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DLN: 93493081006107 OMB No 1545-0047

Department of the

Return of Organization Exempt From Income Tax

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

 Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/foim990 Open to Public Inspection Treasury
Internal Revenue Service

A Fo	r the 2	2015 ca	endar year, or tax year beginning 09-01-2015 , and ending 08-31-2016					
B Che	ck ıf ap	plicable	C Name of organization BUFFALO TEACHERS FEDERATION INC		D Emp	loyer	identification number	
☐ Ad	dress ch	nange	BOTTALO TLACTIERS TEDERATION INC		16-	0767	220	
☐ Na	me cha	nge	Doing business as					
	tıal retu	rn	-					
Fir return/	nal termina	ted	Number and street (or P O box if mail is not delivered to street address) Room/suite	;	E Tele	phone r	number	
Am	ended r	eturn	271 PORTER AVENUE		(71	6)88	1-5400	
App	olication	pending	City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14201		G Gros	s receij	pts \$ 5,424,718	
			F Name and address of principal officer	H(a)	Is this a gro	up ret	urn for	
			PHILIP RUMORE 271 PORTER AVENUE		subordinates		☐ Yes 🗸	
			BUFFALO, NY 14201		No Are all subo	rdinati	0.5	
I Tax	c-exemp	ot status	501(c)(3) ✓ 501(c) (5) ◄ (insert no)	. ,	ıncluded?		Yes No	
J W	ebsite:	▶ WW	W BTFNY ORG		Group exem		•	
K Form	of ora:	anization	✓ Corporation Trust Association Other ►		ar of formation		M State of legal domicile NY	
10111	T OF OIGE	arnzacion	Corporation Mast Association Other P	1				
Pa	rt I	Sum	mary					
Activities & Governance	ID OB EN EF	EALS II BJECTIN TRANC FICIEN	OSE OF THE BUFFALO TEACHER FEDERATION IS TO PROMOTE AN EDUCATION AND TO AID IN BRINGING ABOUT THE REALIZATIO /E IS TO MAINTAIN THE TEACHING PROFESSION BY UPHOLDING E INTO THE PROFESSION, AND TO IMPROVE THE MATERIAL WELF CY OF THE TEACHERS, AND THUS TO PROMOTE THE WELFARE OF IC MIND A SENSE OF SIGNIFICANCE OF THE TEACHING PROFESS	N OF TARE A	THESE IDEA H STANDAR AND TO RAI:	LS T D O F SE T H	HE FEDERATION QUALIFICATIONS FOR IE PROFESSIONAL	
Ven								
9								
≈ 5	2 C	heck th	s box \blacktriangleright \sqsubset if the organization discontinued its operations or disposed of	more t	than 25% of	its ne	t assets	
ties	3 N	umbara	f voting members of the governing body (Part VI, line 1a)			3	28	
ĮΜ			findependent voting members of the governing body (Part VI, line 1b)			4	+	
AC			nber of individuals employed in calendar year 2015 (Part V, line 2a)			5		
			nber of volunteers (estimate if necessary)			6		
	7 a ⊤∈	otal unr	elated business revenue from Part VIII, column (C), line 12			7a	18,050	
	b Ne	t unrela	ted business taxable income from Form 990-T, line 34			7Ł	b 3,227	
					Prior Year		Current Year	
	8	Contri	outions and grants (Part VIII, line 1h)			0	0	
ènu	9	Progra	m service revenue (Part VIII, line 2g)		3,12	6,976	3,222,814	
Ravenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		9	5,351	86,649	
Œ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13	6,024	139,262		
	12	Total r 12)	evenue—add lines 8 through 11 (must equal Part VIII, column (A), line		3,35	8,351	3,448,725	
	13	<u> </u>	and similar amounts paid (Part IX, column (A), lines 1–3)			0	0	
	14		es paid to or for members (Part IX, column (A), line 4)			0		
	15		es, other compensation, employee benefits (Part IX, column (A), lines		7.6	7 2 2 2 2		
Expenses	16a	5-10)	sional fundraising fees (Part IX, column (A), line 11e)		76	7,332		
χbε	b		ndraising expenses (Part IX, column (D), line 25) \triangleright^0					
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,53	4,303	2,584,985	
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)			1,635	<u> </u>	
	19	Reven	ue less expenses Subtract line 18 from line 12		5	6,716	81,491	
Net Assets or Fund Balances				Begin	ning of Currer	nt Year	r End of Year	
sse 3ala	20	Total	ssets (Part X, line 16)		3,65	2,838	3,937,421	
PA A	21	Total I	abilities (Part X, line 26)		1,88	4,566	2,416,119	
žŢ	22	Net as	sets or fund balances Subtract line 21 from line 20					
	t II		ature Block					
my kr	owled	ge and b	perjury, I declare that I have examined this return, in belief, it is true, correct, and complete Declaration o owledge					
	Ι	.						

	**	* * * *									
Sign	Signature of officer										
Here											
	Ту	pe or print name and title									
Paid		Print/Type preparer's name JAMES M DUNN JR	Preparer's signature JAMES M DUNN JR								
Prenare	r	Firm's name LUMSDEN & MCCORMICK LLP									
Preparer Firm's address > 369 FRANKLIN STREET											

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

BUFFALO, NY 14202

For Paperwork Reduction Act Notice, see the separate instructions.

Use Only

Form	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	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, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11 a	Yes	
	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	Yes	
	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	11 c		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 🔰	11 d		No
е	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	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? <i>If</i> "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? If "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? <i>If "Yes," complete Schedule G, Part I</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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

29

		<u> </u>			
IV	Ch	ecklist of Rea	uired Sche	dules (co	ntinued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🛸 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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?

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

21	domestic government on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21	No
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	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No
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		

3	NO
la	No

Νo

Nο

Νo

Νo

Nο

Νo

Nο

Nο

Nο

Νo

Nο

Nο

24c

24d

25a

25b

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28a

28b

28c

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35a

35b

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Yes

Yes

Form 990 (2015)

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			
		officers in benievance of consuming a response of most to arry line in this	1 41 0			Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	20			
ь	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		L ne organization comply with backup withholding rules for reportable payments to	. vend	fore and reportable			
٠		ng (gambling) winnings to prize winners?		· · · · · ·	1c	Yes	
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and Statements, filed for the calendar year ending with or within the year covered	2-	1.6			
L	•	s return	2a	16	2b	Yes	
	Note.	east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	(see	instructions)			
		ne organization have unrelated business gross income of \$1,000 or more during			3a	Yes	
		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3b	Yes	
4 a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc unt)?			4a		No
b		es," enter the name of the foreign country	k and I	Financial Accounts			
5a	Was t	the organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
ь	Did ai	ny taxable party notify the organization that it was or is a party to a prohibited t	- ax sh	elter transaction?	5b		No
_	If"Vρ	es," to line 5a or 5b, did the organization file Form 8886-T?			35		
٠	11 16	s, to fine 3a of 3b, and the organization mer of m 6660-11			5c		
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			6a		No
b	were i	es," did the organization include with every solicitation an express statement th not tax deductible?	nat sud	ch contributions or gifts	6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
	servi	ne organization receive a payment in excess of \$75 made partly as a contribution ces provided to the payor?			7a		No
		es," did the organization notify the donor of the value of the goods or services pr			7b		
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?		which it was required to	7 c		No
a	If "Ye	es," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	onal be	enefit contract?	7 f		
g	If the requir	organization received a contribution of qualified intellectual property, did the ored?	rganız • •	ation file Form 8899 as	7 g		
h	Form	organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	s, did t	the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	sıness	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966			9a		
ь	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson ⁷	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initia	tion fees and capital contributions included on Part VIII, line 12	10 a				
b	Gross facılıt	s receipts, included on Form 990, Part VIII, line 12, for public use of club cies	10b				
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	s income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
		es," enter the amount of tax-exempt interest received or accrued during the	ĺ				
	year		12b				
13		on 501(c)(29) qualified nonprofit health insurance issuers.					
	addıtı	e organization licensed to issue qualified health plans in more than one state? N tonal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states ich the organization is licensed to issue qualified health plans	13b				
c		the amount of reserves on hand	13c				
		ne organization receive any payments for indoor tanning services during the tax		7	14a		No
		re organization receive any payments for indoor tallining services during the tax es," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•		14a		NU
ט	11 16	3, has tellied a form 720 to report these payments (11 No, provide all explana	aon III	Schould U	74D		

	990 (20	,					Page (
'ai	F	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No' describe the circumstances, processes, or changes in Schedule O. S			or 10	Ob belo	w,
		Check if Schedule O contains a response or note to any line in this Part VI					
Se		A. Governing Body and Management	<u> </u>		•	•	🗸
		oo o				Yes	No
1a	Enter th	ne number of voting members of the governing body at the end of the tax	1a	28			
	body, or	are material differences in voting rights among members of the governing r if the governing body delegated broad authority to an executive committee ar committee, explain in Schedule O					
b	Enter th	ne number of voting members included in line 1a, above, who are ident	1b	24			
2		officer, director, trustee, or key employee have a family relationship or a bus ficer, director, trustee, or key employee?			2		No
3		organization delegate control over management duties customarily performe sion of officers, directors or trustees, or key employees to a management coi			3		No
4		organization make any significant changes to its governing documents since			4		No
5	Did the	organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		No
6	Did the	organization have members or stockholders?			6	Yes	
7a		organization have members, stockholders, or other persons who had the powembers of the governing body?			7a	Yes	
b		governance decisions of the organization reserved to (or subject to approva ons other than the governing body?			7b		No
8		organization contemporaneously document the meetings held or written action the following	ons ui	ndertaken during the			
а		rerning body?			8a	Yes	
ь	Each co	ommittee with authority to act on behalf of the governing body?			8b	Yes	
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, ation's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction E	3. Policies (This Section B requests information about policies not	requi	red by the Internal R	even	ue Cod	e.)
						Yes	No
L0a	Did the	organization have local chapters, branches, or affiliates?			10 a		No
b		" did the organization have written policies and procedures governing the act s, and branches to ensure their operations are consistent with the organization			10b		
L1a	Has the	organization provided a complete copy of this Form 990 to all members of it	s gov	erning body before filing	11a	Yes	
b	Describ	e in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
L2a	Did the	organization have a written conflict of interest policy? If "No," go to line 13 .			12 a		No
b		ficers, directors, or trustees, and key employees required to disclose annuall conflicts?			12b		
С	Did the	organization regularly and consistently monitor and enforce compliance with fule O how this was done	the p	olicy? <i>If "Yes," describe</i>	12 c		
L3	Did the	organization have a written whistleblower policy?			13		No
L4	Did the	organization have a written document retention and destruction policy? .			14		No
L5		process for determining compensation of the following persons include a revident persons, comparability data, and contemporaneous substantiation of th					
а	The org	anization's CEO, Executive Director, or top management official			15 a	Yes	
b	O ther o	fficers or key employees of the organization			15b	Yes	
	If"Yes"	to line 15a or 15b, describe the process in Schedule O (see instructions)					
L6a	Did the	organization invest in, contribute assets to, or participate in a joint venture of entity during the year?			16 a		No
b		" did the organization follow a written policy or procedure requiring the organi ation in joint venture arrangements under applicable federal tax law, and take					

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- Own website Another's website 🗸 Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of 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
 ►STAN NOWAK 271 PORTER AVENUE BUFFALO, NY 14201 (716) 881-5400

16b

Part VII

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	more t	ition than o on is	one l both ector	box, an d	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

art VII	Section A. Officers, Directo	s, Trustees, Key Employees	s, and Highest Compensated Employees (continued)	
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(A) Name and Title	(B) Average hours per week (list	Posit more t perso	tion (han d	ne b	οx, ι	unless		(D) Reportable compensation from the	Reportable Reportable compensation from the from related	
	any hours for related organizations below dotted line)	and Individual trustee or director	di Institutional Trustee	Office			Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099-MISC)	from the organization and related organizations
See Additional Data Table										
1b Sub-Total		 ection A		•	 	>			+	
d Total (add lines 1b and 1c) .	<u></u>					>		207,185	0	0
2 Total number of individuals (in	cluding but not l	limited t	o the	se I	isted	ahov	2) w/	on received more th	an	

- \$100,000 of reportable compensation from the organization > 1

(A)

- Did the organization list any former officer, director or trustee, key employee, or highest compensated employee

- 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 ındıvıdual 4
- 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 . . .
- **Section B. Independent Contractors** 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

Name and business address	Description of services	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

Yes

3

No

Νo

Νo

Νo

Form 99								Page 9
Part V	/++1	Statement o						_
		Check If Schedi	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns 1a					
ants	ь	Membership du	es 1b					
Grants Amounts	c	Fundraising eve	ents 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organiz	ations 1d					
a, G	e	Government grants	s (contributions) 1e					
Si	f		ons, gifts, grants, and 1f					
buti the		similar amounts no	ot included above					
a di di	g	1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f	· · · · •				
<u> </u>				Business Code				
Program Service Revenue	2a	MEMBERSHIP DUES	S	900099	3,222,814	3,222,814		
å <u>¥</u>	b							
Š	C d							
<u>%</u>	e							
gran	f	All other progra	am service revenue					
₽	g	Total Add lines	s 2a-2f		3,222,814			
	3		ome (including dividen					
	١.		ar amounts)	-	86,532			86,532
	4 5		timent of tax-exempt bond	proceeds				
		,	(ı) Real	(II) Personal				
	6a	Gross rents	121,212					
	ь	Less rental	0					
	c	expenses Rental income	121,212					
	d	or (loss) Net rental incoi	l me or (loss)		121,212			121,212
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,976,110					
	ь	Less cost or other basis and	1,975,993					
		sales expenses Gain or (loss)	117					
	c d	Net gain or (los			117	117		
Other Revenue		Gross income f events (not inc	rom fundraising luding s reported on line 1c)					
Other	Ь		apenses b (loss) from fundraising					
	9a	Gross income f	rom gaming activities	events p				
		See Part IV, lin	e 19 a					
	ь	Less directex	penses b					
	С	Net income or ((loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	owances .	P				
	,	Loss sost of a	a and sold					
	b c	Less cost of go Net income or (oods sold b (loss) from sales of inve	L entory ▶				
		Miscellaneous		Business Code				
	11a	ADVERTISING	i	541800	18,050		18,050	
	b	-						
	c							
	d	All other revenue Total. Add lines						
	12			•	18,050			
	12	lotal revenue.	See Instructions .	•	3,448,725	3,222,931	18,050	207,744

Part IX Statement of Functional Expenses

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		(D)	(6)	(5)	
Check if Schedule O contains a response or note to any line in this	Part IX				
ection $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All	il other organiza	ations must com	nplete column (A)	
ction 501(c)(3) and 501(c)(4) organizations must complete all columns. All			•	•	_

	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				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
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	197,865			
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	337,972			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	202,993			
10	Payroll taxes				
		43,419			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	61,480			
12	Advertising and promotion	65,872			
13	Office expenses	78,495			
14	Information technology				
15	Royalties				
16	Occupancy	18,284			
17	Travel	19,850			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,111			
20	Interest				
21	Payments to affiliates	11 240			
22	Depreciation, depletion, and amortization	11,248			
23 24	Insurance Other expenses Itemize expenses not covered above (List	2,219			
	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	PROVOCATOR	12,936			
b	MEMBER DUES	2,100,300		_	
c	ACTION & NEGOTIATION	22,898			
d	EQUIPMENT RENTAL	20,240			
е	All other expenses	122,052			
25	Total functional expenses. Add lines 1 through 24e	3,367,234			
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)				

Form 990 (2015)			Pag
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of ye
1	Cash-non-interest-bearing		1	

27.522

72,854

2 025 068

970,203

3,937,421

116,655

17,000

2 282 464

2,416,119

1,521,302

1,521,302

3.937,421

Form 990 (2015)

- 2 Savings and temporary cash investments . 3
- Pledges and grants receivable, net .

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Net Assets or Fund Balances

Assets

II of Schedule L

Notes and loans receivable, net .

Prepaid expenses and deferred charges

Investments—publicly traded securities

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Grants payable .

Deferred revenue

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

key employees, and highest compensated employees Complete Part II of

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

- Accounts receivable, net . .

10a 10b

Loans and other receivables from current and former officers, directors, trustees,

714.931

642,077

- 665 347 289 787
 - 3 4

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10c

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32

33

20.982

63,640

1 880 846

732,236

3,652,838

132 813

1,751,753

1,884,566

1,768,272

1.768.272

3,652,838

- 642.970
 - 198 804

▽

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

1 Accounting method used to prepare the Form 990

Schedule O

Schedule O

basis, consolidated basis, or both

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate Separate basis Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Single Audit Act and OMB Circular A-133?

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

Both consolidated and separate basis

Cash ✓ Accrual COther

Software ID: Software Version:

EIN: 16-0767220

Name: BUFFALO TEACHERS FEDERATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization individual to or director Highest compensi employee organizations Institutional MISC) MISC) and related below organizations employee dotted line) trustee Trustee ig ed 40 00 PHILIP RUMORE Х Х 102,459 0 PRESIDENT 5 00 40 00 EDITH LEWIN Х Х 91,431 0 VICE PRESIDENT 5 00 KEVIN GIBSON Х Χ 3,975 0 DIRECTOR RACHEL LIS Х 305 0 DIRECTOR SEAN CROWLEY Х 305 0 DIRECTOR NICOLE HERKEY Х 305 0 DIRECTOR 2.00 1 00 RUYVETTE TOWNSEND Х 305 0 DIRECTOR 2 00 1 00 LUCILLE EMMI 305 0 DIRECTOR 1.00 MELINDA MACPHERSON-SULLIVAN 305 Х 0 DIRECTOR 1 00 TERESA LEATHERBARROW 305 0 DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition nore tl ss pe	(C) n (do than ersoi icer a	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Qf	key en	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
JOSEPH MONTANTE DIRECTOR	1 00	x						305	0	0	
THOMAS ANTHONY DIRECTOR	1 00	х						305	0	0	
M SUE RAICHILSON DIRECTOR	1 00	x						305	0	0	
PHYLLIS MABRY-MAYS DIRECTOR	1 00	x						305	0	0	
SUSAN BAKER DIRECTOR	1 00	x						305	0		
LYNN GARCIA DIRECTOR	1 00	x						305	0		
MICHAEL MECCA DIRECTOR	1 00	x	 					305	0	(
MARK MECCA DIRECTOR	1 00	х						305	0	C	

1 00

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1,505

305

CHRISTINE SALAMONE

DIRECTOR

DIRECTOR

THOMAS PISA

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

705

305

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl	than erso icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
THOMAS GATTIE DIRECTOR	1 00	x						305	0	0	
MELISSA KENNEY DIRECTOR	1 00	x						705	5 0	0	
GREGORY SAWICKI DIRECTOR	1 00	x						305	0	C	
TRISHA ROSOKOFF DIRECTOR	1 00	x						305	0	C	
DENNIS BRANCATO	1 00	x			Г		П	305	0	C	

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DIRECTOR

DIRECTOR

TREASURER

DIRECTOR

REBECCA PORDUM

SOPHIA HOWARD-JOHNSON

CHRISTOPHER STEPHENS

DLN: 93493081006107

Employer identification number

16-0767220

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

BUFFALO TEACHERS FEDERATION INC

Political expenditures

Volunteer hours

Service

2

3

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955	*	\$
2	Enter the amount of any excis	e tax incurred by organization managi	ers under section	4955	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4 a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	\$			
3	Total exempt function expendi	\$			
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
5	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	unds Also enter the nızatıon, such as a			
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, s	ee the instructions for Form 990 or 990	- EZ. Ca	at No 50084S Schedule C (F	orm 990 or 990-EZ) 2015

	art II-	A	Complete if the organization is exempt under section $501(c)(3)$ and file under section $501(h)$.	ed Form 5768	(election
	Check	•	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated groexpenses, and share of excess lobbying expenditures)	up member's name	e, address, EIN
i	Check	•	if the filing organization checked box A and "limited control" provisions apply		
			Limite on Lobbying Evnanditures	(a) Filing	(b) Affiliated

	Limits on Lobb	box A and "limited control" provisions apply bying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a b	Total lobbying expenditures to influence public lobbying) Total lobbying expenditures to influence a legi	, ,		
c	Total lobbying expenditures (add lines 1a and	1 b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines			
f	Lobbying nontaxable amount Enter the amoun			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of	line 1f)		
h	Subtract line 1g from line 1a If zero or less, en	nter - 0 -		
i	Subtract line 1f from line 1c If zero or less, en	ter -0-		
j	If there is an amount other than zero on either reporting section 4911 tax for this year?	line 1h or line 1i, did the organization file Form 472		
		☐ Y e s	├ No	

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year **(b)**2013 (d)2015 (a)2012 (c)2014 (e) Total beginning in) Lobbying nontaxable amount 2a Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Return Reference

Sche	edule C (Form 990 or 990-EZ) 2015				Pá	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ТОІ				
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activ			No	l	A moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local	Yes		7		
•	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Paı	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01 (c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C				
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	3-				
a	Current year	2a				
b	Carryover from last year	2b				
_C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information					
	• •					
Pro	ovide the descriptions required for Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated grou	p list),	, Part I	1-A,	ines 1	and

Explanation

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

SCHEDULE D

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493081006107

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Employer identification number Name of the organization BUFFALO TEACHERS FEDERATION INC 16-0767220 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? No. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet

- works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Par	TIII Organizations Maintaining (continued)	Collections of A	rt, His	storic	al T	rea	sures, or	Oth	er Simila	r Asse	ets	
3	Using the organization's acquisition, acc collection items (check all that apply)	ession, and other reco	ords, cl	heck a	ny of	the f	ollowing that	are	a sıgnıfıcan	t use of	its	
а	Public exhibition		d		Loa	n or e	xchange pro	grar	ns			
b	Scholarly research		е		Oth	er						
c	Preservation for future generations											
4	Provide a description of the organization Part XIII	's collections and exp	laın ho	w they	furth	er th	e organizatio	ın's e	exempt purp	ose in		
5	During the year, did the organization soli assets to be sold to raise funds rather th								mılar	Yes	┌ No	,
Pa	rt IV Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	IV, I	ine 9, or re	por	ted an am	ount o	n Forn	n 990,
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or other intern	nediary	/ for co	ntrıb	ution	s or other as	sets		Yes	┌ No)
b	If "Yes," explain the arrangement in P	art XIII and complete	the fo	llowing	tabl	e		Γ		A moun	t	
c	Beginning balance	·		_			1	c				
d	Additions during the year						10	d				
е	Distributions during the year						10	e				
f	Ending balance						1	f				
2 a	Did the organization include an amount o	n Form 990, Part X, lı	ne 21,	for es	crow	orcu	stodial acco	unt l	ıabılıty?	Yes	∏ No)
									·			
ь	If "Yes," explain the arrangement in Part											
Pa	rt V Endowment Funds. Comple	· · · · · · · · · · · · · · · · · · ·						 	•			
1a	Beginning of year balance	(a)Current year	(b)Pi	nor year		b (c)	wo years back	(a)	Three years b	ack (e)Four ye	ars back
b	Contributions											
С	Net investment earnings, gains, and losses											_
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the	current year end bala	nce (lır	ne 1g,	colur	nn (a)) held as			· ·		
а	Board designated or quasi-endowment >											
b	Permanent endowment ▶											
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%										
3а	Are there endowment funds not in the pos organization by	·	ızatıon	that a	re he	ld and	d administer	ed fo	rthe		Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" on 3a(II), are the related organiz					?.				3b		
4	Describe in Part XIII the intended uses		endowm	nent fu	nds							
Рa	rt VI Land, Buildings, and Equip Complete if the organization a		orm 9	90. Pa	art I	V. lır	ne 11a.See	For	m 990. Pa	rt X. III	ne 10.	
	Description of property				a) other b	asıs	(b) Cost or other (other)		Accumu (c)depreci	lated		ok value
1a	Land					*		,000				25,000
b	Buildings		.				433	,322	:	393,952		39,370
c	Leasehold improvements											
d	Equipment		·				256	,609		248,125		8,484
_	O bloom		- 1				i e					

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

72,854

Part VII Investments—Other Securities. Comp See Form 990, Part X, line 12.	plete if the orgai	lization answered Yes	on Form 990, Part IV, line 11b.
(a) Description of security or category		(b)Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests			
(3)Other (A) CERTIFICATES OF DEPOSIT		970,203	F
, ,		·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	970,203	
Part VIII Investments—Program Related. Complete if the organization answered 'Y	'es' on Form 990). Part IV. line 110.com	Form 000 Port V line 12
(a) Description of investment	23 311 131111 331	(b) Book value	(c) Method of valuation
		. ,	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization a	answered 'Yes' on	Form 990, Part IV, line 1:	Ld See Form 990, Part X, line 15
(a) Descript			(b) Book value
Total. (Column (b) must equal Form 990. Part X. col (B) line 15			
Part X Other Liabilities. Complete if the organ			
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.	ızatıon answere	d 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organ		d 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.	ızatıon answere	d 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability	ızatıon answere	d 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFITS	(b) Book valu	d 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFITS	(b) Book valu	d 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFITS	(b) Book valu	d 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book valu	d 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFITS	(b) Book valu	d 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFITS	(b) Book valu	d 'Yes' on Form 990, Pa	
See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFITS	(b) Book valu	d 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFITS	(b) Book valu	d 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFITS	(b) Book valu	d 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFITS	(b) Book valu	d 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED POSTRETIREMENT BENEFITS	(b) Book valu	d 'Yes' on Form 990, Pa	

1

2

a b

d

3

Part XIII

information

Return Reference

Schedule D (Form 990) 2015

3,598,943

150,218

3,448,725

		4b							II) .	Part X	cribe in P	ther (Desc	b 0	b
4c											a and 4b	dd lines 4 a	c A	c
5		e 12)	I, lin	, Part	n 990	ıal Fori	ust eq	This m	and 4c. (lines	ue Addl	tal reven	T	5
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1					ents	statem	ancıal	ited fin	s per aud	llosse	ises and	tal expen	T	1
				e 25	X, lın	, Part I	m 990	on For	1 but not	n line	cluded or	mounts in	Α	2
		2a						es .	of faciliti	nd us	rvices an	onated ser	a D	а
		2b								nts	ıdjustmer	nor year a	b P	b
		2c									es	ther losse	с О	c
		. 2d							II) .	Part X	cribe in P	ther (Desc	d 0	d
2e										h 2d	a through	dd lines 2 a	e A	e
3									1	m line	ie 2e from	ıbtract lın	S	3
				ıne 1:	t on I	, but no	ıne 25	rt IX, I	n 990, Pa	n Fori	cluded or	mounts in	Α	4
		. 4a		ine 7b	/III,	, Part ۱	m 990	on For	ıncluded	es not	expense	vestment	a Ir	а
		. 4b							II) .	Part X	cribe in P	ther (Desc	b 0	b
4c											a and 4b	dd lines 4 a	c A	c
5		line 18	art I	90 Pa	orm 9	aual F	must (/This	3 and 4c	d lines	sees Add	stal ovnon	т.	5
	5 s per 1 2e 3	5 ents With Expenses per V, line 12a.	4c 4c 5 4c 5	4c 1, line 12	4c 2), Part I, line 12)	4c m 990, Part I, line 12)	4c ual Form 990, Part I, line 12)	4c ust equal Form 990, Part I, line 12)	4c This must equal Form 990, Part I, line 12)	4c 3 and 4c.(This must equal Form 990, Part I, line 12)	tines 3 and 4c.(This must equal Form 990, Part I, line 12)	a and 4b	dd lines 4a and 4b	Add lines 4a and 4b

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

2a

2b

2c

2d

150,218

2e

3

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b.

Net unrealized gains (losses) on investments .

Supplemental Information

Donated services and use of facilities .

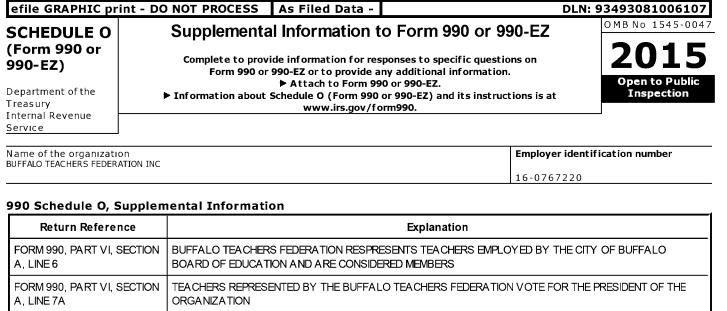
Recoveries of prior year grants .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Subtract line 2e from line 1 .

Schedule D (Form 990) 2015	Page 5	
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	



990 Schedule O, Supplemental Information Return Reference Explanation

FORM 990, PART VI, SECTION B, LINE 11	UPPER MANAGEMENT OF THE FEDERATION REVIEWS FORM 990 PRIOR TO SIGNING AND FILING THE RETURN
FORM 990, PART VI. SECTION B. LINE	OFFICER SALARIES ARE DETERMINED BY THE EXECUTIVE COMMITTEE AND COUNCIL OF

DELAGATES

990 Schedule O, Supplemental Information Return Reference Explanation

FORM 990, PART VI, SECTION C,	THE INFORMATION AVAILABLE IS MADE PUBLIC ONLY THROUGH REQUEST TO BUFFALO TEACHER
LINE 19	FEDERATION

FORM 990. PART XI. LINE 9 FAS 158 POST-RETIREMENT BENEFIT OBLIGATION ADJUSTMENT -478.679

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990. PART XII. LINE 2C THE PROCESS FOR REVIEWING THE TAX RETURN HAS NOT CHANGED FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE R | Related Or

DLN: 93493081006107OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at $\underline{www.irs.qov/form990}$.

ame of the organization UFFALO TEACHERS FEDERATION INC				Employer ident	ification number		
Part I Identification of Disregarded Entities Com	nplete if the organization	answered "Yes" or	n Form 990, Part I	•			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) -of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga	nnizations Complete If t	the organization an	swered "Yes" on F	form 990, Part IV	/, line 34 because it	had on	e
or more related tax-exempt organizations durin (a) Name, address, and EIN of related organization	g the tax year. (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling	Section (13) co	g)
(1)BUFFALO TEACHER FEDERATION SUPPLEMENTAL BENEFIT FUND 271 PORTER AVENUE BUFFALO, NY 14201 16-1066905	PROCESS DENTAL, OPTICAL, AND CO-PAY CLAIMS FOR TEACHER MEMBERS	NY	501(C) (9)	N/A	N/A	Yes	No No

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990,	Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop r alloca) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General or I managing partner?		General or managing partner?		General or managing partner?		(k) Percentage ownership
				311,			Yes	No		Yes	No							
							_											
Park TV Identification of Polated Organizations Toyoble s			T					11371		~~ -	\	D. J						

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?	
								Yes	No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

Yes

1 Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV	7			
а	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)				1 b		No
c	Gift, grant, or capital contribution from related organization(s)				1 c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1 g		No
h	Purchase of assets from related organization(s)				1h		No
i	xchange of assets with related organization(s)				1i		No
j	ease of facilities, equipment, or other assets to related organization(s)				1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
	reformance 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 s	haring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses				1 q	Yes	
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1 s		No
2	f the answer to any of the above is "Yes," see the instructions for information on who must comple						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount II	nvolved	t
(1)BUF	FALO TEACHER FEDERATION SUPPLEMENTAL BENEFIT FUND	J	17,000	FAIR MARKET VALUE			
(2) BUF	FALO TEACHER FEDERATION SUPPLEMENTAL BENEFIT FUND	Q	311,623	IN ACCORDANCE W/ BTF CONTR	ACT		
(3) BUF	FALO TEACHER FEDERATION SUPPLEMENTAL BENEFIT FUND	Р	7,788	BASED ON ACTUAL EXPENSES RE	CEIVED)	
				·	_	_	
		1	1				

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

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

revenue) that was not a related organization. See instructions in														
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No		
												1 .		
	l .		<u> </u>			1				C-l	ll. D (5		2015	

