

2020

Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue Service

► Do not enter social security numbers on this form, as it may be made public.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

2106

Open to Public  
InspectionA For the 2020 calendar year, or tax year beginning JULY 1<sup>ST</sup>, 2020, and ending JUNE 30<sup>TH</sup>, 2021

B Check if applicable

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization

HIGHLAND TEACHERS ASSOCIATION

Number and street (or P.O. box if mail is not delivered to street address)

2 DEER XING

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

HIGHLAND, NY 12528

05

D Employer identification number

22-2559123

E Telephone number

914-475-8391

F Group Exemption  
NumberG Accounting Method.  Cash  Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) -  501(c)(3)  501(c) (5) (insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other LOCAL UNION

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

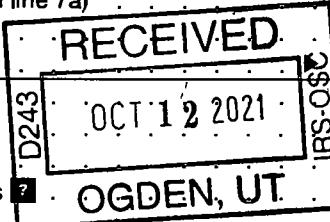
(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ►

Check if the organization used Schedule O to respond to any question in this Part I. 

1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3
4	Investment income	4
5a	Gross amount from sale of assets other than inventory	5a
b	Less: cost or other basis and sales expenses	5b
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c
6	Gaming and fundraising events:	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
c	Less: direct expenses from gaming and fundraising events	6c
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
7a	Gross sales of inventory, less returns and allowances	7a
b	Less: cost of goods sold	7b
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c
8	Other revenue (describe in Schedule O)	8
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 145,917.90
10	Grants and similar amounts paid (list in Schedule O)	10
11	Benefits paid to or for members	11
12	Salaries, other compensation, and employee benefits	12 31,000.00
13	Professional fees and other payments to independent contractors	13
14	Occupancy, rent, utilities, and maintenance	14
15	Printing, publications, postage, and shipping	15 2,520.44
16	Other expenses (describe in Schedule O)	16 101,792.27
17	<b>Total expenses.</b> Add lines 10 through 16	17 135,312.71
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18 11,602.99
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 66,324.73
20	Other changes in net assets or fund balances (explain in Schedule O)	20
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21 77,927.72



? **Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	0	25 110
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 25 of column (B) must agree with line 21)	66,324.73	27 127,927.72

? **Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose? \_\_\_\_\_

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

? 28 \_\_\_\_\_

? (Grants \$ ) If this amount includes foreign grants, check here ►  28a

29 \_\_\_\_\_

(Grants \$ ) If this amount includes foreign grants, check here ►  29a

30 \_\_\_\_\_

(Grants \$ ) If this amount includes foreign grants, check here ►  30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ►  31a

32 Total program service expenses (add lines 28a through 31a)

32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)  
Check if the organization used Schedule O to respond to any question in this Part IV 

?	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
	JAMES MORIARTY PRESIDENT & BENEFIT TRUST TRUSTEE		6,500		
	KEVIN BIZZO VICE PRESIDENT		4,000		
	ENIKA BAZINEAD SECRETARY		2,500		
	CORY MILLER TREASURER & BENEFIT TRUST TRUSTEE		3,000		
	Shannon Ramirez GRIEVANCE CHAIR		2,500		
	JOHN McFARLAND BUILDING REPRESENTATIVE & BENEFIT TRUST TRUSTEE		3,000		
	JAMES CONKLIN BUILDING REPRESENTATIVE		2,500		
	ILAREN ADAMC BUILDING REPRESENTATIVE		2,500		
	LAURIE LOCHNER BUILDING REPRESENTATIVE		2,500		
	LISA BARONE BENEFIT TRUST TREASURER		1,000		
	MARK CHARRIERI BENEFIT TRUST TRUSTEE		500		
	ALISABETH LOEWENTHAL BENEFIT TRUST TRUSTEE		500		

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

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 Yes  No   
33

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 Yes  No   
34

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)? Yes  No   
35a

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Yes  No   
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 Yes  No   
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 Yes  No   
36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a Yes  No   
37a

b Did the organization file Form 1120-POL for this year? Yes  No   
37b

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? Yes  No   
38a

b If "Yes," complete Schedule L, Part II, and enter the total amount involved Yes  No   
38b

39 Section 501(c)(7) organizations. Enter:  
a Initiation fees and capital contributions included on line 9 Yes  No   
39a

b Gross receipts, included on line 9, for public use of club facilities Yes  No   
39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_ Yes  No   
40a

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 Yes  No   
40b

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes  No   
40c

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization Yes  No   
40d

e 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 Yes  No   
40e

41 List the states with which a copy of this return is filed ► NEW YORK Yes  No

42a The organization's books are in care of ► COREY MILLER Telephone no. ► 914-475-8391  
Located at ► 2 DEER LANE HIGHLAND NY 10528 ZIP + 4 ► 10528 Yes  No   
42b

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► Yes  No   
42c

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► Yes  No   
43

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 ► Yes  No   
43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No   
44a

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 Yes  No   
44b

c Did the organization receive any payments for indoor tanning services during the year? Yes  No   
44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Yes  No   
44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes  No   
45a

b 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 Yes  No   
45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		✓

**Part VI      Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

**Check if the organization used Schedule O to respond to any question in this Part VI**

Yes  No

47 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 . . . . .

	Yes	No
47		?
48		?
49a		
49b		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .  
**b** If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".

trustees, and key

employees, who each received more than \$100,000 of compensation from the organization. It then lists the names, titles, and compensation for the remaining 100 highest-paid employees.

f Total number of other employees paid over \$100,000 . . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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 officer) is based on all information of which preparer has any knowledge

Sign Here	<input checked="" type="checkbox"/> <i>Corey Miller</i> Signature of officer	10/15/21
	<input checked="" type="checkbox"/> <i>Corey Miller</i> <b>TREASURER</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Employer ID ►	Phone ►			

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

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Form 980-EZ (2020)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

- Attach to Form 990 or 990-EZ.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

HIGHLAND TEACHERS' ASSOCIATION

Employer identification number

22-2559123

**REVENUE**

VOTE-LOPES REBATE \$ 997.80

**EXPENSES**

DONATIONS \$ 4,778.72

DUES PAID TO NYSUT \$ 95,109.50

EXECUTIVE DINNER \$ 641.15

UNION LAPTOP \$ 1,262.90