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DLN: 93493107013197

OMB No 1545-0047 2015

Open to Public Inspection

990

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

For the 2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016 C Name of organization ROCHESTER TEACHERS ASSOCIATION D Employer identification number B Check if applicable Address change 16-6013103 Name change Doing business as Initial return . Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite return/terminated 30 NORTH UNION STREET (585) 546-2681 Amended return City or town, state or province, country, and ZIP or foreign postal code ROCHESTER, NY $\,$ 14607 Application pending G Gross receipts \$ 1.923.912 Name and address of principal officer **H(a)** Is this a group return for Yes 🗸 subordinates? 30 NORTH UNION STREET Νo ROCHESTER, NY 14607 H(b) Are all subordinates Tax-exempt status included?

4947(a)(1) or

Website: ► WWW ROCHESTERTEACHERS COM H(c) Group exemption number ▶ 0787

L Year of formation 1973 M State of legal domicile NY

If "No." attach a list (see instructions)

16

9

31 n

0

Part I Summary

Activities & Governance

Ravenue

1 Briefly describe the organization's mission or most significant activities

501(c)(3) **√** 501(c) (5) **◄** (insert no)

TO WORK FOR THE WELFARE OF SCHOOL CHILDREN, TO DEVELOP AND PROMOTE PROFESSIONAL AUTONOMY, TO UNIFY AND STRENGTHEN THE TEACHING PROFESSION, TO ENABLE MEMBERS TO SPEAK WITH A COMMON VOICE ON MATTERS PERTAINING TO THE TEACHING PROFESSION

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 4

5 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) **6** Total number of volunteers (estimate if necessary) 6

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 7h **Current Year**

Contributions and grants (Part VIII, line 1h) . n Program service revenue (Part VIII, line 2g) 1,750,188 1.916.407 6,473 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,088 10

0 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1,923,495

1,756,661 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) n

3.000 3.000 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 940,870 915,982 5 - 10)

0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) \triangleright^0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . 895,659 896,814 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,839,529 1,815,796 19 Revenue less expenses Subtract line 18 from line 12 . -82,868 107,699

Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 1,672,165 1,528,731

Assets or d Balances 21 Total liabilities (Part X, line 26) . 335,363 73,660 22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Signature of officer Sign Here PAUL HETLAND TREASURER Type or print name and title

Print/Type preparer's name DALE ROWLAND CPA Preparer's signature DALE ROWLAND CPA Paid Firm's name FLAHERTY SALMIN LLP **Preparer** Firm's address ≥ 2300 BUFFALO RD BLDG 200 Use Only ROCHESTER, NY 14624

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

For Paperwork Reduction Act Notice, see the separate instructions.

Par	t IV Checklist 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		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	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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 💆	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, Pait 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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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		No
	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
	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		No
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	11 f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a		No
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	12 b	Yes	
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? 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? 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? If "Yes," complete Schedule G, Part II	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
	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

IV	Ch	ecklist of	Required	Schedules	(continued)

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	
c	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	rart	v	• •	 Yes	. No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	13		1 65	INO
		the number of Forms W-2G included in line 1a Enter-0- if not applicable	1b	0			
		e organization comply with backup withholding rules for reportable payments t					
		g (gambling) winnings to prize winners?			1 c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered s return	2a	31			
b		east one is reported on line 2a, did the organization file all required federal emi			2b	Yes	
-		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3а	Did th	e organization have unrelated business gross income of \$1,000 or more durin	g the	year?	3a		No
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i>		ŀ	3b		
4a		, 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 ac					
		nt)?	count,	, or other illiancial	4a		No
b	If"Ye:	s," enter the name of the foreign country					
	Seein	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank	k and	Financial Accounts			
_	(FBAR						
		he organization a party to a prohibited tax shelter transaction at any time during	-	· · · · · · · · · · · · · · · · · · ·	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited		ieiter transaction?	5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$1	00,00	0, and did the	6a		No
	organı	zation solicit any contributions that were not tax deductible as charitable con	trıbutı	ons?			
b		s," did the organization include with every solicitation an express statement the tax deductible?	nat su	ch contributions or gifts	6b		
7		izations that may receive deductible contributions under section 170(c).	ŕ				
а		e organization receive a payment in excess of \$75 made partly as a contributies provided to the payor?		d partly for goods and	7a		No
b		s," did the organization notify the donor of the value of the goods or services p		ed?	7b		
	Did th	e organization sell, exchange, or otherwise dispose of tangible personal propei	rty for	which it was required to			
		rm 8282?			7 c		No
d	тт "Үе:	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	ersor	al benefit contract?	7e		
f	Dıd th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		
g	Ifthe	organization received a contribution of qualified intellectual property, did the o	rganız	zation file Form 8899 as			
	require			*h	7 g		
n	Form :	organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	s, aid •	the organization file a	7h		
8		<mark>oring organizations maintaining donor advised funds.</mark> donor advised fund maintained by the sponsoring organization have excess bu	sines	s holdings at anv time			
		the year?			8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966	?.		9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson ⁷	9b		
10	Sectio	on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Sectio	on 501(c)(12) organizations. Enter		_			
		Income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources amounts due or received from them)	11b				
12a	Sectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) ın lıe	u of Form 1041?	12 a		
	If"Ye	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	year Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.					
_	T - ''						
а		organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	iote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states	13b				
_		ch the organization is licensed to issue qualified health plans					
		e organization receive any payments for indoor tanning services during the ta	13c	7	14a		No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•	ŀ	14a 14b		INU
-	I. 1 C:	e, has a med a rount 20 to report these payments in tho, provide all explains	011 11	. Serieuure O I I	_70	I	

orm	990 (2	2015)				Page 6
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" respon		or 10	b belo	w,
		describe the circumstances, processes, or changes in Schedule O. See instr				_
Sa	ction	Check if Schedule O contains a response or note to any line in this Part VI		•		🗸
30	Ction	A. Governing Body and Management			Yes	No
1a	Enter year	the number of voting members of the governing body at the end of the tax 1a	16		103	-110
	If thei body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee inlar committee, explain in Schedule O				
b		the number of voting members included in line 1a, above, who are endent 1b	9			
2		ny officer, director, trustee, or key employee have a family relationship or a business rel officer, director, trustee, or key employee?		2		No
3		ne organization delegate control over management duties customarily performed by or ui vision of officers, directors or trustees, or key employees to a management company or		3		No
4	-	ne organization make any significant changes to its governing documents since the prior	· ·	4		No
5		ne organization become aware during the year of a significant diversion of the organization	on's assets? .	5		No
6		ne organization have members or stockholders?		6	Yes	
7a		ne organization have members, stockholders, or other persons who had the power to electromembers of the governing body?		7a	Yes	
b	A re aı	ny governance decisions of the organization reserved to (or subject to approval by) men rsons other than the governing body?	F	7b	Yes	
8	Did th	ne organization contemporaneously document the meetings held or written actions under by the following	taken during the			
а	The g	overning body?		8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?		8b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cann ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		9		No
Se	ction	B. Policies (This Section B requests information about policies not required	by the Internal Re	eveni	ie Cod	e.)
			_		Yes	No
L0a	Did th	ne organization have local chapters, branches, or affiliates?	[10 a		No
b		es," did the organization have written policies and procedures governing the activities of tes, and branches to ensure their operations are consistent with the organization's exen		10b		
L1a	Has tl	he organization provided a complete copy of this Form 990 to all members of its governi rm?	ng body before filing	11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990				
L2a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13		12a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annually interes o conflicts?		12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the polic nedule O how this was done		12 c	Yes	
L3	Did th	ne organization have a written whistleblower policy?	[13	Yes	
L4	Did th	ne organization have a written document retention and destruction policy?	[14	Yes	
L5		ne process for determining compensation of the following persons include a review and a endent persons, comparability data, and contemporaneous substantiation of the delibera				
а	The o	rganization's CEO, Executive Director, or top management official		15a	Yes	
b	Other	r officers or key employees of the organization	[15b	Yes	
	If"Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)				
L6a		ne organization invest in, contribute assets to, or participate in a joint venture or similar le entity during the year?	arrangement with a	16 a		No
b	If "Ye partic	es," did the organization follow a written policy or procedure requiring the organization to supplied in the cipation in joint venture arrangements under applicable federal tax law, and take steps to lization's exempt status with respect to such arrangements?	safeguard the	16b		
-	- ti	C Disclosure	_			

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 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 Vpon request Other (explain in Schedule O)
- 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 ▶PAUL HETLAND 30 NORTH UNION STREET ROCHESTER, NY 14607 (585) 546-2681

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h ar	chec , unle n offic ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) ADAM URBANSKI PRESIDENT	40 00	х		х				111,948	0	
(2) JOHN PAVONE 1ST V PRESIDENT	40 00	х		x				28,308	0	
(3) MARGARET SERGENT 2ND V PRESIDENT	40 00	х		х				11,969	0	
(4) AIMEE RINERE SECRETARY	40 00	x		х				11,705	0	
(5) PAUL HETLAND TREASURER	40 00	x		х				11,705	0	
(6) VALERIE BARATTINI BOARD MEMBER	1 00	х						0	0	
(7) PAM MCMINDES BOARD MEMBER	1 00	х						0	0	
(8) THERESA KENYON BOARD MEMBER	1 00	х						0	0	
(9) CHARLIE DEAN BOARD MEMBER	1 00	х						678	0	
(10) CANDICE RUBIN BOARD MEMBER	1 00	х						0	0	
(11) TODD KLAFEHN BOARD MEMBER	1 00	х						0	0	
(12) LISA ENGLERT BOARD MEMBER	1 00	х						0	0	
(13) MATT LAVONAS BOARD MEMBER	1 00	х						6,592	0	
(14) GAIL RIZZO BOARD MEMBER	1 00	х						0	0	

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VITT	Castian A Officers	Diverteus Tours	tana Van Emplana	a and High ast Comm	anastad Emplanas / can	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
СШАЛШ	Section A. Officers	, Directors, irus	stees, key cilipioyee:	s, and nighest comp	ensated Employees (con	unueu)

-	1	1							1	I
(A) Name and Title	(B) Average hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n 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
(15) GEORGE GREVEN	1 00	.,								
BOARD MEMBER		×						C	C	0
(16) PAMELA RODRIGUEZ	1 00	Ų						C		
BOARD MEMBER		×						·	C	0
1b Sub-Total	<u> </u>	I		<u> </u>	<u> </u>	I				<u> </u>
c Total from continuation sheets to Part VII				▶						
d Total (add lines 1b and 1c)	•			▶			1	82,905	0	0
Total number of individuals (including but n \$100,000 of reportable compensation from	ot limited to tho	se list	ed al	bove	e) wl	ho red	eiv	ed more than	1	

services rendered to the organization? If "Yes," complete Schedule J for such person

- Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Νo 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 4 Νo
 - Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

compensation from the organization Report compensation for the calendar year ending	with or within the organization's	tax year
(A)	(B) __	(C)
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

5

No

Νo

Form 99								Page 9
Part V	1111	Statement o						_
		Check if Schedi	ule O contains a respor	ise 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
र इ	1a	Federated cam	paigns 1a					
tributions, Gifts, Grants Other Similar Amounts	ь	Membership du	es 1b					
Gifts, Grants ilar Amounts	с	Fundraising eve	ents 1c					
ifts ar A	d	Related organiz	ations 1d					
s, G mil	e	Government grants	s (contributions) 1e					
ion r Si	f		ons, gifts, grants, and 1f		İ			
Contributions, and Other Sim	_	Similar amounts no	ot included above					
ntri d O	g	1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f	· · · · •				
ŀ				Business Code				
Ven	2a	MEMBERSHIP DUE		611710	1,381,251	1,381,251		
Program Service Revenue	b	METRO FUNDING -	-	611710	361,753	361,753		
	, c	MEMBERSHIP DEVE		611710	146,800	146,800		
₹	d e	REBATE FROM NYS	SUT/PAC	611710	26,603	26,603		
ram	f	All other progra	am service revenue					
Progr								
	<u>д</u> 3		s 2a-2f ome (including dividend		1,916,407			
		and other simil	ar amounts)		7,505			7,505
	4		stment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(I) Real	(II) F CISUIIAI				
		Less rental						
	b	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	b	Less cost or other basis and sales expenses		417				
	c	Gain or (loss)		-417	447	44.7		
	d Ra	Net gain or (los Gross income f	rom fundraising		-417	-417		
Other Revenue	-	events (not inc \$	luding reported on line 1c)					
<u>.</u>		See Part IV, lin	a le 18					
)th	ь	Less direct ex	penses b					
O	С		(loss) from fundraising	events 🕨				
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming activ					
	10a	Gross sales of returns and allo		•				
	b c	Net income or (oods sold b (loss) from sales of inve					
	44-	Miscellaneous	s Revenue	Business Code				
	11a b							
	С							
	d	All other reven	ue					+
	e	Total. Add lines		•				
	12	Total revenue.	See Instructions					
					1,923,495	1,915,990		0 7,505 Form 990 (2015)

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (ection	501(c)(3) and $501(c)(4)$) organizations must	complete all columns	All other organizations	must complete column (Α'
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Check if Schedule O contains a response or note to any line in this Part IX

	ot include amounts reported on lines 6b, b, 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	3,000	3,000		
5	Compensation of current officers, directors, trustees, and key employees	175,883	167,883	8,000	
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	585,057	405,452	179,605	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	88,522	13,008	75,514	
9	Other employee benefits	5,701		5,701	
10	Payroll taxes				
		60,819	60,819		
11	Fees for services (non-employees)				
a	Management	122 417	122 417		
b c	Legal	123,417	123,417	12 200	
d	Lobbying	13,300		13,300	
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)	299		299	
12	A dvertising and promotion				
13	Office expenses	50,890	50,890		
14	Information technology				
15	Royalties				
16	Occupancy	139,265	139,265		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	350,823	350,823		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,579		17,579	
23	Insurance	2,367		2,367	
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	MEMBER DEVELOPMENT	133,215	133,215		
b	TELEPHONE	27,485	27,485		
c	POSTAGE AND SHIPPING	15,665	15,665		
d	OTHER EXPENSES	9,746	9,746		
е	All other expenses	12,763	3,783	8,980	
25	Total functional expenses. Add lines 1 through 24e	1,815,796	1,504,451	311,345	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)				

Form 990 (2015) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. (A) (B) End of year Beginning of year 1 1 361 679 1 1.223.259 Cash-non-interest-bearing . . . 212.649 213.936 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 32.057 4 30.146 Accounts receivable, net . 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 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis 250.974 Complete Part VI of Schedule D 10a b Less accumulated depreciation . 10b 207,705 47,291 10c 43,269 18 489 18 121 Investments—publicly traded securities 11 11 12 Investments—other securities, See Part IV, line 11 12 13 14 15 16 1,528,731 17 73,660 18 19 20

	12	Investments—other securities See Part IV, line II		
	13	Investments—program-related See Part IV, line 11		
	14	Intangible assets		
	15	Other assets See Part IV, line 11		
	16	Total assets.Add lines 1 through 15 (must equal line 34)	1,672,165	
	17	Accounts payable and accrued expenses	335,363	
	18	Grants payable		
	19	Deferred revenue		
	20	Tax-exempt bond liabilities		
	21	Escrow or custodial account liability Complete Part IV of Schedule D		
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		
<u>.</u>		persons Complete Part II of Schedule L		
Ë	23	Secured mortgages and notes payable to unrelated third parties		
	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 D		
				_
	26	Total liabilities. Add lines 17 through 25	335,363	_
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete		
Balances		lines 27 through 29, and lines 33 and 34.		
<u>la</u>	27	Unrestricted net assets	1,221,342	
Ã	28	Temporarily restricted net assets	115,460	

Net Assets or Fund

29

30

31

32

33

34

Permanently restricted net assets

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 30 through 34.

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

Retained earnings, endowment, accumulated income, or other funds

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

73,660 1,311,276 143.795

21

22 23 24

25 26

27

28

29

30

31

32

33

34

1.336.802

1,672,165

1,455,071

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

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

✓ Consolidated basis

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

2a

2b

2c

3a

Yes

Yes Nο

Νo

DLN: 93493107013197

Employer identification number

16-6013103

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

1

2

3

ROCHESTER TEACHERS ASSOCIATION

Political expenditures

Volunteer hours

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

<u>www.irs.gov/form990</u>.

2015
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15,367

Service

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 50 (C) or garizations Complete Faits FA and B Bothot complete Fait FO
- 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

Complete if the organization is exempt under section 501(c)(3).

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

1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955	>	\$_		
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955 ▶	\$_		
3	If the organization incurred a s	ection 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 s	section 501 (c), except section 5	01(0	:)(3).	
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$_		15,367
2	Enter the amount of the filing o exempt function activities	rganızatıon's funds contributed to otl	ner organizations	for section 527	\$_		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120	POL, line 17b ►	\$_		15,367
4	Did the filing organization file F	orm 1120-POL for this year?				√ Yes	No
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid froi rectly delivered t	n the filing organization's o a separate political org	fund anıza	ls Alsoent ation, such	er the
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	- c	e) A mount of ontributions and promp irectly delive separate proganization enter	received of the second of the
2							
3							
4							
5							
6							
For I	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	- EZ. C:	at No 50084S Schedule C	(Forn	n 990 or 990	0-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		
			Limits 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	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	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

PART I-A, LINE 1

	edule C (Form 990 or 990-EZ) 2015				Pa	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)).	TO				
	1	(a)		(b)	
ctiv	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity	Yes	No		A moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	103				
а	Volunteers?			1		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			4		
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?			<u> </u>		
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 b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01/c)(5) ()r s	actio	
	501(c)(6).	701(0)(J), (,, ,	CCLIO	<u> </u>
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		No
	complete if the organization is exempt under section 501(c)(4), section 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).					
а	Current year	2 a				
b	Carryover from last year	2b				
C	Total	2 c				
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				
P	art IV Supplemental Information					
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	p list),	Part II	-A,I	ınes 1	and
2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information					
	Return Reference Explanation					

THE ORGANIZATION SUPPORTS LOCAL SCHOOL BUDGET INITIATIVES AND PRO-PUBLIC

EDUCATION CANDIDATES FOR ELECTION TO LOCAL SCHOOL BOARDS

SCHEDULE D Sun

(Form 990)

Treasury

Department of the

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 <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493107013197

Open to Public Inspection

Na	me of the organization CHESTER TEACHERS ASSOCIATION			-	oyer identification number
Pa	Organizations Maintaining Donor Complete if the organization answere				
		(a) Donor advised funds		(b)	Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t			radvis	sed Yes N
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				purpose Yes N
Pa	rt II Conservation Easements. Comple	ete if the organization answered	d "Yes" or	Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check all that apply)		
	Preservation of land for public use (e g , recreeducation)		atıon of an	hıstor	ically important land area
	Protection of natural habitat	Preserv	ation of a c	ertifie	d historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contrib	bution in th	e form	of a conservation
					Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easeme			2b	
C	Number of conservation easements on a certified	` '		2 c	
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17/06, and not o	n a	2d	
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or	terminated	by the	e organization during the
	tax year ▶				
4	Number of states where property subject to cons	ervation easement is located >		_	
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		tion, handl	ıng of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, ai	nd enforcın	g cons	ervation easements during the
	>				
7	A mount of expenses incurred in monitoring, insperior \$	ecting, handling of violations, and er	nforcing coi	nserva	tion easements during the year
В	Does each conservation easement reported on lin (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requireme	nts of sect	ıon 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's sements	financial s	tatem	se statement, and ents that describes
aı	t III Organizations Maintaining Collect Complete if the organization answere			r Oth	er Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report in assets held for public exhibition, ed	n its reveni ducation, o	r resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, ed			

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

Pari	3111	Organizations Maintaining (continued)	Collections of Art	t, His	storio	cal T	Γrea	sures, o	or O	ther Sim	ilar As	sets	s
3		y the organization's acquisition, acce ction items (check all that apply)	ession, and other recor	ds, c	hec k a	ıny of	the f	ollowing t	hat a	re a signifi	cant use	of its	S
а		Public exhibition		d		Loa	nore	exchange	progr	ams			
b	Г	Scholarly research		e	Γ	Oth	er						
c		Preservation for future generations											
4	Provi Part :	de a description of the organization's KIII	s collections and expla	iin ho	w they	furth	ner th	e organiza	atıon'	s exempt p	urpose	ın	
5		g the year, did the organization solic s to be sold to raise funds rather tha									┌ Yes	Г	_ No
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		orm	990,	Part	IV, I	ıne 9, or	r rep	orted an	amount	t on I	Form 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interme	ediary	for co	ontrib	ution	s or other	rasse	ets not	☐ Yes	Γ	No
b	If'	'Yes," explain the arrangement in Pa	art XIII and complete t	the fo	llowing	ı tabl	e				Amo	unt	
c		ginning balance				,	-	1	1 c				
d		ditions during the year							1d				
e		stributions during the year							1e				
f		ding balance							1f				
2 a		ne organization include an amount or	n Form 990, Part X, lin	e 21,	for es	crow	or cu	stodial ac	ccour	t liability?	┌ Yes	Γ	No
b	If"Ye	es," explain the arrangement in Part	XIII Check here if the	e expl	anatıo	n has	s bee	n provided	d ın P	art XIII			. 🗆
Pa	rt V	Endowment Funds. Complet	te if the organizatio							•			
			(a)Current year	(b) P	rıor yeaı	r	b (c)	Two years b	oack	(d) Three yea	ırs back	(e) Fo	ur years back
1a b	_	nning of year balance ributions											
c	Net i	nvestment earnings, gains, and											
d	Gran	ts or scholarships											
е		r expenditures for facilities programs 											
f	A dm	inistrative expenses											
g	End (of year balance											
2	Provi	de the estimated percentage of the o	current year end balan	ce (lır	ne 1 g,	colur	mn (a)) held as	-				
а	Board	i designated or quasi-endowment >	·	·			·						
b		anent endowment ►											
c		orarily restricted endowment >											
		percentages on lines 2a, 2b, and 2c s	should equal 100%										
За	organ	here endowment funds not in the pos iization by	-	atıon	that a	re he	ld and	d adminis	tered	for the		-	res No
	` '	related organizations		•		•		•			3a(
b	٠,	elated organizations es" on 3a(ii), are the related organiza			 Schod	ulo D	•	•			3a(
4		ribe in Part XIII the intended uses o	· ·				•				. 3	<u> </u>	
	t VI	Land, Buildings, and Equip		401111	Terre ra	nus							
		Complete if the organization a		rm 9			V, lır						
		Description of property			Cost or d	(a) other b stmen		(b) Cost or oth (othe	her bas		umulated oreciation	(d) Book value
1a	Land												
b	Buildir	gs		$\cdot \Box$									
c	Leasel	nold improvements							39,52	22	29,79	95	9,727
d	Equipr	nent							211,45	52	177,9	10	33,542

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

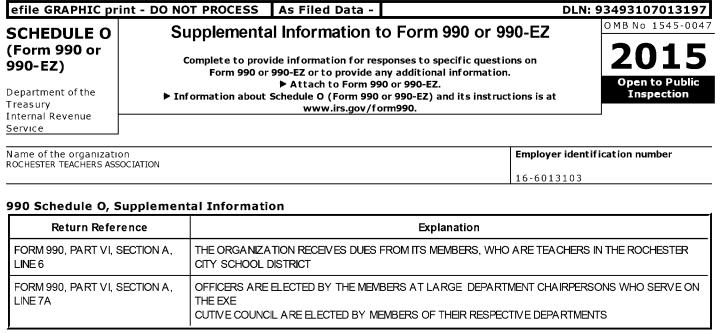
43,269

See Form 99 Part VI Total (Control to Manufacture PRI See Form 99		Investments—Other Securities. Con	mplete if the org	janization answered 'Ye	s' on Fo	rm 990, Part IV, line 11b.
(2) Discretion of squary interests (3) Other Total, (follow file and equations 92, for X, or (if) to 12) Part VIII Investments—Program Related. (b) Book value (c) Descript or of investment (b) Book value (c) Descript or of investment (c) Descript or of investment (c) Descript or of investment (c) and control of the				(b)Book value	Cost	
Total, (Cohere (g) must equal from 1989, Part 3, cost (g) /res 25) Part VIII Investments—Program Related. Complete if the organization answered vies on Form 1999, Part 3V, line 110 See Form 1990, Part 3V, line 13. (a) Descriptor of Investment (g) must equal from 1989, Part 3V, line 13. (b) Book value (c) Descriptor of Investment (line 2) Part IX Other Assets. Complete of the operation answered view or Form 1990, Part 3V, line 11d See Form 1990, Part X, line 15. (b) Descriptor of Investment (line 2) Part X Other Liabilities. Complete of the organization answered view or Form 1990, Part X, line 11d. See Form 1990, Part X, line 15. (c) Descriptor of liabilities. Complete of the organization answered view on Form 1990, Part X, line 11d or 11f. See Form 1990, Part X, line 11d or 11f. See Form 1990, Part X, line 11d or 11f. See Form 1990, Part X line 11d or	(1)Financia				003	or end or year market variate
Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15) Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15) Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15) Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15) Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15) Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15) Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15) Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15) Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15) Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15) Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15) Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15) Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15) Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15) Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15) Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15) Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)		held equity interests				
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	2. Liability 1	for uncertain tax positions In Part XIII, provid				

Schedule D (Form 990) 2015

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	er R	eturn
	Total revenue, gains, and other support per audited financial statements	1	
<u> </u>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
:	Recoveries of prior year grants		
l	Other (Describe in Part XIII) 2d		
9	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
1	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
,	Other (Describe in Part XIII) 4b		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
irt.	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	-	Keturn.
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
)	Prior year adjustments		
	Other losses		
ı	Other (Describe in Part XIII)		
:	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
1	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
)	Other (Describe in Part XIII)		
:	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
art	XIII Supplemental Information		
art ۱	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b , line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to ation		de any additional
	Return Reference Explanation		

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



Return Reference Explanation

FORM 990, PART VI, THE REPRESENTATIVE ASSEMBLY APPROVES THE ANNUAL BUDGET AND ANY CHANGES TO EXPENDITURES THAT

990 Schedule O. Supplemental Information

SECTION B. LINE 11

,	EXCEED FIVE PERCENT OF THE BUDGETED AMOUNT MEMBERS AT LARGE VOTE TO RATIFY UNION CONTRACTS OR CONTRACT NEGOTIATIONS AND TO ELECT DELEGATES TO NY SUT AND NATIONAL AFFILIATES
FORM 990, PART VI.	FORM 990 IS REVIEWED AND APPROVED BY THE GOVERNING BOARD PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference Explanation

DA DTIES MILIST CONICIDIA IN MODIFING THEY MILL COMPLY MATE

B, LINE 12C	PROVISIONS
FORM 990, PART VI, SECTION	COMPENSATION IS REVIEWED BY THE EXECUTIVE COUNCIL, WHOSE RECOMMENDATIONS ARE THEN

VOTED ON BY THE REPRESENTATIVE ASSEMBLY.

FORMAGO DARTIN CECTION

B. LINE 15

990 Schedule O, Supplemental Information

FORM OOD DARTING CECTION C	THE OPENANTATION MAKES AVAILABLE TO THE BUILDING ANY COVERNING POCC. BUILDING AND
FORWI 990, PART VI, SECTION C,	THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC ANY GOVERNING DOCS, POLICIES AND
LINE 19	FINANCIAL STATEMENTS UPON REQUEST

Explanation

FORM 990, PART XII, LINE 2C

Return Reference

THE ORGANIZATION'S BOARD OF DIRECTORS SELECTED AN INDEPENDENT ACCOUNTANT, FLAHERTY SAL MIN CPA'S, 2300 BUFFALO ROAD, BUILDING 200, ROCHESTER, NY 14624, TO AUDIT THE FINANCIAL STATEM ENTS THE OFFICE MANAGER AND PRESIDENT ASSUME RESPONSIBILITY FOR OVERSEEING THE AUDIT AND COMPILATION OF THE FINANCIAL STATEMENTS

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SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Inspection

Name of the organization ROCHESTER TEACHERS ASSOCIATION								Employer i 16-60131		tion number				
Part I Identification of Disregarded Entities Con	nplete	if the organizat	tion a	answered "Ye	s" or	Form 990,	Part I\	•						
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	Primary activity Le		state try)			(e) of-year assets	ts Direct controlling entity					
Part II Identification of Related Tax-Exempt Organizations during or more related tax-exempt organizations during the control of the control	anizati na the t	i ons Complete ax vear	ıf th	ie organizatio	n an	swered "Yes	s" on Fo	orm 990, Pa	rt IV, lın	ie 34 because it h	nad on	e		
(a) Name, address, and EIN of related organization		(b) Primary activity		(b) Primary activity Legal		(c) al domicile (state foreign country)	(d) Exempt Code section		(e) Public chanty st (if section 501(c			(f) Direct controlling entity	Secti (b) cont en	(g) ion 512)(13) trolled
(1)DIAL-A-TEACHER INC 30 NORTH UNION STREET	EDUCAT	JCATIONAL SUPPORT		NY		501(C)(3)		LINE_7_ORGANIZATION_			Yes	No No		
ROCHESTER, NY 14607 22-2593415														
(2)RTA LEADERSHIP FOR REFORM INSTITUTE INC 30 NORTH UNION STREET	EDUCAT. REFORM	ION PROCESS		NY	501(C)(3)		LINE_7_ORGANIZATION					No		
ROCHESTER, NY 14607 16-1446647											-	+		

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	Ú)	(k)
Name, address, and EIN of	Primary activity		Direct	Predominant	Share of	Share of	Disprop					Percentage
related organization		domicile			total income		alloca		amount in box			ownership
related organization		(state or	entity	unrelated,	cotal income	assets	"""		20 of	partr	ner?	OWINCISHIP
			entity	excluded from		assets			Schedule K-1		ilei '	
		foreign										
		country)		tax under					(Form 1065)			
				sections 512-								
				514)					4			
							Yes	No		Yes	No	
										-		
Dark IV. Identification of Bolated Organizations Tayable s	C		T					UV U	L a. a. E a	00 5) L ·	TV lune

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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					Yes	No				
1 During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-TV								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	5			1a		No				
b Gift, grant, or capital contribution to related organization(s)										
c Gift, grant, or capital contribution from related organization(s)										
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)										
h Purchase of assets from related organization(s)				1h		No				
i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)										
k Lease of faculties, equipment, or other assets from related organization(s).				1k		No				
k Lease of facilities, equipment, or other assets from related organization(s)										
f 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	Yes					
o Sharing of paid employees with related organization(s)				10	Yes					
${f p}$ Reimbursement paid to related organization(s) for expenses				1 p		No				
q Reimbursement paid by related organization(s) for expenses				1q		No				
${f r}$ Other transfer of cash or property to related organization(s)				1r		No				
s Other transfer of cash or property from related organization(s)				1s		No				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds	5						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	mount II	nvolved					

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											(1)				
(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)	section 501(c)(3) organizations?		section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	nare of Disproprtional locations?		(h) proprtionate Illocations? (c) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			311,	Yes	No			Yes	No		Yes	No			
												1 ,			
												\vdash			
	l				1					C-l	lula D /Fai		0) 2015		

