbying expenditures to influence	e a legislative bo	ody (dırect lobbyin	g)		
	c Total lobbying expenditures (add lines)	1a and 1b) .				
	d Other exempt purpose expenditures .					
	e Total exempt purpose expenditures (ad		•			
	f Lobbying nontaxable amount. Enter	the amount fr	om the following	g table in both		
	columns.					
	If the amount on line 1e, column (a) or (b) is	s: The lobbying	nontaxable amoun	nt 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	over \$500,000.	10 July 10 10 10 10 10 10 10 10 10 10 10 10 10	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			・ 養材も、
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.	·- ·- · · · · · · · · · · · · · · · · ·			
	g Grassroots nontaxable amount (enter 2					
	h Subtract line 1g from line 1a. If zero or					
	i Subtract line 1f from line 1c. If zero or le					
	j If there is an amount other than zero reporting section 4911 tax for this year			d the organization		Yes No
	(Some organizations that made a se	ection 501(h) ele	Period Under sec ection do not hav ructions for lines	e to complete all	of the five column	ns below.
	Lobbyin	g Expenditures	During 4-Year A	veraging Period	T	
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
:	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))	3 ()				
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	,		1 3700		_
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6	3)		(b)	
desci	iption 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:					
a b	Volunteers?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					_
e f	Publications, or published or broadcast statements?					
g	Grants to other organizations for lobbying purposes?			_		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?		-			
j	Total Add lines 1c through 1i	. 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	aba a militar-		. S	4.3	
b	If "Yes," enter the amount of any tax incurred under section 4912	'w 1				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .		1			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		L	, X 4	<u> </u>	? (CV)
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), (or se	ction		_
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		•	1	V	}
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	~	- V
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes.")(5), d	or se		line	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of	33			
а	Current year	•	2a	<u> </u>		
b	Carryover from last year		2b		_	
C	Total	•	2c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	41	3			
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	ying	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par				<u></u>		
Provid	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 instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Pai	t II-A, I	ines	1 and

	rm 990 or 990-EZ) 2016	Page 4
Part IV	Supplemental Information (continued)	
		••••••••••••••••••••••••
	,	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

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

. 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. 2016

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Scranton Federation of Teachers/AFT Local #1147 23-6298769 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X.

Part								
3	Using the organization's acquisition, collection items (check all that apply):		her recor	ds, chec	k any of th	e follow	ing that are a s	significant use of its
а	☐ Public exhibition		d	🗌 Loan	or exchang	ge progr	ams	
b	☐ Scholarly research		e	Other	r			
С	☐ Preservation for future generation							
4	Provide a description of the organiza XIII.	tion's collections a	and expla	un how t	hey further	the orga	anization's exer	mpt purpose in Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical to	reasures	, or other simil	ar
	assets to be sold to raise funds rathe	rthan to be mainta	ined as p	part of the	e organizat	ion's col	lection? .	☐ Yes ☐ No
Part								
	Complete if the organization 990, Part X, line 21.							
1a	Is the organization an agent, trustee included on Form 990, Part X?							ot Yes No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing to	able:			
							Д	mount
c	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amou							
	If "Yes," explain the arrangement in P	art XIII Check here	e if the ex	cplanatio	n has been	provide	d on Part XIII .	🔲
Par	V Endowment Funds.		_					
	Complete if the organization							
		(a) Current year	(b) Prid	or year	(c) Two yea	rs back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses						···	
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of	the current year en	d balanc	e (line 1g	, column (a	a)) held a	ıs:	
а	Board designated or quasi-endowme	nt ▶	%					
b	Permanent endowment ▶							
С	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and		00%.					
3a	Are there endowment funds not in the organization by:	e possession of th	e organi	zation th	at are held	and adr	ministered for the	he Yes No
	(i) unrelated organizations		_					3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related of							3b
4	Describe in Part XIII the intended use							
Part								
	Complete if the organization		" on For	m 990. I	Part IV. lin	e 11a. S	See Form 990	, Part X, line 10.
	Description of property	(a) Cost or ot	her basis	(b) Cost	or other basis	(c) A	Accumulated preciation	(d) Book value
	Land	.		<u> </u>		727	1 MW 12	
b	Buildings					- 200 mg	n the same of the same of	
c	Leasehold improvements				•			
d	Equipment			i	46,459		46,459	0
e	Other				,	1		
Total.	Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part 2	X. columi	n (B), line 1	0c.)	▶	0

Part VII	Investments - Other Securities				
	Complete if the organization ans		•		
	(a) Description of security or category (including name of security)	<i>'</i>	(b) Book value		ood of valuation of-year market value
(1) Financial	derivatives				_
	neld equity interests				
(A)	••••••				
(B)					
(C)					
(D)					
(E)					
(F)					
(G)	_				
(H)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶			21 (1988)	
Part VIII	Investments—Program Related	d.			
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		nod of valuation
				Cost or end-	of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					•
_(6)					
(7)					
(8)					
(9)	1) 15 000 5 17 1701 10 15			School v	· · · · · · · · · · · · · · · · · · ·
	b) must equal Form 990, Part X, col (B) line 13.)				V.Z
Part IX	Other Assets.		000 D+ IV I	44 d O E	000 David V. Um. 45
	Complete if the organization ans	wered yes on For a) Description	m 990, Part IV, III	ne 11a. See Form	(b) Book value
(4)		- Description			(b) Book value
(1)					
(2)					
(3)					
(4)		 			
(5) (6)					
(7)					
(8)					
(9)		1.7.			
Total. (Colu	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization ans	wered "Yes" on For	m 990. Part IV. lir	ne 11e or 11f. See	Form 990, Part X.
	line 25.		, ,		,
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	come taxes		7		
(2)			, , , , , , , , , , , , , , , , , , ,		
(3)					
(4)					
(5)			• • • • • • • • • • • • • • • • • • • •		
(6)					
(7)			· · ·		
(8)	**		-	25 Ta	
(9)			- i	3.4-	* *, **
	b) must equal Form 990, Part X, col. (B) line 25.) ▶		, , , ,		
2. Liability for	uncertain tax positions. In Part XIII, provi	de the text of the footn	ote to the organization	on's financial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par			Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		*
а	Net unrealized gains (losses) on investments	2a	***
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		*
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	(• • • • • • • • • • • • • • • • • •
С	Other losses	2c	1, 11
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		7 .5
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4, Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	nformation.
•	······································		••••

Schedule D (Fo	rm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
	······	
	··· ·	

SCHEDULE J (Form 990)

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Compensation Information

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

▶ 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.

Scranton Federation of Teachers/AFT Local #1147

Employer identification number

23-6298769

Part	Questions Regarding Compensation			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		Yes	No
	 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (such as, 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 on line 1a?		ia.	
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 Approval by the board or compensation committee	1		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.	/. 3		Î.
a b c	Receive a severance payment or change-of-control payment?	4a 4b 4c	, 5 Å	
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a b	The organization?	5a 5b		× * * * * * * * * * * * * * * * * * * *
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a b	The organization?	6a 6b		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	شنشف	
8	Were any amounts reported on 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	à	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		San di

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

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VIII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	or eac	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	s for that individual.
		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	in column (B) reported as deferred on prior Form 990
	8							
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	8							
2	€							
	8			1				
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	8							
12	€							
	8							
13	€							
	8							
14	(E)							
	8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
15	E							
	E							
16	€							

Schedule J (Form 990) 2016

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.

2016

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 7b Members approve changes to the constitution/by-laws	
Tall 1777 Manuals approve shanges to the constitutional factor	
Part VI B 12c The Executive Committee monitors the conflict of Interest policy by completiong of ann	ual disclosure forms and with
Tart vi D 720 The Exceditive Committee monitors the committee of interest policy by completions of ann	dai disclosure iorins and with
an audit of the financial records	
an addit of the thianess records	
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······	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Scranton Federation of Teachers/AFT Local #1147

Part I

Related Organizations and Unrelated Partnerships

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

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

► Attach to Form 990.

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

2016	
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OMB No 1545-0047

Inspection Employer identification number 23-6298769

(a) Name, address, and EIN (if applicable) of disregarded entity	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	rolling
(1)N/A							
(2)							
(3)							
(4)							
(5)							
(9)							
Part II 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.	lions. Complete if the tax year.	he organization a	nswered "Yes" or	Form 990, Part	IV, line 34 beca	use it ha	٦
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	1) 12(b)(13) olled ty?
						Yes	Š
(1) American Federation of Teachers EIN 36-0725240 555 New Jersey Ave. NW Washington, DC 20001	National Labor Union	Washington, DC	501(c)(5)	/N	N/A No		,
	State Labor Union	Dennevlvania	501(0)(5)		N/A/N		
		Comp	(c)(c)				
8 O'Neill Highway Dunmore, PA 18512	Central Labor Union	Pennsylvania	501(c)(5)	N	N/A No		>
(4)							
(5)							
(9)							
(2)							
For Paperwork Beduction Act Notice, see the Instructions for Form 990.		Cat	Cat No 50135Y		Schedule B (Form 990) 2016	R (Form 99	2016

(f) Section 512(b)(13) controlled entity? Percentage ownership Š 3 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. 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. Yes (i) General or managing partner? ŝ (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (i) Code V—UBI (g) Share of end-of-year assets (Form 1065) (g) (h)
Share of end-of- Disproportionate year assets allocations? Yes No (f) Share of total псоте (e)
Type of entrty
(C corp, S corp, or trust) (f) Share of total income (d) (a) Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)

(Direct controlling entity Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN of (2) related organization Part III Part IV (1) N/A (2) 9 2 ල € 9 ල ₹ 3 E 2

Schedule R (Form 990) 2016

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

Schedule R (Form 990) 2016			
2,603 Cash Paid	2,603	11	NE FA Area Labor rederation
ash Paid	199,426 Cash Paid	11.	
			American Federation of Teachers
113,264 Cash Paid	113,264 C	1r	rennsylvania AFT
4,948 Cash Received	4,948 C	1q	Donney ACT
			American Federation of Teachers
21,728 Cash Received	21,728 C	19	
			Pennsylvania AFT
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
complete this line, including covered relationships and transaction thresholds.	ding covered relations	omplete this line, incl	If the answer to any of the above is "Yes," see the instructions for information on who must
			s Other transfer of cash or property from related organization(s)
7 7			r Other transfer of cash or property to related organization(s)
			Reimbursement paid by related organization(s) for expenses
			p Reimbursement paid to related organization(s) for expenses
			o Sharing of paid employees with related organization(s)
			Sharing of facilities, equipment, mailing lists, or other asse
			m Performance of services or membership or fundraising solicitations by related organization(s)
=			Performance of services or membership or fundraising solicitations for related organization(s)
			k Lease of facilities, equipment, or other assets from related organization(s)
			Lease of facilities, equipment, or other assets to related organization(s)
÷			Exchange of assets with related organization(s)
			h Purchase of assets from related organization(s)
			g Sale of assets to related organization(s)
			Dividends from related organization(s)
			e Loans or loan guarantees by related organization(s)
1d			d Loans or loan guarantees to or for related organization(s)
1c			c Gift, grant, or capital contribution from related organization(s)
			b Gift, grant, or capital contribution to related organization(s)
1a			
∠AI−II			
E	organizations listed in Parts II-IV?	or more related orgar	

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

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 arrest and a related organization. See instructions regarding exclusion for certain investment partnerships.

Control Phrmary activoty Legal dictorate Perchiment Area January activoty Legal dictorate Legal	(a) (b) (c) (d) (e) (f)	(g)	2	(b)	(e)	g)	(a)	3	e e	6	3
WAY Voe No V	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners section 501(c)(3) organizations?	Share of total income		Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		Percentage ownership
					Yes No			Yes No		Yes	
	(2)										
	(6)										
	(4)										
	(5)										
	(9)										
	(4)										
(9) (10) (11) (2) (2) (3) (4) (15) (16)	(8)				,						
11)	(6)										
11) 12) 13) 14) 14) 15) 16)	(0)										
12) 13) 14) 15) 16)	(1)										
13) 14) 15)	12)										
(4) (15)	13)										
(5)	14)										:
(9)	(5)										
	(9)										

Schedule R (F	Form 990) 2016	Page 5
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.	
	•••••••••••••••••••••••••••••••••••••••	
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