

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



Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150 2012

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

Inte	mal Reve	nue Service	► The organization may have t	o use a copy of this return to	satisfy state r	eporting require	ments.		
A	For the	2012 calend	ar year, or tax year beginning	July 1	, 2012, a	and ending	June 3	0 , 20 13	3
В	Check if ap	pplicable	C Name of organization				D Employer id	lentification number	
	Address o	change	American Federation of Teacher	an Federation of Teachers 2882 N. Tonawanda United Teachers			:	237058435	
	Name cha	ange	Number and street (or P O box, if mail				E Telephone r		
	Initial retu	ım	35 Grant St		Ì		7.	16-694-5235	
\vdash	Terminate		City or town, state or country, and ZIP	+ 4			F Group Exe		
H	Amended					l	Number	-	
닏		on pending	North Tonawanda, NY 14120	/ 't'\ b					
		ting Method:	✓ Cash	(specify) ▶				If the organization is	not
	Websit						•	tach Schedule B	
<u>1</u>	Tax-exen	npt status (che	eck only one) — 🔲 501(c)(3) 📝 50	1(c) (5) ◀ (insert no.) L	J 4947(a)(1) or	<u></u> 527 (Form 990, 99	0-EZ, or 990-PF).	
K	Check •	► ∐ If the	e organization is not a section 509(a	(3) supporting organization	or a section 5	527 organizatio	n and its gros	s receipts are normal	iy
	not mor	e than \$50,00	0. A Form 990-EZ or Form 990 retu	rn is not required though F	orm 990-N (e	-postcard) may	be required	(see instructions). Bu	t if
	the orga	anızation choc	ses to file a return, be sure to file a	complete return.					
L.	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipt	s If gross receipts are \$200	,000 or more, c	or if total assets	(Part II,		
_ 1	ine 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 99	0 instead of Form 990-EZ		•	🕨 🛭	88	678
	art I	Revenu	e, Expenses, and Changes	in Net Assets or Fu	nd Balanc	es (see the i	nstruction	s for Part I)	
		Check if	the organization used Schede	ule O to respond to an	v auestion i	n this Part I			7
_	1		ons, gifts, grants, and similar an				1		
	2		ervice revenue including govern				. 2		0
	3	_	ip dues and assessments	mont ices and contract			3	024	_
	4	Investment	•				4		000
	1 _						• • •		38
	5a		ount from sale of assets other th	=	5a				
	b		or other basis and sales expen-						
	C		ss) from sale of assets other that	ın inventory (Subtract lir	ne 5b from li	ne 5a)	<u>5c</u>		0
	6	-	d fundraising events				ļ		
4	а		ome from gaming (attach Se	chedule G if greater	than		ļ		
Revenue		\$15,000) .			6a				
ě	b	Gross inco	me from fundraising events (no	t including \$	of	contributions	s		
è		from fundr	aising events reported on line	1) (attach Schedule G i	if the		:		
		sum of suc	h gross income and contribution	ns exceeds \$15,000) .	. 6ь		ŀ		
	С	Less: direc	t expenses from gaming and fu	ndraising events	. 6с				
	d	Net incom	e or (loss) from gaming and fu	indraising events (add	lines 6a and	6b and sub	tract		
		line 6c) .					6d		0
	7a	Gross sale	s of inventory, less returns and	allowances	. 7a				<u>`</u>
	Ь				<u> </u>				
	C		it or (loss) from sales of invento		<u> </u>		7c		0
	8		nue (describe in Schedule O) .				8	4.	_
	9			70 and 0	انكار	16. 'O	. > 9		<u>152</u>
	+		nue. Add lines 1, 2, 3, 4, 5c, 6d	, /C, and o	W	-\ <u>\\\\</u>			<u>678</u>
	10		l similar amounts paid (list in Sc	inequie ()	CEIVE	213. 101	10	2:	<u>550</u>
	11		aid to or for members	· · · · · · · · · · · · · · · · · · ·	8.	5013 PR	· · 11		0
Expenses	12	Salaries, of	ther compensation, and employ	ree benefits \	CB. O. S.	The sales of the	12	669	<u>877</u>
	13	Profession	ther compensation, and employ al fees and other payments to I y, rent, utilities, and maintenanc	ndependent contractors	OGOE	117	<u>.)</u> . <u>13</u>		0
	. 14			e /﴿﴿ / .	1200	N. W.	14	50	<u>667</u>
	15	Printing, pu	ublications, postage, and shipp	ing\	ZODK.	1.31	15		<u>588</u>
	16	Other expe	enses (describe in Schedule O)				16	164	474
	17	Total expe	nses. Add lines 10 through 16		<i></i>		. ▶ 17		156
//	18		deficit) for the year (Subtract III				18	i	478
ě	19		or fund balances at beginning		column (A))	(must agree		<u>.</u>	
Net Assets			r figure reported on prior year's					25	361
¥	20		ges in net assets or fund balan					35.	<u>30 </u> 0
ž	21		or fund balances at end of yea						<u> </u>
	1 4 1	1401 999619	or runu balances at enu or yea	. Compine mies to till	Jugii 20 .	<u></u>	. ▶ 21	i 31	883

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)



Pa	Balance Sheets (see the instructions t	•				_
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	<u> </u>	(B) End of year
22	Cook sovings and investments				00	
22 23	Cash, savings, and investments			35361		31883
24	Land and buildings				23 24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			35361		24002
Par					21	31883
	Check if the organization used Schedule			•	1_	Expenses
What	is the organization's primary exempt purpose?		iy question in this	L.		equired for section (c)(3) and 501(c)(4)
			f ita thuan lawant .		orga	anizations and section
	ribe the organization's program service accomplist seasured by expenses. In a clear and concise m					17(a)(1) trusts, optional
perso	ons benefited, and other relevant information for ea	ich program title.	o del video provide	a, the hamber of	101	others.)
	The NTUT serves approximately 340 actice members,	,	340 retirees. Our pu	rpose is to secure		T
	the conditions necessary to allow the greatest efficie					
	New York State United Teachers and the American Fe				ŀ	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗌	28	a 0
29	Publications issued - NTUT Journal issued 5 times ar	nnually				
					ļ	
	(Grants \$) If this amount	includes foreign gra	ınts, check here .	▶ 🗆	298	a 0
30	a. advance working conditions for the members, b. p.	romote interest of pu	blic education throu	igh leadership		
	and educational conferences, c. protect members' ric	thts, d. vote in election	ons or referenda at a	II union levels		
					ŀ	
	(Grants \$) If this amount	308	a 0			
31	Other program services (describe in Schedule O)					
20		includes foreign gra			318	<u> </u>
	Total program service expenses (add lines 28a t				32	
Par		• -		•		<u>-</u>
	Check if the organization used Schedule		(c) Reportable	Part IV (d) Health benefits,		🗸
	(a) Name and title	hours per week compensation		contributions to employ) Estimated amount of
	tay realite and title	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-			other compensation
Datri	ria Coia		(, common components	+	
Presi	cia Coia,	15	344	_		
	Moskalik	15	344		+	
	Vice-president	10	267	2	- 1	
	io 7immorman	10	207		+	
	le School VP, President	15	778	n		
	rt Lucas	13.	7,0		+	•
	School VP	10	267	2	1	
	elle Watson				_	100
Treas	***************************************	12	458	8	-	
Jame	s Hennessy				\top	
	rding Secretary	5	133	2	- 1	
	cia Mahady				\top	
Elem	Delegate	7	171	5		
Susa	n Schake					
Elem	Delegate	7	171	5		
Caro	Bartlett				T	
Midd	e School delegate	7	57	2		
Richa	rd Gauld					
<u>High</u>	School delegate	7	171	5		
Sean	Reilly					
Griev	ance Chair	5	191	5		
Fred	Adcock	10				
Middl	a School VD	1	167	e l	- 1	

Part	·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No.
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	 	- •
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		:
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	-	1
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			ļ
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	 -	
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	~~ =	- -
41	List the states with which a copy of this return is filed ▶			
42a		716-69		
b	Located at ► 35 Grant Street, North Tonawanda, NY ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	14120	3061	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	٠.	. 1	▶ □
4.4			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	A		
		45b	1	I √ .

Form 99	90-EZ (2012)	· · · · · · · · · · · · · · · · · · ·					F	Page 4
40	Did the organization engage, directly or in	directly up political a	ampaian activities on	bobolf of or i		- 1600ES	Yes	No
46	to candidates for public office? If "Yes," of						100	
Part	The state of the s		· · · · · · · · · · · · · · · · · · ·			1 40	1	
	All section 501(c)(3) organization		stions 47-49b and	52, and com	plete the	tables f	or lin	es
	50 and 51							_
	Check if the organization used Scl	nedule O to respond	to any question in ti	nis Part VI	· . · · ·	·	Yes	. L No
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect du	ring the t	ax	162	140
	year? If "Yes," complete Schedule C, Par					47		
48	Is the organization a school as described in	n section 170(b)(1)(A)(ı	i)? If "Yes," complete \$	Schedule E		48		
49a	Did the organization make any transfers to	·	_				+	ļ
b	If "Yes," was the related organization a se							<u> </u>
50	Complete this table for the organization's employees) who each received more than							
	· · · · · · · · · · · · · · · · · · ·	(b) Average	(c) Reportable	(d) Health be	enefits,			
	(a) Name and title of each employee paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to benefit plans, an	d deferred	(e) Estimate other con		
		devoted to position	(FORTIS W-27 1093-WIGC)	compensa	ition			
					+			
			<u> </u>					
					1			
f	Total number of other employees paid ov		. ▶					
51	Complete this table for the organization \$100,000 of compensation from the organization			contractors v	vho each	received	more	tha:
		· · · · · · · · · · · · · · · · · · ·			-			
(a) Name and address of each independent contractor paid more than \$100,000			(b) Type of service		(c) Compensation			
			-					
		·						
			-					
			4					
, i	Total number of other independent contra	actors each receiving	over \$100 000	<u> </u>				
U	Total hamber of other macpendent contri	actoria dacir receiving	στοι φισο,σσο	-				
52	Did the organization complete Schedule A	A? Note: All section 5	01(c)(3) organizations	and 4947(a)(1)		•	

sign
Here

Treasurer

The Control of Preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer

Date

Date

Date

Here

Nichelle Watson Treasurer

Type or pnnt name and title

Paid

Preparer's name

Preparer's signature

Date Check if self-employed Firm's EIN ▶
Phone no

May the IRS discuss this return with the preparer shown above? See instructions

Use Only

Firm's name ▶

► ☐ Yes ☐ No

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ.

American Federation of Teachers North Tonawanda United Teachers 23-7058435 LINE 8: OTHER REVENUE: AFT and NYSUT Member Benefits for advertising their programs in our newsletter. LINE 16: OTHER EXPENSES: Expenses related to the NYSUT convention, NYSUT conferences, rented office equipment, insurances, office supplies, payroll charges, grievence expenses, and mileage reimbursement. PART IV: LIST OF OFFICERS CONTINUED Cynthia Adcock, MS Delegate, 7, \$1073 Jack Agugliaro, Journal Editor, 5 hours, \$1724 Teresa Lamparelli, Sick Bank Chair, 5 hours, \$1149 Janet Wachowicz, secretary, 20 hours, \$22610 Susan Evarts, Sick Bank Chair, 5 hours, \$575 Mac Barnett, Grievence Chair, 5 hours, \$958 Annette Beutel, New Memeber Chairperson, 3 hours, \$1149