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Form 990

EXTENDED TO NOVEMBER 16, 2015

## Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1645-0047

Department of the Tressury Internal Revenue Service

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/form880. Inspection For the 2014 calendar year, or tax year beginning and ending D Employer Identification number C Name of organization WEST SENECA TEACHERS ASSOCIATION, INC. BENEFIT TRUST FUND 16-1401960 Doing business as المراتين القاتانين Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 290 CENTER ROAD, SUITE 202 716-824-1679 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 6,386,051. Amende return WEST SENECA, NY 14224 H(a) is this a group return Name and address of principal officer: JOSEPH J. CANTAFIO for subordinates? ..... L\_\_Yes LXJNo SAME AS C ABOVE H(b) Are all subordinates included? L\_\_\_Yes L\_\_\_ No ) ◀ (Insert no.) L If "No," attach a list. (see instructions) Tex-exampt status; \_\_\_\_ 501(c)(3) \_\_X 501(c) ( J Website: WWW. WSTAINC.ORG H(c) Group exemption number K Form of organization: Corporation X Trust L Year of formation: 1991 M State of legal domicile: NY Other 📂 Association Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE MEDICAL, HEALTH, AND Governance OTHER RELATED BENEFITS TO MEMBERS. 2 Check this box > L 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) Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of Individuals employed in calendar year 2014 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Prior Year Current Year Contributions and grants (Part VIII, line 1h) Ō. 6,318,320. Program service revenue (Part VIII, line 2g) 6,151,797. 79,43537,198. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30,533. 0. 6,231, 6,386,051 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1,-3) 6,553,364. 5,285,861. 14 Benefits paid to or for members (Part IX, column (A); [ine 4] 116,976.91,713. 15 Salarles, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ 16a Professional fundraising fees (Part IX, column (A), line 11e) .............. b Total fundraising expenses (Part IX, column (D), line 25) 664,963. 600,117. 6,042,537. 7,270,457. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 188,695. **-884,406.** 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 5,807,938. 5,224,864. 20 Total assets (Part X, line 16) 2,192,413 2,448,521. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 3,615,525. 2,776,343. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than strice) a based on all information of purposes. Signature of officer Sign JOSEPH J. CANTAFIO, PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's signature 12/02/16 \*\* Temployed P01253588 Paid JOHN T. O'BRIEN Form's EIN 🛌 47-4526160 Firm's name FFPR GROUP, CPAS, PLLC Preparer Firm's address 6390 MAIN STREET SUITE 200 Use Only Phone no. (716) 634-0700 WILLIAMSVILLE, NY 14221

RECEIVED BY IRS-EEFAX

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

452001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes No

Form 990 (2014) \( )

		NECA TEACHERS ASSOCIATIO		•
	n 990 (2014) BENEFIT Int III   Statement of Program Sei	TRUST FUND	16-1401960 P	aga 2
га		•		
1	Briefly describe the organization's mission	sponse or note to any line In this Pert III		<u> </u>
ı	TO PROVIDE MEDICAL	n: HEALTH, AND OTHER RELAT)	ED BENEFTTE TO MEMBERS	
	TO ENOVIDE MEDICAL,	MEANIN, AND OTHER REMAIN	BD BENEFILS TO MEMBERS.	
			···	
_	Dut the accounting and adults and picture			
2		ficant program services during the year which		F1
_		Behada A	—	₽ NO—
_	If "Yes," describe these new services on		any program services?	ก
9		or make significant changes in how it conducts	, any program services? ⊥_JYes L≥	71NO
_	If "Yes," describe these changes on Sch			
4			est program services, as measured by expenses.	
			is and allocations to others, the total expenses, and	
	revenue, if any, for each program service			<del>-</del>
4a		054,557. Including grants of \$	) (Revenue \$ 6,348,85	
			EALTH INSURANCE COVERAGE I	
			AGE FOR ACTIVE MEMBERS, AN	
			EIT TRUST: IN ADDITION, TH	IE:
			ITY TO PARTICIPATE IN ITS	
			AL EXPENSE REIMBURSEMENT A	<u> </u>
	DEPENDENT CARE EXPEN	SE REIMBURSEMENT.	·	
		11.	7	
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		7		
4b	(Gode: ) (Expenses \$	including grams of \$	) (Revenue \$	
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	7.	f1-36	\	<del></del>
4c		Including grants of \$	) (Revenue \$	,
	(Gode:) (Expenses \$			
	(Code:) (Expenses 5		·	
	(Gode: ) (Expenses \$			
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	(Ocde: ) (Expenses \$	F1 2		
	(Ocde: ) (Expenses \$	<i>j</i> +t <sup>2</sup>		
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	(Ocde: ) (Expenses \$	<i>j</i> -1, <sup>2</sup>		
	(Ocde: ) (Expenses \$	j. t. <sup>2</sup>		
	(Ocde: ) (Expenses \$	<i>j</i> -1, <sup>2</sup>		
4d				
4d		redule O.) Including grants of \$	) (Ravenue &	
4d	Other program services (Describe in Sch (Expenses \$	redule O.)	) (Revenue \$ )	

### WEST SENECA TEACHERS ASSOCIATION, INC. BENEFIT TRUST FUND

	990 (2014) BENEFIT TRUST FUND 16-1401	960	Р	age 3
Pa	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)?			$\overline{}$
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		х
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	<u> </u>		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		<del></del>
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_	<del>-</del>
•		] _ ;		x
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	l _		7.7
	Schedule D, Part III	8		X
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	<u> </u>	X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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.	114		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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/4B (ASC 740)? If "Yes," complete Schedule D, Part X	111	Ж	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	i
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del> </del> -	X
14a	Did the organization maintain an office, employees, or egents outside of the United States?	14a	<del> </del>	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1449	$\vdash \vdash$	<del>  ^</del> -
u	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l
	or more? If "Yes," complete Schedule F, Parts I and IV	٠,,		l x
<b>a</b> );;		14b	-	<u>├</u> ^-
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			x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	I	1	-v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines	1	]	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<b>!</b>	X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	**	Form	990	(2014)

## WEST SENECA TEACHERS ASSOCIATION, INC.

	990 (2014) BENEFIT TRUST FUND 16-1401	1960	Pa	ge 4
Par	t IV Checklist of Required Schedules (continued)	·		
		_	Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1 1		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	$\dashv$	<u> </u>
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1 1	ĺ	.,
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	_	X
	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		i	42
	ScheduleJ	23-		<u>-X</u>
	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, 20027 if "Yes," answer lines 24b through 24d and complete		l	47
	Schedule K. If "No", go to line 25a	24в		X
	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 to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pert I	25a		
þ	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
	Instructions for applicable filing thresholds, conditions, and exceptions):	1		
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, truetèe, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	if "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
		1 -	X	1
••	Part V, line 1	34		
	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
35a	Did the organization have a controlled entity within the meaning of section \$12(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		Х
<b>3</b> 5a b	Did the organization have a controlled entity within the meaning of section \$12(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a		Х
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35a 35b		Х
35a b 36	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations, Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35a 35b		Х
35a b 36	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	35a 35b		
<b>3</b> 5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations, Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35a 35b		X

## WEST SENECA TEACHERS ASSOCIATION, INC.

Form	990 (2014) BENEFIT TRUST FUND 16-1401	960	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 9 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		i	
	(gambling) winnings to prize winners?	16	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2s 5			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
35	Billion and all the state of th	За		x
	White the shift of the control of th	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			x
6	If "Yes," enter the name of the foreign country:	4a	_	
Ų				
F-	See instructions for fifing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		•
	Was the organization a party to a prohibited tax shalter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
<b>6</b> a	Does the organization have annual gross receipts that are normally greater than \$1,00,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services, provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
8	Did the organization receive any funds, directly or indirectly, to pay premitime on a personal benefit contract?	7 <u>e</u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>1</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
8	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	95		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	,		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			1
b				
	amounts due or received from them.)	,		
<b>12</b> a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tex-exempt interest received or accrued during the year			$\vdash$
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization (icensed to issue qualified health plans in more than one state?	19a	l	$\vdash$
_	Note. See the instructions for additional information the organization must report on Schedule O.		$\vdash$	$\vdash$
h	Enter the amount of reserves the organization is required to maintain by the states in which the			1
_	organization is licensed to issue qualified health plans		1	
c	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<del>                                     </del>	† <del></del> -
	The state of the s		990	(2014)
				(~~ i~)

	WEST SENECA TEACHERS ASSOCIATION, INC.			
Form	990 (2014) BENEFIT TRUST FUND 16-1401			1ge 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	No" re	spons	88
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions.			X
Can	Check If Schedule O contains a response or note to any line in this Part VI			<u> </u>
Sec.	tion A. Governing Body and Management	- 1	Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year 1a 1		165	110
12	Enter the number of voting members of the governing body at the end of the tax year 1a 5  If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	- 1		
	Enter the number of voting members included in line 1s, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		ĺ	
_	officer, director, trustee, or key employee?	2		X
а	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3_		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a		1		
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	. 1		
a	The governing body?	Ba	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.)	- 1	V	
	Plant of the body body body body body body body	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	iua		<del></del>
h	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ъ		
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to raview this Form 990.			
129	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	1
h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c	X	١.
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	L
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			]
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			ļ. <b>"</b>
	taxable entity during the year?	16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		ļ	
_	exempt status with respect to such arrangements?	16b_		
	Tion C. Disclosure  Let the states with which a copy of this Form 990 is required to be filled NONE			
17	List the states with which a copy of this Form 990 is required to be filled NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	gyoilat	صاد	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 (Section 601(c)(S)s only) for public inspection. Indicate how you made these available. Check all that apply	avaligi	/IC	
	Own website Another's website X Upon request Cher (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	cial	
19	statements available to the public during the tax year.	ul	1	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	CAROLINE MUSZYNSKI - 716-824-1679			
	290 CENTER ROAD, SUITE 202, WEST SENECA, NY 14224			

	WEST SENECA TEACHERS ASSOCIATION, INC.	
Form 990 (2014)	BENEFIT TRUST FUND 16-140196	0 Page 7
Part VII Compens	ation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
Employee	es, and Independent Contractors	
Check if Scho	redule O contains a response or note to any line in this Part VII	🗀
Section A. Officers, Di	frectors, Trustees, Key Employees, and Highest Compensated Employees	
(a Complete this table fo	or all persons required to be listed. Report compensation for the calendar year ending with or within the organiza	ation's tax yea
Enter -0- în columns (D), (i	nization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of com (E), and (F) if no companisation was paid. rization's current key employees, if any. See instructions for definition of "key employee."	pensation.
	on's five <b>c</b> urrent highest compensated employees (other than an officer, director, trustee, or key employee) who re 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related o	
	nization's former officers, key employees, and highest compensated employees who received more than \$100,0 n from the organization and any related organizations.	00 of

• 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)	(B)	nor any related organization compensation (B) (C)						(D)	(E)	(F)
Name and Title	Average	600	Position not check more than one				one	Reportable	Reportable	Estimeted
	hours per	box,	unta	28 pc	300 l	له العالم	h aan	compensation	compensation	amount of
	week	-	201	and a director/trustae)			L&&)	, from	from related	other
	(listany	夏						/ the	organizations	compensation
	hours for	Ø	7			鲁	١,	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related organizations	훃	E		æ	를	٠,	(M-53.1088-WI2C)		organization and related
	below		2		흏	E &	À			organizations
	line)	Indridual trades or director	institutoral bristor	Officer	Xeyen	Mightest companisated employee	Forms	1/		4184111
(1) JOSEPH J. CANTAFIO	15.00			l				,		
President	20.00	Х		X				/ 0.	9,621.	0
(2) JEFFREY GRAMZA	1.00				1		,	,		
CHAIRPERSON	0.00	X		Х	,	, ,		0.	820.	0
(3) MARK WRIGHT	1.00	. '	ا - بر	```	•	,				
TRUSTEE	0.00	X,	_	Ľ	,	<i>'</i>		0.	4,035.	0
(4) THERESA HAUNGS	1.00	<u> </u> _`	,'	·′		ľ			_	_
Trustee	0.00	X				_	L	0.	0.	0
(5) JEANNINE KÖKL	1,00		Ν.				1		4 500	
TRUSTEE	0.00	X		<u> </u>	<u> </u>		_	0.	1,680.	0
(6) CAROLINE MUSZYNSKI	40.00	`			l					
FUND ADMINISTRATOR	0.00	1	<u> </u>	X	<u> </u>	_		0.	0.	0
	<u> </u>	ļĺ		ŀ	1					
		-	⊢	┢	-	⊢	L			
	-	1			ł		l			
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	<u> </u>	1	1			1	l			
<u> </u>	<del>-   -</del>	╁	╁	<del> </del>	┢╌	╁╌	╁	<u> </u>		
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WEST SEN Form 990 (2014) BENEFIT				I	SS	300	I	ATION, INC.	16-140:	L960	Pa	ge 8
Part VII Section A. Officers, Directors, Trus				ane	ı Hi	ghe	st C	ompensated Employe				<u> </u>
(A) Name and title	(B) Average hours per week	(đa bax,		() Posl reck i se pos	tion	than a	ne hen	(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) Imated ount o	
	(liat any hours for related organizations - below— line)	Individual trustee or director	Institutional Truston	Officer	Key en ployes	Highest compensated simpleyer	fermer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensat om the anization relate nizatio	e on ed
										· -		
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to tal (add lines 1b and 1c)	<b>/II, S</b> ection A	دې		۔، ;		.,. <u>;</u>	<b>▶ ▶ ▶</b>	0.	16,156 0 16,156			0. 0.
Total number of individuals (including but compensation from the organization		103e	liste	d a			no r	eceived more than \$10	0,000 of reportable			0
			· Y .					6L			Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual	``. <sub>:</sub> .				****		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************	3	_	X
4 For any Individual listed on line 1a, is the sand related organizations greater than \$15	50,0007 <b>ff "Yes</b> ,	°co	mpk	ete :	Sche	edul	e J f	for such individual		4		x
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor										5		Х
Section B. Independent Contractors  1 Complete this table for your five highest c	ompensated in	depe	ende	ent o	onti	racte	ors 1	that received more than	\$100,000 of compe	nsation f	rom	
the organization. Report compensation for	=							n the organization's tax	· · · · · · · · · · · · · · · · · · ·			
(A) Name and busines	s address	N	ONI	E				(B) Description of	services	(C Comper		n
							_		-			
												_
							_					
						. — . —				_		
2 Total number of independent contractors	finefuding but r	not II	lmite	d to	tho	ee II	ster	d ahove) who received	more than			
\$100,000 of compensation from the organ						0					000	
										Form	350 (;	2014)

Form	. 000		SENECA T		ASSOCIATIO	N, INC.	16~1401	.960 Page <b>9</b>
	ďΫ	Statement of Rever	)UA	<del></del>		<del></del>		200 Fage 5
		Check if Schedule O cont	ains a response	or note to any lie	ne in this Part VIII			
		Check if Schedule O cont			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	t 6 6 1	Federated campaigns Membership dues Fundralsing events Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Nancash contributions included in lines Total. Add lines 1a-11	1b 10 1d 1d 1s, and ve 1f 1e-16\$				,	
Program Service Revenue	2 s	MEMBER CONTRIBU	TIONS	900099	5,386,400. 931,920.	5,386,400. 931,920.		
		Total. Add lines 24-2f	<u> </u>		6,318,320.			
	9 4 5	Investment income (Including other similar amounts)	x-exempt bond ;	oraceads	37,198.	,		37,198.
	t	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)		(ii) Personal	,			
	t	a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses		(i) Other				
wenue	C	Net gain or (loss)	g events (not	· · · · · · · · · · · · · · · · · · ·				
Other Revenu	•	Part IV, line 18 Less: direct expenses Net income or (loss) from func	ab Iraksing events				·	
	t	Part IV, line 19	a					
	t	a Gross sales of inventory, less and allowances	a	·L				,
	11 2	Miscellaneous Revenu MISCELLANEOUS		Business Code 900099	30,533.	30,533.		
		d All other revenue			30,533.			
48200 11-07-	12	Total revenue. See instructions.		<u> •</u>	6,386,051.		0.	37,198. Form <b>990</b> (2014)

WEST SENECA TEACHERS ASSOCIATION, INC. 16-1401960 Page 10 BENEFIT TRUST FUND Form 990 (2014) 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 (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundralsing (B) (C) (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Program service expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic Individuals See Part IV, Inc 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ındividuais, See Part IV, lines 15 and 16 ........ 6,553,364. Benefits paid to or for members ... .......... Compensation of current officers, directors. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 101,760. Other salaries and wages ...... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,137. 12,079 Fees for services (non-employees): a Management ..... 6,203: b Legal ..... 26,835; c Accounting .... d Lobbying ..... e Professional fundraising services. See Part IV, line 17 13,420. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 242,900 column (A) amount, list line 11g expenses on Sch 0.) 9,069 Information technology ..... Royalties .... 15 11,150 16 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,290. Conferences, conventions, and meetings ..... 19 20 Payments to affiliates ..... 4,339. Depreciation, depletion, and amortization ... 261,429. insurance ...... 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.) ... 12,354. a MISCELLANEOUS 5,725. BANK SERVICE CHARGES 2,539. TELEPHONE c 1,864. POSTAGE All other expenses 7,270,457. Total functional expenses. Add fines 1 through 24e 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 (1 tollowing 80P 98-2 (ASC 969-720)

Form 990 (2014)

WEST SENECA TEACHERS ASSOCIATION, INC.

orm 990			16-	1401960 Fage 11
Part X	Check if Schedule O contains a response or note to any line in this Part X	-		1 7
	Check if Schedule O contains a response or note to any line in this Part X	(A)	<del></del>	(B)
		Beginning of year		End of year
1 1	Cash - non-interest-bearing	840,159.	1	2,633,386
'2	Savings and temporary cash investments	2,216,291.	2	33,586
3	Predges and grants receivable, net	-,,	9	
I -	Accounts receivable, net	924,091.	4	477,734
5	Loans and other receivables from current and former officers, directors,			,
"	trustees, key employees, and highest compensated employees. Complete		1	
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			,
l °	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 instr). Complete Part II of Sch L		a l	
Assets 7	Notes and loans receivable, net		7	
\$ 7 ₹ 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	29,187.	9	24,828
_	Land, buildings, and equipment, cost or other		-	
109				
١.	basis. Complete Part VI of Schedule D 10a 39,535.  Less: accumulated depreciation 10b 17,634.	4,759.	10c	21,901
11"	Investments - publicly traded securities	1,615,241.	11	1,944,330
12	Investments - other securities. See Part IV, line 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intengible assets		14	
15	Other assets. See Part IV, line 11	178,210.	15	89,099
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,807,938.	16	5,224,864
17	Accounts payable and accrued expenses	26,495.	17	222,598
18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·
19	Deferred revenue	2,165,918.	19	2,225,923
20	Tex-exempt bond labilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,			
ciabilities 22	key employees, highest compensated employees, and disqualified persons.			
<u> </u>	Complete Part II of Schedule L		22	
ت <sub>(23</sub>	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
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			
1	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	2,192,413.	26	2,448,521
$\neg \vdash$	Organizations that follow SFAS 117 (ASC 958), check here and			,
g l	complete lines 27 through 29, and lines 33 and 34.	<u>-</u>		Į
ğ   27	Unrestricted net assets		27	
물 28	Temporarily restricted net assets		28	
<u>u</u> 29	Permanently restricted net assets		29	
훈	Organizations that do not follow SFAS 117 (ASC 958), check here			
ठ	and complete lines 30 through 34.		ļ	
₩ 30	Capital stock or trust principal, or current funds	3,615,525		2,776,343
§ 31	Pald-in or capital surplus, or land, building, or equipment fund	0.	<del></del>	0
Net Assets or Fund Balances 30 21 25 25 25 25 25 25 25 25 25 25 25 25 25	Retained earnings, endowment, accumulated income, or other funds	0.	32	0 776 747
Z 33	Total net assets or fund balances	3,615,525		2,776,343
34	Total liabilities and net assets/fund balances	5,807,938	34	5,224,864

	WEST SENECA TEACHERS ASSOCIATION, INC.				
Form	990 (2014) BENEFIT TRUST FUND	16-1401	.960	Pag	<sub>10</sub> 12
Pa	t XI Reconciliation of Net Assets				
	Check If Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		38,		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,27		
3	Revenue less expenses Subtract line 2 from line 1	3	-88		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,61		
5	Net unrealized gains (losses) on investments	5	4	5,2	24.
-6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	В			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund belances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2 <u>,77</u>	6,3	<u>43.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·		
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual U Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	1 1		
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2а		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	dona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				•
ь	Were the organization's financial statements audited by an independent accountant?		25	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated end separate basis		1 1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compliation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sc	ngle Audit			
	Act and OMB Circular A-193?		Зa		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	lred audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	', /		Form	990	(2014)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

WEST SENECA TEACHERS ASSOCIATION, TNC. Employer identification number

Name of the organization

	BENEFIT TRUST FUND		16-1401960
Par		or Other Similar Funds or	Accounts, Complete if the
<u> </u>	organization answered "Yes" to Form 990, Part IV, line 6.		• • •
	(a) ī	Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
а	Aggregate value of grants from (during year)		
4	Aggregate value at and of year		
5	Did the organization inform all donors and donor advisors in writing that:	the assets held in donor advised f	unds
	are the organization's property, subject to the organization's exclusive le		
6	Did the organization inform all grantees, donors, and donor advisors in w	rriting that grant funds can be use	d only
	for chantable purposes and not for the benefit of the donor or donor adv	usor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Par			V, line 7.
1	Purpose(s) of conservation easements held by the organization (check a	ili th <u>at a</u> pply). 📝	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historica	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space	7 2	
2	Complete lines 2a through 2d if the organization held a qualified conserv	etion contribution in the form of a	conservation easement on the last
	day of the tax year.	,	
		•	Held at the End of the Tax Year
à	Total number of conservation easements	·	
Ь	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure inclu		2c
Ь	Number of conservation easements included in (c) acquired after 8/17/0		1 - 1
	listed in the National Register	<del></del>	.   2d
3	Number of conservation easements modified, transferred, released, exti	nguished, or terminated by the org	ganization during the tax
_	yeer -		
4	Number of states where property subject to conservation easement is to		
5	Does the organization have a written policy regarding the periodic monit		☐ Yes ☐ No
_	violetions, and enforcement of the conservation easements it holds?		
6	Amount of expenses incurred in monitoring, inspecting, and enforcing or		
7	Does each conservation easement reported on line 2(d) above satisfy the		· · · · · · · · · · · · · · · · · · ·
8		,	···· —
9	and section 170(h)(4)(H)(II)?  In Part XIII, describe how the organization reports conservation easeme		
9	include, if applicable, the text of the footnote to the organization's finance	·	*
	conservation easements.		organizzacina zoodanang ro
Pal	rt III   Organizations Maintaining Collections of Art, His	torical Treasures, or Othe	er Similar Assets.
ш	Complete if the organization answered "Yes" to Form 990, Part N		
la	If the organization elected, as permitted under SFAS 116 (ASC 958), no	t to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other aimilar assets held for public exhibition, edu		
	the text of the footnote to its financial statements that describes these it	tems.	
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or	r research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(I) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets Included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or o	other similar assets for financial ga	uin, provide
	the following amounts required to be reported under SFAS 116 (ASC 95	66) relating to these items:	
	Revenue Included in Form 990, Part VIII, line 1		
ь	Assets Included In Form 990, Part X		<b>&gt;</b> \$

		NECA TEACHI		ASSOCI.	ATION,	INC.				
Sched	iule D (Form 990) 2014 BENEFIT	TRUST FUN	D				16~	140 <u>1960</u>	Pag	<u>e 2</u>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, c	r Other	Similar As	sets/continu	ed)	
	Using the organization's acquisition, accessi	<del></del>		-						
	(check all that apply).	·	•	_	_	_				
я	Public exhibition	đ		oan or exch	hange progra	ms				
b	Scholarly research	A		other						
G	Preservation for future generations	-			••					_
_	Provide a description of the organization's or	allections and excelor	n how the	ev further th	ne organizatio	n's exemp	t purpose in	Part XIII.		
	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								$\Box$	No
Par										
	reported an amount on Form 990, Pai	•	-(0 # 0)0	a Sautratio	11 01 10110100	100 1010	000, 7 2.10	,,		
40	Is the organization an agent, trustee, custodi		ien, for r	santribution	s or other se	cate not in	hidad			—
								☐ Yeŝ		No
	on Form 990, Part X?				· / · / · · · · · · · · · · · · · · · ·		···· ·····	res		IAD
þ	If "Yes," explain the arrangement in Part XIII	and complete the to	lowing to	adie:			r - 1	A		—
							<del>                                     </del>	Amount		
	Beginning balance	•••••••					1c	<del></del>		—
	Additions during the year						10			
e	Distributions during the year						1e			
f	Ending balance	···			/		11			
	Did the organization include an amount on F	•		•	•	-	?	L Yes	님	No
	if "Yes," explain the arrangement in Part XIII.								<u> </u>	
Par	t V Endowment Funds. Complete I	f the organization an	swered '	Yes to Fo						
		(a) Current year	(b) Pi	tor year	(c) Two year	s back (d)	Three years b	ack (e) four y	ears b	ack
1a	Beginning of year balance			· · · /	ļ					
b	Contributions , , , , , , , , , , , , , , , , , , ,									
	Net investment earnings, gains, and losses									
	Grants or scholarships	1.	7							
	Other expenditures for facilities			` /	1					
	and programs	, ]	,	`						
f	Administrative expenses		, ,							
	End of year balance	<del></del>	/ .							_
2	Provide the estimated percentage of the cur	rent year and balance	è (fine 1	o, column (a	a)) held as:	<del></del>				_
	Board designated or quasi-endowment	, o, , ,	96'	<b>3</b> ,	-,,					
	Permanent endowment	%								
	Temporarily restricted endowment									
U	The percentages in lines 2a, 2b, and 2c short	uld equal 10096								
-	Are there endowment funds not in the posse		ston the	t are bold a	and administs	and for the	omanization			
48	·	solution the orderity	<b>44011 4 1</b> 4	r are neju e	DIC ADMINISTRATE	360 101 1116	Cigariization		Yes	Ma
	by:								. 63	.40
	(i) unrelated organizations								+	
_	(ii) related organizations								-+	
Þ	If "Yes" to 3a(ii), are the related organization				*************	**************		3b	l_	
4	Describe in Part XIII the intended uses of the		owment i	runas.						
Pai	t VI Land, Bulldings, and Equipm									
	Complete if the organization answere							1		
	Description of property	(a) Gost or o			t or other	- ,	umulated	(d) Book	value	
		basis (investi	ment)	Bisact	(other)	aepr	ciation	<u> </u>		
1a	Land									
þ	Buildings									
c	Leasehold improvements				A			<u> </u>		
ď	Equipment , , ,			3	9,535.		17,634.	21	.,90	11.
_ e	Other									
RIOT	. Add lines 1a through 1e. (Column (d) must	gual Form 990, Parl	X, colun	nn (B), line	10c.)		VII. 2001	21	.,90	11.

Schedule D (Form 990) 2014

			OCIATION, INC.	
Schedule D (Form 990) 20	114 BENEFIT TRUS	T FUND		16-1401960 Page 3
	nts - Other Securities.			
	the organization answered "Yes" to		1b. See Form 990, Part X, line 12	
	Or Category (including name of security)	(b) Book value	(c) Method of valuation Cost	or end-of-year market value
• •	terests			
(3) Other				
(A)				·
(B)	<del></del>			
(C)			<u></u> .	
<u>(D)</u>		<del></del>		
<u>(6)</u>				
<u>(F)</u> (G)		<del>-</del>		
(H)		-		
	orm 990, Part X, col. (B) fine 12.)		-	
	nts - Program Related.			
	the organization answered "Yes" to	o Form 990. Part IV. line 1	I 1c. See Form 990. Part X. line 13	
	tion of investment	(b) Book value	(c) Method of valuation: Cos	or end-of-year market value
(1)			;	
(2)		_	* *,	
(3)			Y	
(4)			<b>y</b>	
(5)		·	<i>'</i>	
(6)				
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·	3	
(9)		``	- /	
	orm 990, Part X, col. (B) line 13.)			<del></del>
Part IX Other Ass		- 2- June 4		
Complete If 1	the organization answered "Yes" t		11d. See Form 990, Part X, line 15	
	(a) L	lescription //		(b) Book value
<u>(1)</u>				
<u>(2)</u>	<del></del>	<del>/                                    </del>		
		\$ 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1		
<u>(4)</u>		<del>- /</del>	-	
(5) (6)				
		-		
(8)				
(9)				
	equal Form 990, Part X, col (B) line	15.)		
Part X Other Lia	bilities.			
Complete if	the organization answered "Yes" t	o Form 990, Part IV, line	11e or 11f, See Form 990, Part X,	line 25.
1.	(a) Description of liability		(b) Book value	
(1) Federal Income to	axes			
(2)				
(3)				
(4)				•
(5)				
(6)				
(7)				
(0)		ı		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) .........

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

per Return.

		WEST	SEN	ECA	TEACHERS	ASSOCIATIO	ON, IN	C.
Schedule D	(Form 990) 2014	BENEI	TIT	TRUS	T FUND			
Part XI	Reconciliation of	Reven	ue pe	r Aud	ited Financial	Statements Wi	ith Rever	пце

16-1401960 Page 4

	Complete if the organization answered "Yes" to Form 990, Part IV, Ine 12a.					
1	Total revenue, gains, and other support per audited financial statements				1	6,417,855.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains (losses) on investments	2a	45,	224.	1	
þ	Donated services and use of facilities	2h				
c	Recovenes of pnor year grants	2c				
d	Other (Describe in Part XIII.)	2d			ļ	
— е	-Add fines 2a-through 2d-				-2a-	45,224.
3	Subtract line 2e from line 1				3	6,372,631.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 75	48	13,	420.		
b	Other (Describe in Part XIII.)	4b				
C	Add lines 4a and 4b		.,		4c	13,420.
_	The most form 000 First I had to					
_ 5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	6,386,051.
Pa	Int XII Reconciliation of Expenses per Audited Financial Stateme				•	
Pa					•	ım.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expens	es per	•	
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete If the organization answered "Yes" to Form 990, Part IV, line 12a.	nts V	Vith Expens	es per	•	ım.
1	TXII Reconciliation of Expenses per Audited Financial Stateme Complete If the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts V	Vith Expens	es per	•	ım.
1 2	Total expenses and losses per audited Financial Stateme Complete If the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts V	Vith Expens	es per	•	ım.
1 2	TAXII Reconciliation of Expenses per Audited Financial Stateme Complete If the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	nts V	Vith Expens	es per	•	ım.
1 2 a	TAXII Reconciliation of Expenses per Audited Financial Stateme Complete If the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Vith Expens	es per	•	m. 7,257,037.
1 2 a b	TXII Reconciliation of Expenses per Audited Financial Stateme Complete If the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements 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	2a 2b 2c 2d	Vith Expens	es per	•	m. 7,257,037. 0.
1 2 a b	Complete If the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII.)  Add lines 2a through 2d	2a 2b 2c 2d	Vith Expens	es per	Retu	m. 7,257,037.
1 2 a b c d	Complete If the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII.)	2a 2b 2c 2d	Vith Expens	es per	Retu 1	m. 7,257,037. 0.
1 2 a b c d	Complete If the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1	22a 22b 2c 2d	Vith Expens	es per	Retu 1	m. 7,257,037. 0.

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

Total expenses. Add fines 3 and 4c. (This must equal Form 990, Part 1, line 18.)

#### PART X, LINE 2:

| Part XIII | Supplemental Information.

ON JULY 31, 1992, THE PLAN RECEIVED A DETERMINATION FROM THE UNITED STATES TREASURY DEPARTMENT THAT IT QUALIFIES UNDER SECTION 501(C)(9) OF TEH INTERNAL REVENUE CODE AND IS, THEREFORE, EXEMPT FROM FEDERAL INCOME TAX UNDER PROVISIONS OF SECTION 501(1). THE PLAN HAS BEEN AMENDED SINCE RECEIVING THE DETERMINATION LETTER. HOWEVER, THE PLAN ADMINISTRATOR AND THE PLAN'S TAX COUNSEL BELIEVE THAT THE PLAN IS CURRENTLY DESIGNED AND OPERATED IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE INTERNAL THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED REVENUE CODE. IN THE PLAN'S FINANCIAL STATEMENTS.

13,420. 7,270,457.

WEST SENECA TEACHERS ASSOCIATION, INC. Schedule D (Form 990) 2014 BENEFIT TRUST FUND 16-1401960 Page 5
Schedule D (Form 990) 2014 BENEFIT TRUST FUND 16-1401960 Page 5  [Part XIII   Supplemental Information (continued)
REQUIRE PLAN MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE PLAN AND
RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN
POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION
BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS
TAKEN BY THE PLAN, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2014 THERE
ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD
REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL
STATEMENTS. THE PLAN IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS;
HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIOD IN PROGRESS.
<u> </u>
, 

SCH	EDU!	LE C	)
(Farm	990 a	r 990	)-EZ)

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Tressury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its instructions is at wow insurvitorm 990.	Open to Public Inspection
Name of the organization	m WEST SENECA TEACHERS ASSOCIATION, INC. Employer	Identification number 401960
FORM 990, PA	RT VI, SECTION B, LINE 11:	
FORM 990-WIL	L-BE-REVIEWED BY-THE-FUND-ADMINISTRATOR-AND-APPROVE	D -BY -THE
PRESIDENT OF	THE BOARD OF TRUSTEES PRIOR TO FILING, AND WILL AL	SO BE
PROVIDED TO	THE OTHER TRUSTEES PRIOR TO FILING.	
FORM 990, PA	RT VI, SECTION B, LINE 12C:	
TRUSTEES MUS	T SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT	ON AN ANNUAL
BASIS.		
	<u> </u>	
FORM 990, PA	RT VI, SECTION B, LINE 15B:	
BENEFIT TRUS	T EMPLOYEES AND THE FUND ADMINISTRATOR'S COMPENSATI	ON IS
REVIEWED ANN	UALLY AND APPROVED BY THE BOARD.	
FORM 990, PA	RT VI, SECTION C, LINE 19:	
THE ORGANIZA	TION DOES NOT MAKE ITS/GOVERNING DOCUMENTS, CONFLIC	T OF
INTEREST POL	ICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLI	С.
FORM 990, PA	RT XII, LINE 2C:	
NO CHANGES E	TAKEN PLACE IN THE YEAR ENDED DECEMBER 31, 2014	•
	•	
		·
<u></u>		
		~ <del>~~~</del>

SCHEDULE R (Form 990) Department of the Treesury	Complete Victoria	Related Organizations and Unrelated Partnerships ▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶Internation about Schedule 8 Form 890 and its instructions is at ways from 600.	tions and Unrelated Pa vered "Yes" on Form 990, Part IV, ► Attach to Form 990. Form 990) and its instructions Is a	irtnerships Ine 33, 34, 355, 3 tage facility	6, or 37.	<u> </u>	2014 Open to Public Inspection
Name of the organization WEST SEN	SENECA TEACHE	SENECA TEACHERS ASSOCIATION, INC. IT TRUST FUND	, INC.			Employer identification number 16-1401960	ification number
Part I Identification of Disregarded	Entides Complete i	identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	א Form 990, Part IV, line 3	7			
(a) Name, address, and EIN (if applicable) of disregarded entity	plicable)	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) or Total income	(e) me End-of-year assets		(f) Direct controlling entity
			\$				
			No de proprieta de la constante de la constant	, , , , , , , , , , , , , , , , , , ,			
			<i>X Y Y Y Y Y Y Y Y Y Y</i>				
Part II Identification of Related Tax-Ex	-Exempt Organizati	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ıswered "Yes" on Form 99K	, Part IV, line 34 b	ecause it had one o	rmore related tax-ex	tempf
(a) Name, address, and EIN of related organization	2 .	(b) , Primary activity	(c) Legal domícile (state or foreign country)	(d) Exempt Code section	(e) Public charity atatus (if section 501(c)(3))	(f) Direct confrolling entity	Section \$12(b)(15) confrolled entity?
WEST SENECA FEACHERS ASSOCIATION, 16-1111599, 196 ORCHARD PARK ROAD SENECA, NY 14214	INC	мотио	NEW YORK	501 (C) (5)			<del>                                     </del>
						:	
For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instructions	for Form 990.				Schedule	Schedule R (Form 990) 2014

INC.	
ASSOCIATION,	
TEACHERS	
SENECA	
WEST	

Near, Control with fielded Organizations Corrolled if the organization showed "Yes" on Farm 99b, Part IV, The 34, Stib, cr 96.  Near, County of the system of the organization of the blowdy stream of	act. Complete line 1 if any entity is listed in Perts II, III, or IV of this schedule.  Out Domplete line 1 if any entity is listed in Perts II, III, or IV of this schedule.  Daring the has year, and if the organization engage in any of the following transactions with one or more related organization listed in Perts II, III, or IV of this schedule.  Daring the has year, and if the organization engage in any of the following transactions with one or more related organization of the perts of the perts of complete contribution to nested organization(s)  I chans a fount guarantees by related organization(s)  I chans a fount guarantees by related organization(s)  I Charles from related organization(s)  I Charles from related organization(s)  I Charles for its guarantees by related organization(s)  I Exchange of assets with related organization(s)  I Exchange of assets with related organization(s)  I Exchange of essets with related organization(s)			
the to year of the year of the factor in Parto II. III. or IV of this schedule.  The factor was did to be agreed from the factor of the following transcribers with one or more related organizations regions or ordination engages are ordinations. For other factor organization organization organization organization organization organization organization organization.  The capital confidence from nated organization as controlled antity.  The capital confidence from nated organization o	ansactions with one or more related organizations listed in Parts II-IV?  ated organization(s)  ated organization(s)  ated organization(s)  the complete this line, including covered relationships  (b)  Transaction  type (a-s)  Amount involved  type (a-s)			
In or capting contribution to related organization(s)  In organization the related organization(s)  In organization to relate organization(s)  In organization organization(s)  In dealthes, equipment, or other essets from related organization(s)  In leading, equipment, or other essets from related organization(s)  In leading, equipment, or other essets from related organization(s)  In leading, equipment, or other essets from related organization(s)  In leading, equipment, or other essets with related organization(s)  In leading, equipment, and related organization(s)  In leading, equipment, and related organization(s)  In senior paid by related organization(s) for expenses  In service or method organization(s) for expenses  In service or method organization(s)  In service or method organization(s)  In service organization(s)  In servi	B Git, graft to captal contribution to related organization(s)  Git, graft to captal contribution from related organization(s)  Loans or loan guarantees to or the related organization(s)  Loans or loan guarantees to or the related organization(s)  Experience of each according to organization(s)  Sale of each season from related organization(s)  Sale of each guarantees to or the released organization(s)  Exchange of season when related organization(s) or fair assets with related organization(s)  Exchange of season when related organization(s) for expenses  Sharing of paid employees with related organization(s) for expenses  Sharing of the allockes, only related organization(s) for expenses  Performance of services or membership or functional place or captal according to the failure or related organization(s)  Sharing of the allockes, only related organization(s) for expenses  Sharing of the allockes or cash or property from related organization(s)  And it answer to cash or property from related organization(s)  Chief transfer of cash or property from related organization(s)  And the transfer of cash or property from related organization(s)  And the transfer of cash or property from related organization(s)  And the transfer of cash or property from related organization(s)  And the transfer of cash or property from related organization(s)  And the transfer of cash or property from related organization(s)  And the transfer of cash or property from related organization(s)  And the transfer of cash or property from related organization(s)  And the transfer of the angular file organization organi			χ. Kes
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Part VI Unrelated Organizations Texable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37	ble as a Partnership Co	mplete গf the organi	ization answered "Yes	on Form	n 990, Part IV, line 3	17.		_		
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	entity taxed as a partners structions regarding exolo	ship through which usion for certain inv	the organization condi estment partnerships	ucted mo	ire than five percen	t of its activitles (n	neasured	by total assets o	ir grass re	venue)
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Part VII	(Form 990) 2014 Supplemental Infor	mation	20 1401900 Fage 3
	Provide additional informa	ation for responses to questions on Schedule R (see instructions).	
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