Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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

DLN: 93493137098046 OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015				
B Ch	ck if ap	oplicable C Name of organization THE ALBERT SHANKER INSTITUTE		D Emplo	yer ider	ntification number
☐ Add	ress ch	ange		52-14	32693	3
┌ Na	ne chai	nge Doing business as		-		
┌ Init	ıal retui	m en		E Talanta		h
Fin		Number and street (or P O box if mail is not delivered to street address) Room/suite	9	E Telepho	ne num	per
		ninated 555 NEW JERSEY AVENUE NW		(202)	879-4	400
☐ Am	ended ı	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20001		-		2.675.472
☐ App	lication	pending washinglow, be 20001		G Gross re	eceipts \$	5 2,675,472
		F Name and address of principal officer	H(a) Is t	:his a group	return	for
		LORRETTA JOHNSON 555 NEW JERSEY AVENUE NW		ordinates?		┌ Yes 🔽 No
		WASHINGTON, DC 20001	H(b) Ara	all subordi	natas	┌ Yes ┌ No
				uded?	nates	j řest No
I Ta	k-exem	pt status	If"	No," attach	a lıst	(see instructions)
J W	ebsite	:► WWW SHANKERINSTITUTE ORG	H(c) Gr	oup exempt	ion nun	nber ►
<u> </u>	6	janization	1			
	n or org rt I		L Year of	formation 19	85 M	State of legal domicile DC
Pa		Summary				
		Briefly describe the organization's mission or most significant activities SEE PAGE 2, PART III, LINE 1 FOR DETAILS				
پ	-					
e E	-					
#		Check this box 🔭 if the organization discontinued its operations or disposed of		2 E 0/ o f : to		
Governance	2 (theck this box If the organization discontinued its operations of disposed of	more than	25% 01165	net as	sets
	3 1	Number of voting members of the governing body (Part VI, line 1a)			3	45
Activities &		Number of independent voting members of the governing body (Part VI, line 1b)			4	42
Ě	5 7	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			5	0
<u>₹</u>	6 7	Total number of volunteers (estimate if necessary)			6	0
٠.	7 a ∃	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0
	ьſ	Net unrelated business taxable income from Form 990-T, line 34			7b	0
			Pr	ior Year		Current Year
a.	8	Contributions and grants (Part VIII, line 1h)		537,6	81	592,025
Ravenue	9	Program service revenue (Part VIII, line 2g)			0	0
9.69	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		600,6	540	621,734
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,9	902	15,434
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,147,2	223	1,229,193
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		107,9		40,855
	14	Benefits paid to or for members (Part IX, column (A), line 4)		,	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines			0	0
82		5-10)				
₩ ₩	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 🕨				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,539,2	265	1,548,594
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,647,2	223	1,589,449
	19	Revenue less expenses Subtract line 18 from line 12		-500,0	000	-360,256
8 8 8			Beginni	ng of Currei	nt	End of Year
Net Assets or Fund Balances	20	Tatalanada (Bart V. Irra 16)		Year		
Ass Ba	20	Total assets (Part X, line 16)		8,286,2	-	7,189,144
¥ 55	21	Total liabilities (Part X, line 26)		308,7		243,027
	22	Net assets or fund balances Subtract line 21 from line 20		7,977,5	556	6,946,117
Pal	t II	Signature Block				

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here Signature of officer

LORRETTA JOHNSON SECRETARY-TREASURER Type or print name and title

Paid Preparer **Use Only** Print/Type preparer's name JOANN WOODSON CPA

Preparer's signature JOANN WOODSON CPA

Firm's address ► 7501 WISCONSIN AVENUE SUITE 1200 BETHESDA, MD 20814

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2014)	Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	্
AND	Briefly describe the organization's mission ALBERT SHANKER INSTITUTE WAS FORMED TO CARRY ON, CONDUCT, AND SPONSOR STUDY AND RE RELATED FIELDS, WITH THE OBJECTIVE OF INFORMING EMPLOYERS, UNIONS, EDUCATORS, LABOR DINGS	
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 expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 149,356 including grants of \$) (Revenue \$)
	DEMOCRACY - PROMOTES DISCUSSIONS AND SPONSORS RESEARCH ON NEW CHALLENGES FACING THE WORLD'S DEMOCRACIES, ROLE OF FREEDOM OF ASSOCIATION, UNIONS AND OTHER CIVIC INSTITUTIONS, AND UNIVERSAL EDUCATION IN A DEMOCRATIC S	
	(Code) (Expenses \$ 781,312 including grants of \$ 38,855) (Revenue \$)
טד	EDUCATION - PROMOTES DISCUSSIONS AND SPONSORING RESEARCH ON NEW AND WORKABLE APPROACHES TO IMPROVING PUBL	IC EDUCATION IN AMERICA
	476 000 multiple amount of A	,
4c	(Code) (Expenses \$ 176,069 including grants of \$) (Revenue \$ LABOR - PROFESSIONALS FACE ISSUES SUCH AS DESIRES TO IMPROVE QUALITY OF WORK, KEEP PACE WITH TECHNOLOGY AND THE ECONOMY AND WORKPLACE FLEXIBILITY THE INSTITUTE PROMOTES DISCUSSION AND SPONSORS RESEARCH TO EXPLORE NEW STUNIONS WITH REGARD TO THESE CHALLENGES	
	See Additional Data	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 286,229 including grants of \$ 2,000) (Revenue \$)

1,392,966

Total program service expenses ►

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		No
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		No
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^{2}	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
C	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part x^{*}	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
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		No
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		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	Yes	
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		No
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	Yes	
·		F	orm 99 0	(2014)

	Check if Schedule O contains a response or note to any line in this Part V	•	<u></u>	 	.] Na
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 12	2	+	es	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1 b 1 c	_			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Y	es	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За			No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	+		-110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	+		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	+	\dashv	No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	100	+		
_	The rest, to line 3d of 3b, and the organization merform 5000 in the first transfer in the second se	5с			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b			
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a			Νo
	services provided to the payor?	7a 7b			110
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t		+		
	file Form 8282?	7 c	<u> </u>		Νo
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	+		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
0	Section 501(c)(7) organizations. Enter		_	Ţ	
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-			
1	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
C	Enter the amount of reserves on hand	_	ļ	ļ	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI														
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Se	ection A. Governing Body and Management			
			Yes	No
1 a	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	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	_	ie Cod	
	Talloll Bi I offices (This section B requests information about policies from required by the Internal N	CVCIII	Yes	No.
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Yes	
c	rise to conflicts?			
12	In Schedule O how this was done	12c	Yes	NI -
13	• ,	13		No_
14 15	Did the organization have a written document retention and destruction policy?	14		No_
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		Νo
a h	Other officers or key employees of the organization	15a		No
U		130		110
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se		700		
	action C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed.			
18	List the States with which a copy of this Form 990 is required to be filed▶			

►KIM HARKNESS JEROME

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interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

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

Form **990** (2014)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	Posi more t perso and a	han d n is	ne l both	box, an d	officer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustie or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	Ŧ			
c	Total from continuation sheets to Part VII, Section A	٠			
d	Total (add lines 1b and 1c)	۰	0	1,724,834	318,305

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization •0

			res	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	res	No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part V	111	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII												
		Check if Sched	ule o contains a respon	ise of flote to any fill	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514						
u E	1a	Federated cam	paigns 1a											
ant	ь	Membership du	ıes 1b											
Ü	С	Fundraising eve	ents 1c											
iffs, ar A	d	Related organiz	zations 1d	527,156										
9.≝ ⊞.%	e	Government grant	s (contributions) 1e											
tributions, Giffs, Grants Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f	64,869										
buti the		similar amounts no	ot included above			·								
Contributions, Gifts, Grants and Other Similar Amounts	g	1a-1f \$	ons included in lines											
Cont	h	Total. Add lines	s 1 a - 1 f	· · · · •	592,025									
<u>a</u>				Business Code										
Program Serwce Revenue	2a													
윤	Ь													
æ G	C													
Š	d e													
Ē	f	All other progra	am service revenue											
ر ا														
	g 3		s 2a-2f											
		and other simil	aramounts)											
	4		stment of tax-exempt bond	proceeds -	221,939			221,939						
	5	Royalties	(ı) Real	(II) Personal										
	6a	Gross rents	(1)11211	(11)										
	ь	Less rental expenses												
	С	Rental income or (loss)												
	d		me or (loss)											
			(ı) Securities	(II) Other										
	7a	Gross amount from sales of assets other than inventory	1,846,074											
	ь	Less cost or other basis and	1,446,279											
	_	sales expenses Gain or (loss)	399,795											
	c d		Ss)		399,795			399,795						
		Gross income f		· · · · · · · · · · · · · · · · · · ·	,			,						
Other Revenue		events (not inc \$ of contributions	luding s reported on line 1c)											
Ğ.		See Part IV, lir	ne 18 a											
Jer	ь	less directex	penses b											
₹	С		(loss) from fundraising											
	9a		from gaming activities											
		See Part IV, IIr	ne 19 a											
	ь	Less direct ex	penses b											
	С	Net income or	(loss) from gamıng actı	vities										
	10a	Gross sales of returns and allo												
	ь	Less cost of g	oods sold b											
	С		(loss) from sales of inv											
	4.	Miscellaneous		Business Code 900099	15 404			15.404						
	11a	MISCELLANEO	DUSINCOME	900099	15,434			15,434						
	b c	_	_	-										
	d	All other reven	ue	+										
	e	Total. Add lines			45 454									
	12	Total revenue.	See Instructions .		15,434									
					1,229,193	0	(637,168						

Form 990 (2014) Part IX Statement of Functional Expenses

Section 5	01(c)(3) ai	nd 501(c)(4)	organizations r	nust complete all columns	All other organizations must co	mplete column (A)

	Check if Schedule O contains a response or note to any line in this Part IX									
	ot include amounts reported on lines 6b, o, 9b, 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	35,855	35,855		<u> </u>					
2	Grants and other assistance to domestic individuals See Part IV, line 22	5,000	5,000							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees									
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
а	Management									
b	Legal	4,336	4,336		_					
c	Accounting	18,400		18,400						
d	Lobbying									
е	Professional fundraising services See Part IV, line 17									
f	Investment management fees	68,793		68,793						
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,702	32,702							
12	Advertising and promotion	8,373	8,373							
13	Office expenses	80,806	77,092	3,714						
14	Information technology	17,968	5,561	12,407						
15	Royalties									
16	Occupancy									
17	Travel	106,588	85,031	21,557						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	9,205	1,343	7,862						
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance									
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)									
а	ADMINISTRATIVE AND PROG	1,169,698	1,108,217	61,481						
b	MISCELLANEOUS	28,275	27,548	727						
c	GENERAL DONATIONS	3,450	1,908	1,542						
d		2,.30	2,230	2,5 .2						
e	All other expenses	1								
25	Total functional expenses. Add lines 1 through 24e	1,589,449	1,392,966	196,483	0					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	1,303,743	1,372,300	130,403	0					
				Fo	rm 990 (2014)					

Form 990 (2014) Page **11** 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 127,449 47,098 1 1 450.155 2 337.214 2 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 6 7 8 8 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 7,489,994 11 6,615,286 11 12 201,708 12 165,554 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 16,962 23,992 15 15 7, 189, 144 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . 8,286,268 16 **17** 15,965 **17** 7,280 Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties 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 292,747 25 235,747 26 308,712 26 243,027 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 7,977,556 27 27 6,946,117 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Net Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 7,977,556 6,946,117

Total liabilities and net assets/fund balances

34

7,189,144

8,286,268

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,2	229,193
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			360,256
5	Net unrealized gains (losses) on investments	5			977,556 571,183
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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		6,9	946,117
Par	t XII Financial Statements and Reporting			· ·	•
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2с	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID:

Software Version:

EIN: 52-1432693

Name: THE ALBERT SHANKER INSTITUTE

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 286,229 including grants of \$ 2,000) (Revenue \$)
CROSS THEMED PROGRAMS - DESIGNED TO GIVE THE INSTITUTE THE FLEXIBILITY TO RESPOND TO PROGRAM

CROSS THEMED PROGRAMS - DESIGNED TO GIVE THE INSTITUTE THE FLEXIBILITY TO RESPOND TO PROGRAM

OPPORTUNITIES THAT ARISE DURING THE COURSE OF THE FISCAL YEAR THESE PROGRAMS USUALLY FALL WITHIN BOARDAPPROVED THEMES AND PROGRAM DIRECTIONS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	ion (e nan o n is b	ne b oth ctor/	ox, ι an o /trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations	
(1) RANDI WEINGARTEN	5 00	x		Х				0	431,507	8,318	
PRESIDENT (1) FRANCINE M LAWRENCE	70 00 5 00										
EXEC VICE PRES	60 00	x		х				0	217,537	67,567	
(2) LORRETTA JOHNSON	5 00	х		х				0	327,754	8,318	
SECRETARY-TREASURER (3) SHELVY ABRAMS	60 00 5 00										
VICE PRES		X		Х				0	0	0	
(4) MARY ARMSTRONG	5 00	х		х				0	0	0	
VICE PRES								, and the second			
(5) BARBARA BOWEN VICE PRES	5 00	x		х				0	0	0	
(6) LINDA BRIDGES	5 00	х		х				0	0	0	
VICE PRES (7) ELSIE P BURKHALTER	5 00	x		X				0	0	0	
VICE PRES (8) STACY CARUSO-SHARPE	5 00							0	0		
VICE PRES		Х		Х				0	0	0	
(9) KATHERINE CHAVEZ	5 00	x		х				0	0	0	
VICE PRES (10) LEE CUTLER	5 00	х		х				0	0	0	
(11) EDWARD DOHERTY	5 00	х		х				0	0	0	
VICE PRES (12) KATHLEEN DONAHUE	5 00	X		X				0	0	0	
VICE PRES (13) MARIETTA A ENGLISH	5 00										
VICE PRES		Х		Х				0	0	0	
(14) ERIC FEAVERVICE PRES	5 00	×		х				0	0	0	
(15) FRANCIS J FLYNN VICE PRES	5 00	х		х				0	0	0	
(16) ANDREW FORD	5 00	х		х				0	0	0	
VICE PRES (17) DAVID GRAY	5 00	x		Х				0	0	0	
VICE PRES (18) DAVID HECKER	5 00	x		X				0	0	0	
VICE PRES (19) RICHARD IANNUZZI	5 00								0		
VICE PRES (20) FEDRICK INGRAM	5 00	×		Х				0	0	0	
VICE PRES		х		Х				0	0	0	
(21) KEITH R JOHNSON VICE PRES	5 00	х		Х				0	0	0	
(22) JERRY JORDAN VICE PRES	5 00	х		Х				0	0	0	
(23) DENNIS KELLY	5 00	х		х				0	0	0	
VICE PRES (24) SUSAN M KENT	5 00	x		X				0	0	0	
VICE PRES											

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi	ion (nan o n is b	ne b	ox, ι an o	ınless fficer	S	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	_		Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
(26) TED KIRSCH	5 00	х		х				0	0	0	
VICE PRES								_			
(1) FREDERICK E KOWAL	5 00	х		х				0	0	0	
VICE PRES (2) KAREN GJ LEWIS	5 00										
VICE PRES		Х		х				0	0	0	
(3) KAREN MAGEE	5 00									_	
VICE PRES		×		Х				0	0	0	
(4) LOUIS MALFARO	5 00			,,							
VICE PRES		Х		Х				0	0	0	
(5) JOHN MCDONALD	5 00	X		х				0	0	0	
VICE PRES (6) DANIEL MONTGOMERY	5 00										
VICE PRES		X		X				0	0	0	
(7) MICHAEL MULGREW	5 00	х		х				0	0	0	
VICE PRES (8) MARIA NEIRA	5 00										
	5 00	×		х				0	0	0	
VICE PRES (9) RUBY NEWBOLD	5 00										
VICE PRES		×		х				0	0	0	
(10) CANDICE OWLEY	5 00	х		х				0	0	0	
VICE PRES (11) ANDREW PALLOTTA	5 00							_		_	
VICE PRES		×		Х				0	0	0	
(12) JOSHUA PECHTHALT VICE PRES	5 00	x		х				0	0	0	
(13) DAVID J QUOLKE	5 00										
VICE PRES		Х		Х				0	0	0	
(14) MARY C RICKER	5 00	x		х				0	0	0	
VICE PRES (15) STEPHEN ROONEY	5 00										
VICE PRES		Х		Х				0	0	0	
(16) SANDRA SCHROEDER	5 00	x		х				0	0	0	
VICE PRES											
(17) DENISE SPECHT	5 00	×		х				0	0	0	
VICE PRES (18) TIM STOELB	5 00										
VICE PRES		х		х				0	0	0	
(19) ANN TWOMEY	5 00										
VICE PRES		X		X				0	0	0	
(20) ADAM URBANSKI	5 00	х		х				0	0	0	
VICE PRES								Ů	, in the second		
(21) LEO E CASEY	60 00					x		0	208,302	52,070	
(22) EDITH B BOND	60 00										
DIRECTOR OF PROGRAMS						х		0	159,587	53,724	
(23) MATT DI CARLO	60 00										
ASSISTANT DIRECTOR						Х		0	115,243	33,803	
(24) RANDALL C GARTON	60 00					x		0	155,967	52,922	
DIRECTOR OF RESEARCH & OPERATIONS	1	<u> </u>		<u> </u>	1	<u> </u>		<u> </u>	<u>l</u>	<u> </u>	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and Inde										
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Posit more the personal Individual trustice or director	ion (nan o n is b	ne b oth	ox, u an of /trus	inless fficer tee)	Form	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(51) ESTHER QUINTERO	60 00					Ě				
ASSISTANT DIRECTOR						x		0	108,937	41,583

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137098046

Employer identification number

1: 93493137096046

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

THE A	LBERT S	SHANKER INSTITUTE										
	_			. (411			52-1432693					
	rt I						art.) See instructio	ns.				
	organı:	zation is not a private										
1	<u> </u>			association of churche		section 1/0(b))(1)(A)(I).					
2	<u> </u>			1)(A)(ii). (Attach Scl	<u>-</u>							
3	<u> </u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Г			ated in conjunction wit	th a hospital de	scribed in sec	tion 170(b)(1)(A)(iii)	. Enter the				
_	_	hospital's name, city	, and state	6.t . 6								
5	ı	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
_	_	section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
6	<u> </u>											
7	ı	An organization that described in section	•	· · · · · · · · · · · · · · · · · · ·	its support fro	m a governme	ntal unit or from the g	eneral public				
8	Г			on 170(b)(1)(A)(vi) (Complete Part	II)						
9	\sqcap	An organization that	normally receives	s (1) more than 331/3	3% of its suppo	rt from contrib	outions, membership f	ees, and gross				
		receipts from activiti	es related to its	exempt functions—sul	oject to certain	exceptions, a	nd (2) no more than 3	31/3% of				
							section 511 tax) from					
		acquired by the organ	nızatıon after Jun	e 30, 1975 See sect i	on 509(a)(2).	Complete Par	tIII)					
10	Г			ed exclusively to test								
11	<u></u>	-	•	•	•	•	tions of, or to carry o	ut the purposes of				
a	· ~	one or more publicly the box in lines 11a t	supported organi through 11d that	zations described in s describes the type of	ection 509(a)(supporting org	1) or section! anization and	509(a)(2) See sectio complete lines 11e, 1 ganization(s), typicall	n 509(a)(3). Check 1f, and 11g				
-	•	supported organization	on(s) the power to	regularly appoint or	elect a majority		ors or trustees of the s					
ь	\vdash			IV, Sections A and B.		with its suppoi	rted organization(s), b	y having control or				
U	'						nanage the supported					
		must complete Part					3 11	3 ()				
С	Г						and functionally integ	rated with, its				
	_			tions) You must com								
d	ı						with its supported orga ement and an attentive					
				Part IV, Sections A			inche and an accentive	ancoo requirement				
е	Γ						s a Type I, Type II, Ty	pe III functionally				
_				ly integrated supporti								
f				ations								
g		Provide the following	information abou	t the supported organ	ızatıon(s)							
	(i)Na	me of supported	(ii) EIN	(iii) Type of	(iv) Is the or	ganızatıon	(v) A mount of	(vi) A mount of				
		organization	, ,	organization	listed in your		monetary support	other support (see				
				(described on lines	docume	ent?	(see instructions)	instructions)				
				1- 9 above or IRC								
				section (see instructions))								
				mistractions))	Yes	No						
(A) A	MERICA	AN FEDERATION OF	360725240		Yes		527,156	0				
		AFL-CIO	303,23210]	O .				
Total 1						527,156						

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) **Section A. Public Support** Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 **(d)** 2013 (e) 2014 (f) Total in) 🕨 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 through Gross receipts from related activities, etc (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2013 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	110
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		No
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За	Yes	
ł	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	Yes	
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		Yes	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.			No
ł	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		No
t	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).			No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		No
Ł	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		No
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		No
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		No
t	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		Νo
Ŀ	A family member of a person described in (a) above?	11b		Νo
•	: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Νo

Par	** Supporting Organizations (continued)					
Se	ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes			
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.					
Se	ection C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
Se	ection D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3				
Se	ection E. Type III Functionally-Integrated Supporting Organizations					
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetri	ctions)			
a b	The organization satisfied the Activities Test Complete line 2 below	mscre	ictions)			
c	The organization supported a governmental entity Describe in Part VI how you supported a government e instructions)	ntity (see			
2	Activities Test_Answer (a) and (b) below.		Yes	No		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b				
3	Parent of Supported Organizations Answer (a) and (b) below.					
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a				
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b				

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth- excess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
	THE ORGANIZATION CONFIRMED THAT THE SUPPORTED ORGANIZATION QUALIFIED UNDER SECTION 501(C)(5) AND SATISFIED THE PUBLIC SUPPORT TESTS UNDER SECTION 509(A)(2) BASED ON THE EXAMINATION OF THE SUPPORTED ORGANIZATION'S IRS DETERMINATION LETTER AND ANNUAL FORM 990
	THE ORGANIZATION ENSURED THAT ALL SUPPORT TO SUCH ORGANIZATION WAS USED EXCLUSIVELY FOR SECTION 170C(2)(B) PURPOSES BY DIRECT INVOLVEMENT/MANAGEMENT OF THE SUPPORT PROVIDED

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493137098046

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

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

Open to Public Inspection

Name of the organization				Employer identification number						
IHE.	THE ALBERT SHANKER INSTITUTE				52-1432693					
Par	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990,	, Part IV, line 6.		unds	or Account	•				
		(a) Donor ad	vised funds		(b) Funds and	l other accou	ınts			
	Total number at end of year			+						
	Aggregate value of contributions to (during year)			+						
	Aggregate value of grants from (during year)			+						
	Aggregate value at end of year									
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the organization's	ganızatıon's exclusiv	e legal control?			☐ Yes	┌ No			
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?	it of the donor or don	or advisor, or for ai	ny othe	r purpose	┌ Yes	┌ No			
ar	Conservation Easements. Complete if	the organization a	nswered "Yes" to	o Forn	n 990, Part I	V, line 7.				
	Purpose(s) of conservation easements held by the orga Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)	Preservation of an Preservation of a c	certifie	d historic stru	cture				
	easement on the last day of the tax year	qualified conservation	on contribution in t	ile loili	ii oi a conseiv	acion				
					Held at th	e End of the	Year			
•	Total number of conservation easements			2a						
	Total acreage restricted by conservation easements			2b						
	Number of conservation easements on a certified histo	ric structure include	dın (a)	2c						
	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06,	and not on a	2d						
	Number of conservation easements modified, transferre	ed, released, extingu	ıshed, or termınate	d by th	ne organizatior	n during				
	the tax year 🗠									
	Number of states where property subject to conservation	on easement is locat	ed ►							
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	he periodic monitorin	g, inspection, hand	dling of	violations, an	nd ┌ Yes	┌ No			
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing c	onservation easen	nents c	luring the yeai	r				
	Amount of expenses incurred in monitoring, inspecting.	and enforcing conse	ervation easements	s durin	n the vear					
	►\$, and emoreing conse	vacion casements	o darini,	g the year					
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?	i) above satisfy the re	equirements of sec	tion 17	70(h)(4)(B)(ı)	☐ Yes	□ No			
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the orga								
rt	Organizations Maintaining Collections Complete if the organization answered "Ye			or Ot	her Similar	Assets.				
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	ts held for public exh	ibition, education,	or rese	arch in furthei					
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	16 (ASC 958), to rep ts held for public exh	oort in its revenue	statem	ent and balan		lıc			
	(i) Revenue included in Form 990, Part VIII, line 1				► \$					
	(ii) Assets included in Form 990, Part X									
	If the organization received or held works of art, histori following amounts required to be reported under SFAS:			r finan						
	Revenue included in Form 990, Part VIII, line 1				► \$					
	Assets included in Form 990. Part X				▶ - ⊄					

Part	4 💵 Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	cal T	<u>reasur</u>	es, or C	<u> ther</u>	<u>Simila</u>	<u>r Asse</u>	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	neck	any of	the follo	wing that	are a	sıgnıfıcan	nt use of	ıts	
а	Public exhibition		d	Γ	Loan	or excha	ange prog	rams				
b	Scholarly research		e	Γ	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	v furth	er the or	ganızatıor	n's ex	empt purr	ose in		
•	Part XIII				,		guu		pc pa.p			
5	During the year, did the organization solicit								ılar	_	Yes	┌ No
Dar	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the		•						es" to Fo			i MO
Fal	Part IV, line 9, or reported an an						answere	u it	25 (010	יוווי שככ	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary	ford	ontrib	utions or	other ass	sets n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving	table		_					
										Amou	ınt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21,	for e	scrow	orcusto	dıal accou	ınt lıal	bility?	厂	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anatı	on has	been pr	ovided in	Part X	(111			Γ
Pa	rt V Endowment Funds. Complete										-	
		(a)Current year) Prior			o years bac) Four ye	ears back
1 a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains, and losses											
d	Grants or scholarships							1				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curi	rent year end balanc	e (lın	ie 1g	, colun	nn (a)) he	eld as					
а	Board designated or quasi-endowment F											
ь	Permanent endowment ►											
С	Temporarily restricted endowment ►											
•	The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
За	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are hel	d and ad	mınıstere	d for t	:he			
	organization by										Yes	No
	(i) unrelated organizations							•		3a(i)		
	(ii) related organizations									3a(ii)		
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the							•		3b		
	t VI Land, Buildings, and Equipme					n answ	ered 'Ves	s' to l	Form 99	Λ Part	TV lu	16
T C I	11a. See Form 990, Part X, line		iic o	igai	nzatio	11 4115	cica ic.	3 (0)	01111 33	o, raic	1 V , III	
	Description of property					or other estment)	(b)Cost or basis (ot			ımulated cıatıon	(d) B	ook value
	Land			\top								
b	Buildings										1	
	Leasehold improvements										1	
	Equipment										T	
	0.44.5.4										1	
	I. Add lines 1a through 1e <i>(Column (d) must e</i>			ımn (B), line	10(c).)				>		0

See Form 990, Part X, line 12.	npiete if the organization	answered Yes to Form 990, Part IV, line 11b.
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. Co	mplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Bescription of investment	(b) Book Value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	 	
	n answered 'Yes' to Form 990	, Part IV, line 11d See Form 990, Part X, line 15
(a) Descri	ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.		
Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25.	inization answered 'Yes' to	o Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
DUE TO AFT	225,107	
INVESTMENT TRADES PENDING	10,640	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	235,747	
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to th	ne organization's financial statements that reports the

Part		evenue per Audited Financial Stater Vered 'Yes' to Form 990, Part IV, line 1		nts With Revenue բ	er R	eturn Complete ıf
1		r support per audited financial statements			1	760,605
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of fa	acilities	2b			
С	Recoveries of prior year grants	5	2c			
d			2d			
e	Add lines 2a through 2d .		٠		2e	0
3	Subtract line 2e from line 1 .				3	760,605
4		0, Part VIII, line 12, but not on line 1				·
а		uded on Form 990, Part VIII, line 7b	4a	68,793		
ь	·		4b	399,795		
С			٠		4c	468,588
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12)		5	1,229,193
Part		xpenses per Audited Financial Sta			per	
		swered 'Yes' to Form 990, Part IV, line				т
1		audited financial statements	•		1	1,520,656
2		t not on Form 990, Part IX, line 25		1		
а	Donated services and use of fa	acılıtıes	2a			
b	Prior year adjustments		2b			
C			2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	1,520,656
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b	68,793	_	
С	Add lines 4a and 4b				4c	68,793
5		nd 4c. (This must equal Form 990, Part I, lin	e 18)		5	1,589,449
Part	XIII Supplemental Inf	ormation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
	Return Reference	Explanation				
PART	X, LINE 2	THE INSTITUTE ACCOUNTS FOR INCO STANDARDS CODIFICATION (ASC) TO CONSISTENT GUIDANCE FOR THE ACC RECOGNIZED IN AN ENTITY'S FINANC. "MORE LIKELY THAN NOT" FOR RECOG TAKEN OR EXPECTED TO BE TAKEN IN EVALUATION OF UNCERTAIN TAX POSDETERMINED THAT THERE WERE NO M FINANCIAL STATEMENTS AS OF JUNE YEARS 2011 THROUGH 2013 REMAINS	PIC IN OUNT IAL ST NITIO A TAX ITION ATTER 30, 20	ICOME TAXES THESE ING FOR UNCERTAIN TATEMENTS AND PRES N AND DERECOGNITIC RETURN THE INSTITUS FOR THE YEAR END RS THAT WOULD REQUOTS, THE STATUE OF L	PROV TY IN CRIBE ON OF UTE P ED JUI	ISIONS PROVIDE INCOME TAXES E A THRESHOLD OF TAX POSITIONS ERFORMED AN NE 30, 2015, AND ECOGNITION IN THE
	XI, LINE 4B - OTHER STMENTS	IN KIND CONTRIBUTIONS REALIZED G			795	
	XII, LINE 4B - OTHER STMENTS	INVESTMENT EXPENSES 68,793 IN KI	ND CO	NTRIBUTIONS		

Jenedale 2 (1 31111 33 3) 23 13		r age S				
Part XIII Supplemental Information	on (continued)					
Return Reference	Explanation					
l						
-						

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493137098046

OMB No 1545-0047

Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States

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

Open to Public **Inspection**

CERTIFICATION

Department of the Treasury Internal Revenue Service

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

Name of the organization										
THE ALBERT SHANKER INSTI	TUTE					52-1432693	52-1432693			
Part I General Inform	mation on Grants	and Assistance				•				
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	d to award the grants o	rassistance?					ГYes Г≀			
					. Complete if the org plicated if additional		"Yes" to			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
(1) NEW YORK UNIVERSITY	13-5562308 501(C)(3)		35,855				TO SUPPORT ELIGIBLE NEW YORK STATE PUBLIC SCHOOL TEACHERS SEEKING THEIR FIRST NATIONAL BOARD			

:	Enter total numb	ber of section 50)1(c)(3) and go	vernment organizati	ions listed in the l	line 1 table .

Enter total number of other organizations listed in the line 1 table.

Part III 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.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) TO ASSIST WITH THE RESEARCH/WRITING OF THE "THE STATE OF TEACHER DIVERSITY IN AMERICAN EDUCATION"	2	5,000			

Part IV	Supplemental Information	n. Provide the information req	quired in Part I, line	2, Part III, column	(b), and any other	er additional information.

Return Reference

Explanation

DLN: 93493137098046

OMB No 1545-0047

Schedule J (Form 990)

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

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

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

Open to Public Inspection

Name of the organization THE ALBERT SHANKER INSTITUTE

Department of the Treasury

Internal Revenue Service

Employer identification number

52-1432693

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in 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, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
_	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
_				No
	The organization?	5a		
D	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b		No
_				
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown o	of W-2 and/or 1099-MIS	5C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation		other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 RANDI WEINGARTEN, PRESIDENT	(i) 0 0 0 0 0 (ii) 378,888 0 52,619		0	0 8,318	0 439,825	0		
2 FRANCINE M LAWRENCE, EXEC VICE PRES	(i) (ii)	0 174,757	0	0 42,780	0 40,194	0 27,373	0 	0
3 LORRETTA JOHNSON, SECRETARY-TREASURER	(i) (ii)	0 273,209	0	0 54,545	0	0 8,318	0 336,072	0
4 LEO E CASEY, EXECUTIVE DIRECTOR ALBERT SHANKER IN	(i) (ii)	0 190,225	0	0 18,077	0 43,752	0 8,318	260,372	0
5 EDITH B BOND, DIRECTOR OF PROGRAMS	(i) (ii)	0 151,937	0	7,650	0 35,618	0 18,106	0 213,311	0
6 RANDALL C GARTON, DIRECTOR OF RESEARCH & OPERATIONS	(i) (ii)	0 148,518	0 0		0 34,816	0 18,106	0 208,889	0
7 ESTHER QUINTERO, ASSISTANT DIRECTOR	(i) (ii)	0 102,072	0	0 6,865	0 23,477	0 18,106	0 150,520	0 0

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2014

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As Filed Data -

DLN: 93493137098046

OMB No 1545-0047

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SCHEDULE 0 (Form 990 or 990-EZ)

FORM 990, PART VI, SECTION B.

FORM 990, PART VI, SECTION C,

FORM 990, PART XII, LINE 2C

LINE 12C

LINE 19

Department of the Treasury Internal Revenue Service

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.

► 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.

Name of the organization THE ALBERT SHANKER INSTITUTE		Employer identification number
THE ALBERT SHAWKER INSTITUTE		52-1432693
990 Schedule O, Supplemer	ntal Information	
Return Reference	Explanation	
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF THE ORGANIZATION ARE MEMBERS OF THE EFEDERATION OF TEACHERS	XECUTIVE COUNCIL OF THE AMERICAN
FORM 990, PART VI, SECTION A, LINE 7A	THE ASI BOARD OF DIRECTORS PROVIDES INPUT, ADVICE AND A THE COR PORATE MEMBERS ADOPT THE BUDGET, REVIEW THE ACTIVITIES ELE CT NEW BOARD MEMBERS, AND CARRY OUT OTHER RESPONSIE OF ASI	S OF THE PRESIDENT AND THE BOARD,
FORM 990, PART VI, SECTION A, LINE 8B	THE INSTITUTE DID NOT HAVE A COMMITTEE THAT HAD THE AUT GOVERNING BODY	THORITY TO ACT ON BEHALF OF THE
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS DRAFTED THROUGH A COLLABORATIVE EFFC	PRT OF THE INSTITUTES OUTSIDE AUDIT

RM AND IN-HOUSE FINANCIAL AND LEGAL PROFESSIONALS. THE DRAFT IS DISTRIBUTED TO THE

AS A RELATED ORGANIZATION TO AMERICAN FEDERATION OF TEACHERS. THE ORGANIZATION

S POLICY - CONFLICT OF INTEREST QUESTIONNAIRE IS CIRCULATED ANNUALLY TO VICE PRESIDENTS

THE INSTITUTE'S FORM 990 AND CERTAIN GOVERNING DOCUMENTS ARE AVAILABLE AS REQUIRED BY

VE TEAM FOR REVIEW PRIOR TO FILING THE FORM IS THEN FINALIZED AND SUBMITTED

D ALL NEW VICE PRESIDENTS ARE PROVIDED WITH A COPY OF THE POLICY

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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DLN: 93493137098046

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization THE ALBERT SHANKER INSTITUTE

555 NEW JERSEY AVENUE NW

WASHINGTON, DC 20001

52-1797147

SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

52-1432693

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity

(a) (b) (d) (e) (g) Section 512(b) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling (13) controlled or foreign country) (if section 501(c)(3)) entity entity? Yes (1) AMERICAN FEDERATION OF TEACHERS AFL-CIO LABOR ORGANIZATION DC No 501(C)(5) 555 NEW JERSEY AVENUE NW WASHINGTON, DC 20001 36-0725240 (2) AMERICAN FEDERATION OF TEACHERS EDUCATIONAL FOUNDATION TO CONDUCT AND SPONSOR DC 501(C)(3) 509(A)(3) - TYPE I AMERICAN FEDERATION OF No 555 NEW JERSEY AVENUE NW STUDY AND RESEARCH IN TEACHERS AFL-CIO EDUCATIONAL AND RELATED WASHINGTON, DC 20001 FIELDS 52-1439116 (3) AMERICAN FEDERATION OF TEACHERS BENEFIT TRUST TO PROVIDE WELFARE DC 501(C)(5) AMERICAN FEDERATION OF No 555 NEW JERSEY AVENUE NW TEACHERS AFL-CIO BENEFITS TO MEMBERS OF LABOR ORGANIZATION WASHINGTON, DC 20001 52-1846907 (4) AFT DISASTER RELIEF FUND TO PROVIDE ASSISTANCE TO DC 501(C)(3) 509(A)(3) - TYPE I AMERICAN FEDERATION OF No 555 NEW JERSEY AVENUE NW PERSONS AFFECTED BY TEACHERS AFL-CIO NATURAL AND MAN-MADE WASHINGTON, DC 20001 DISASTERS 20-3664119 (5) 555 NEW JERSEY AVENUE NW INC HOLDING COMPANY DC 501(C)(2) AMERICAN FEDERATION OF No

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.

TEACHERS AFL-CIO

Part III	Identification of Related Organizations Taxable as a Partnership Complete of 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.	

	·			•								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j		(k)
Name, address, and EIN of	Primary	Legal	Direct controlling	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	Gene	ral or	Percentage
related organization	activity	domicile	entity	ıncome(related,	total income	end-of-year	allocati	ions?	amount in	mana	aging	ownership
- · · · · · · · · · · · · · · · · · · ·	1	(state or	,	unrelated,		assets			box 20 of	partr	ner?	•
,		foreign		excluded from					Schedule K-1	l .		,
,		country)		tax under					(Form 1065)	ĺ		,
<u> </u>	1			sections 512-					,	ĺ		,
<u> </u>		1		514)						<u> </u>		
	<u> </u>			,			Yes	No		Yes	No	
(1) CAPITOL PLACE I ASSOCIATES	REAL ESTATE	DC	AMERICAN	RELATED				No			No	!
	RENTAL	1	FEDERATION OF								r I	ŀ
,			TEACHERS AFL-								ιI	l
555 NEW JERSEY AVENUE NW			CIO							!	ıΙ	ļ
WASHINGTON, DC 20001	1	'									ιI	l
52-1293001	1	'									ιI	ŀ
			l	l .								
1												,

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
		,,		0. 1.110,				Yes	No
	·		l						_

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

hedule R (Form 990) 2014		Рa	ge 3
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		Yes	No
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1 c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1 f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		N
• Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q Reimbursement paid by related organization(s) for expenses	1 q		No
	'	I I	i

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

2 If the diswer to diff of the above is Tes, see the instructions for minormation on who must complete this line, including covered relationships and drainsaction thresholds									
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved						
(1) AMERICAN FEDERATION OF TEACHERS AFL-CIO	С	527,156							
(2) AMERICAN FEDERATION OF TEACHERS AFL-CIO	P	1,208,828							

No No Part VI 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 gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

1													
(a)	(b)	(c)	(d)	1	(e)	(f)	(g)	(h)	\neg	(i)	(j)	7	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are	e all partners	Share of	Share of	Disproprtionate	æ I	Code V-UBI	General or	r J	Percentage
	1 ' ''	domicile	ıncome	1	section	total	end-of-year	allocations?	Į.	amount in	managing	4 1	ownership
	1	(state or	(related,	[[501(c)(3)	ıncome	assets	1	J	box 20	partner?	- 1	
	1 '	`foreign	unrelated,		ganizations?	1 '	1	1	Į.	of Schedule	<i>(</i> '	J	('
	1		excluded from		,	1 '	1	1	J	K-1	1	J	(!
	1	1	tax under	1	,	1 '	1	1	J	(Form 1065)	1	J	('
	1 '	1	sections 512-	1	,	1 '	1	1	Į.	(1 01111 2000,)	1	J	1
	1 '	1				4 '	1			4 /		$\overline{}$	
	1	1	514)	Yes	No	1 '	1	Yes	No	()	Yes	No	(
	 '		4'	——'	 '	 '						اللك	1
	1 '	1	1	1 '	1 '	1 '	1	, 1	, 1	1			
				$\overline{}$					$\overline{}$			_	

Schedule R (Form 990) 2014 Page **5**

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014