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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 09-01-2009 and ending 08-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
New York State United Teachers

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 800 Troy Schenectady Road | Room/suite

City or town, state or country, and ZIP + 4
Latham, NY 121102455

D Employer identification number
14-1584772

E Telephone number
(518) 213-6000

G Gross receipts $ 161,892,010

F Name and address of principal officer
Lee Cutler
800 Troy Schenectady Road
Latham, NY 121102455

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www nysut org

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶

L Year of formation 1973

M State of legal domicile NY

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	83
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	63
5	Total number of employees (Part V, line 2a)	5	646
6	Total number of volunteers (estimate if necessary)	6	3,000
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	916,230
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-922,140

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	22,706	250,932
9	Program service revenue (Part VIII, line 2g)	123,717,400	127,537,221
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,041,353	946,041
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	374,881	165,057
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	125,156,340	128,899,251
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)	732,207	620,716
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	77,329,394	96,230,112
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	49,287,364	53,226,627
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	127,348,965	150,077,455
19	Revenue less expenses Subtract line 18 from line 12	-2,192,625	-21,178,204

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	117,241,080	127,160,471
21	Total liabilities (Part X, line 26)	217,731,055	319,706,871
22	Net assets or fund balances Subtract line 21 from line 20	-100,489,975	-192,546,400

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

Sign Here

****** | 2011-07-14
Signature of officer | Date

LEE CUTLER secretary-treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: MICHAEL A KOWLER | Date | Check if self-empolyed ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: BUCHBINDER TUNICK & COMPANY LLP
6116 EXECUTIVE BLVD SUITE 201
ROCKVILLE, MD 208524920

EIN ▶

Phone no ▶ (301) 770-9110

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Through a representative democratic structure, New York State United Teachers improves the professional, economic and personal lives of our members and their families, strengthens the institutions in which they work, and furthers the cause of social justice through the trade union movement

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

NYSUT Field Services department includes nearly 150 labor relations specialists (LRS) working out of 16 regional offices throughout New York State While the local union is the bargaining agent for its members, NYSUT provides whatever assistance the union may require to carry out its duties In many instances, a NYSUT LRS represents the local union at the bargaining table and in the administration of the collective bargaining agreement The LRS advocates on behalf of the members at the local level in front of impartial arbitrators and at the Public Employment Relations Board (PERB) and, for private sector members, the National Labor Relations Board (NLRB) He or she works with the local affiliate in the capacity of consultant, communicator, trainer and facilitator to resolve local issues

4b (Code) (Expenses $ including grants of $) (Revenue $)

NYSUT's Legal Department, with 37 on-staff attorneys, represents tenured-teacher members at tenure hearings initiated under education law, and other members subjected to dismissal proceedings pursuant to Civil Service Law Section 75 It represents locals in matters arising from work stoppages, from stays of arbitration, from efforts to vacate arbitration awards, and from failure of employers to implement arbitration awards The department also provides representation in other selected employment-related matters before the commissioner of education, the Public Employment Relations Board, and in New York and federal courts and other administrative agencies

4c (Code) (Expenses $ including grants of $) (Revenue $)

NYSUT Program Services provides a voice to NYSUT's many constituencies - BOCES, Health Care, New Members, Retirees, School Related Professionals - providing resources and services designed to meet their unique needs The department provides technical assistance to staff in the NYSUT regional offices in health benefits, health care, health and safety, training and new member programs Program Services also supports NYSUT's social services program, available to all in-service and retired members

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part 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 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**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*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	496		
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 (gambling) winnings to prize winners?	1c		Yes	
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	2a	646		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	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)?	4a			No
b	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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
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			
b	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			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**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 tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	83		
b	Enter the number of voting members that are independent	1b	63		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Jeff Lockwood
800 Troy Schenectady Road
Latham, NY 121102455
(518) 213-6000

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	5,348,306	0	1,514,150

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 271

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
buchbinder tunick and company llp 6116 executive blvd suite 201 rockville, MD 20852	auditing	157,329
cornell university 42 campus road ithaca, NY 14853	training	107,623

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 2

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	250,932			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		250,932			
Program Service Revenue			Business Code				
	2a	Membership dues and as	900,099	111,567,144	111,567,144		
	b	Field Support - AFT	900,099	5,365,862	5,365,862		
	c	Reimbursed Admin Exp	900,099	4,693,780	4,693,780		
	d	afFILIATION FEES	900,099	2,767,048	2,767,048		
	e	NEA UNISERV GRANT	900,099	1,388,293	1,388,293		
	f	All other program service revenue		1,755,094	838,864	916,230	
	g	**Total.** Add lines 2a–2f		127,537,221			
	3	Investment income (including dividends, interest and other similar amounts)		744,882			744,882
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	33,193,918				
	b	Less cost or other basis and sales expenses	32,992,759				
	c	Gain or (loss)	201,159				
	d	Net gain or (loss)		201,159	201,159		
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Net income of subsidia	900,099	164,670	164,670		
	b	Circulation income	900,099	387	387		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		165,057			
	12	**Total revenue.** See Instructions		128,899,251	126,987,207	916,230	744,882

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members	620,716			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	50,706,703			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,692,009			
9 Other employee benefits	16,207,942			
10 Payroll taxes	3,623,458			
11 Fees for services (non-employees)				
a Management				
b Legal	271,171			
c Accounting	167,329			
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	55,270			
g Other	454,071			
12 Advertising and promotion				
13 Office expenses	1,933,266			
14 Information technology	275,278			
15 Royalties				
16 Occupancy	7,042,818			
17 Travel	2,209,125			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,915,589			
20 Interest				
21 Payments to affiliates	13,932,941			
22 Depreciation, depletion, and amortization	2,022,245			
23 Insurance	874,133			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Printing and Publicatio	4,860,417			
b Public Relation Support	4,650,421			
c Organization affiliatio	2,785,968			
d Special projects	1,161,665			
e Legislative action	972,219			
f All other expenses	5,642,701			
25 **Total functional expenses.** Add lines 1 through 24f	150,077,455			
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,401,494	1	7,340,593
	2	Savings and temporary cash investments		21,809,545	2	25,043,016
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		23,105,374	4	25,787,477
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,172,904	9	1,318,152
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 20,216,595			
	b	Less accumulated depreciation	10b 13,446,945	7,394,658	10c	6,769,650
	11	Investments—publicly traded securities		18,917,470	11	21,069,699
	12	Investments—other securities See Part IV, line 11		37,821,579	12	37,986,249
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,618,056	15	1,845,635
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		117,241,080	16	127,160,471
Liabilities	17	Accounts payable and accrued expenses		15,192,529	17	17,454,806
	18	Grants payable			18	
	19	Deferred revenue			19	596,796
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		202,538,526	25	301,655,269
	26	**Total liabilities.** Add lines 17 through 25		217,731,055	26	319,706,871
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-100,489,975	27	-192,546,400
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-100,489,975	33	-192,546,400
	34	Total liabilities and net assets/fund balances		117,241,080	34	127,160,471

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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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, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
New York State United Teachers

Employer identification number
14-1584772

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,744,648	811,085	933,563
d Equipment		4,035,958	2,196,540	1,839,418
e Other		14,435,989	10,439,320	3,996,669
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				6,769,650

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other investment in wholly owned subsidiary NYSUT Building Corp	37,986,249	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	37,986,249	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Employees accumulated vacation and sick pay	10,274,936
Estimated cost of post-retirement benefits	288,944,196
Deferred Rental Liability	1,492,850
Deferred Comp Plan Obligations	943,287
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	301,655,269

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	128,899,251
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	150,077,455
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-21,178,204
4	Net unrealized gains (losses) on investments	4	739,602
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-71,617,823
9	Total adjustments (net) Add lines 4 - 8	9	-70,878,221
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-92,056,425

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	124,884,549
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	739,602		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-5,254		
e	Add lines **2a** through **2d**			2e	734,348
3	Subtract line **2e** from line **1**			3	124,150,201
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	55,270		
b	Other (Describe in Part XIV)	4b	4,693,780		
c	Add lines **4a** and **4b**			4c	4,749,050
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	128,899,251

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	145,323,151
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	145,323,151
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	55,270		
b	Other (Describe in Part XIV)	4b	4,699,034		
c	Add lines **4a** and **4b**			4c	4,754,304
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	150,077,455

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		Appropriation for Solidarity Fund 1263348 APPROPRIATION FOR LEGAL REPRESENTATION FUND 88403 EFFECT OF ADOPTION OF RECOGNITION PROVISIONS OF FASB STATEMENT 158 -74121116 Advocacy Fund 1151542
Part XII, Line 2d - Other Adjustments		term discounts taken -5254
Part XII, Line 4b - Other Adjustments		Reimbursement of expenses that are netted against expenses for FS purposes 4693780
Part XIII, Line 4b - Other Adjustments		Reimbursement of expenses that are netted against expenses for FS purposes 4693780 term discounts taken 5254

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
New York State United Teachers

Employer identification number
14-1584772

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 All grant recipients are asked to provide New York State United Teachers with a re-cap of the recipients use of the grant proceeds

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
New York State United Teachers

Employer identification number
14-1584772

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	First-class travel is provided to officers when flying extended distances Social club dues provide a neutral meeting place while meeting in the state capital

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
New York State United Teachers

Employer identification number
14-1584772

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
JOnathon Vargas	Son of Board Member	43,101	Wages as NYSUT Employee		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
New York State United Teachers

Employer identification number
14-1584772

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Name/Relationship/Organization Robert Lesniewski/Business/NYSUT Member Benefits Corp Margie Brumfield/Business/NYSUT Member Benefits Corp Paul Pecorale/Business/NYSUT Member Benefits Corp Arthur Pepper/Business/NYSUT Member Benefits Corp Roderick Sherman/Business/NYSUT Member Benefits Corp Kristin Sterling/Business/NYSUT Member Benefits Corp Andrew Sako/Business/NYSUT Member Benefits Corp

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		As set forth in the Constitution and Bylaws of the organization, there shall be the following membership categories Inservice, student, special and associate Individuals will be required to maintain unified membership with the American Federation of Teachers, the NEA where eligible and those organizations mandated by the Constitution and Bylaws of NYSUT and the American Federation of Teachers

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		As set forth in the Constitution and Bylaws of the organization, Directors representing Election Districts shall be elected on a roll call vote by a majority of ballots cast by the representatives (delegate members) from their respective constituencies seated at the Representative Assembly

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Except for matters decided by referendum, final authority in the organization shall rest in the Representative Assembly In addition, the Representative Assembly shall act on amendments to the Constitution and Bylaws of the organization

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A draft of the Form 990 is provided to the Board of Directors prior to its filing

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The Conflict of Interest Policy - Appoints a conflict of interest officer The conflict of Interest Officer's responsibilities are to monitor the implementation of the conflict of interest policy and recommend to the oversight committee, such modifications in the policy as he or she may from time to time deem appropriate

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		This organization and all its related organizations, determines compensation of all its officers and key employees annually either by A) Compliance with collective bargaining agreements for individuals covered by the CBA's or B) the Board of Directors

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The Organization does not make the governing documents, conflict of interest policy and financial statements available to the public

Identifier	Return Reference	Explanation
schedule r, part V		The value of the services were based on actual costs and/or fair market value

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
New York State United Teachers

Employer identification number
14-1584772

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
nysut member benefits corporation 800 troy schenectady road latham, NY121102455 26-3989358	member program discounts	NY	N/A	C			

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) NYSUT Building Corp	A	193,752
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 14-1584772
Name: New York State United Teachers

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
NYSUT Building Corp 800 Troy-schenectady road latham, NY121102455 14-1700200	Building Corporation	NY	501(C)(2)		new york state united teachers
NYSUT Member Benefits 800 Troy-schenectady road latham, NY121102455 22-2480854	Benefit Plan	NY	501(C)(5)		N/A
NYSUT Retiree VEBA Health Fund 800 Troy-schenectady road latham, NY121102455 14-6204878	Benefit Plan	NY	501(C)(9)		N/A
NYSUT Education and Learning Trust 800 Troy-schenectady road latham, NY121102455 16-6460576	Offers courses to promote effective teaching	NY	501(C)(3)	170(B)(1)(A)(II)	N/A
Mary Muldoon Fund 800 Troy-schenectady road latham, NY121102455 14-6030191	Private Foundation	NY	501(C)(3)	PF	N/A
NYSUT Employees Retirement Fund Plan 001 800 Troy-schenectady road latham, NY121102455 14-1584772	NYSUT Employee Benefit Plan	NY	501(A)		N/A
NYSUT Management & Legal Staff Assoc 401k Plan #002 800 Troy-schenectady road latham, NY121102455 14-1584772	NYSUT Employee Benefit Plan	NY	501(A)		N/A
NYSUT Communication Workers of America Local 1141 401k Plan #005 800 Troy-schenectady road latham, NY121102455 14-1584772	NYSUT Employee Benefit Plan	NY	501(A)		N/A
NYSUT Professional Staff Assoc 401k Plan #003 800 Troy-schenectady road latham, NY121102455 14-1584772	NYSUT Employee Benefit Plan	NY	501(A)		N/A
NYSUT Disaster Relief and Scholarship Trust 800 Troy-schenectady road latham, NY121102455 14-1584772	ProvideS Disaster Relief and scholarships	NY	501(c)(3)	170(b)(1)(A)(vI)	N/A
NYSUT Plan for former Employees of NEA NY plan #006 800 Troy-schenectady road latham, NY121102455 14-1584772	NYSUT Employee Benefit Plan	NY	501(A)		N/A
NYSUT VOTECOPE 800 Troy-schenectady road latham, NY121102455 14-1565672	Political Action Committee	NY	527		N/A
nysut votecope unauthorized committee 800 Troy-schenectady road latham, NY121102455 27-3442678	political Action Committee	NY	527		N/A

Additional Data

Software ID:
Software Version:
EIN: 14-1584772
Name: New York State United Teachers

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Shelvy Abrams executive committee mbr	1 00	X						20,421	0	0
CARMEN ALVAREZ-SCAGLIIONE Director	1 00	X						13,681	0	0
Robert Astrowsky executive committee mbr	1 00	X						20,421	0	0
Leroy Barr Director	1 00	X						13,681	0	0
Donald BENKER executive committee mbr	1 00	X						20,421	0	0
Patricia BENTLEY Director	1 00	X						13,681	0	0
roweNA BLACKMAN STROUD Director	1 00	X						13,681	0	0
karen blackwell Director	1 00	X						13,681	0	0
barbara Bowen executive committee mbr	1 00	X						20,421	0	0
margie Brumfield Director	1 00	X						13,681	0	0
john Burns director	1 00	X						13,681	0	0
sanDRA CARNER-SHAFRAN executive committee mbr	1 00	X						20,421	0	0
staCEY CARUSO-SHARPE Director	1 00	X						13,681	0	0
leo Casey director	1 00	X						13,681	0	0
michael Corn Director	1 00	X						13,681	0	0
evelyn Dejesus Director	1 00	X						13,681	0	0
david DeFelice Director	1 00	X						13,681	0	0
iris Delutro director	1 00	X						13,681	0	0
loretta Donlon director	1 00	X						13,681	0	0
selina durio Director	1 00	X						13,681	0	0
joseph DUSHKO Director	1 00	X						13,681	0	0
ruth dworkin director	1 00	X						13,681	0	0
paul egan Director	1 00	X						3,778	0	0
paul farfaglia Director	1 00	X						13,681	0	0
richard farKAS Director	1 00	X						13,681	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
rona FREISER director	1 00	X						13,681	0	0
hbenjamin frisbie Director	1 00	X						13,681	0	0
amindA GENTILE Director	1 00	X						13,681	0	0
anne GOLDMAN Director	1 00	X						13,681	0	0
barbara hafner Director	1 00	X						13,681	0	0
eileen HEALY Director	1 00	X						13,681	0	0
denise HECKEL Director	1 00	X						268	0	0
dianne HETTRICH Director	1 00	X						16,181	0	0
nancy HOSKINS director	1 00	X						127	0	0
mary JUNE KING director	1 00	X						127	0	0
pauline kinsella executive director	35 00	X						212,648	0	74,113
steven London director	1 00	X						13,681	0	0
sylVIA MATOUSEK executive committee mbr	1 00	X						20,421	0	0
thomas MATTHEWS Director	1 00	X						13,681	0	0
ellen Schuler-mauk executive committee mbr	1 00	X						20,421	0	0
anthony McCANN director	1 00	X						13,681	0	0
carla mclaud director	1 00	X						13,681	0	0
joseph mclaughlin Director	1 00	X						20,520	0	0
michael mendel executive committee mbr	1 00	X						20,421	0	0
michael mulgrew executive committee mbr	1 00	X						15,304	0	0
thomas murphy Director	1 00	X						3,097	0	0
dona murray director	1 00	X						13,681	0	0
stanley nowak director	1 00	X						13,681	0	0
tom Pappas Director	1 00	X						6,748	0	0
deborah paulin Director	1 00	X						13,681	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
paul pecorale Director	1 00	X						13,681	0	0
arthur pepper Director	1 00	X						12,331	0	0
emil pietromonaco director	1 00	X						13,495	0	0
patricia puleo Director	1 00	X						13,681	0	0
stephen Rechner Director	1 00	X						13,681	0	0
marvin reiskin Director	1 00	X						8,134	0	0
nadia resnikoff executive committee mbr	1 00	X						20,421	0	0
sterling roberson director	1 00	X						2,773	0	0
morton rosenfeld Director	1 00	X						13,681	0	0
jeffrey rozran Director	1 00	X						13,681	0	0
judith rudman Director	1 00	X						13,681	0	0
andy sako Director	1 00	X						13,681	0	0
dorothy sanger Director	1 00	X						127	0	0
catherine savage Director	1 00	X						13,681	0	0
howard schoor director	1 00	X						13,681	0	0
barbara shapiro Director	1 00	X						13,681	0	0
roderick sherman executive committee mbr	1 00	X						20,421	0	0
carol a slotkin executive committee mbr	1 00	X						20,421	0	0
phillip H Smith executive committee mbr	1 00	X						20,421	0	0
ronald e smith Director	1 00	X						13,681	0	0
jeanette stapley director	1 00	X						13,681	0	0
kristin b sterling Director	1 00	X						13,681	0	0
mel stern Director	1 00	X						13,681	0	0
candace stroud Director	1 00	X						13,681	0	0
joseph sweeny director	1 00	X						13,681	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
kathleen Taylor director	1 00	X						13,681	0	0
gary r terwilliger director	1 00	X						13,681	0	0
kenneth ulric director	1 00	X						13,681	0	0
adam urbanski executive committee mbr	1 00	X						20,421	0	0
janet utz director	1 00	X						13,681	0	0
jose vargas director	1 00	X						13,681	0	0
edward Vasta director	1 00	X						13,681	0	0
ellis woods director	1 00	X						13,681	0	0
jeffrey yonkers director	1 00	X						13,681	0	0
jeffrey zahler director	1 00	X						13,681	0	0
lee cutler secretary-treasurer	35 00			X				226,746	0	79,375
kathleen donahue vice president	35 00			X				225,392	0	62,170
richard iannuzzi president	35 00			X				271,027	0	74,960
alan lubin executive vice president	35 00			X				222,985	0	81,874
maria neira vice president	35 00			X				221,476	0	82,367
andrew pallotta executive vice president	35 00			X				13,050	0	6,873
stephen allinger director of legislation	35 00				X			201,293	0	75,285
thomas anapolis director of program services	35 00				X			174,144	0	66,900
peggy barmore assistant to the president	35 00				X			189,970	0	57,941
anthony bifaro assistant to the president	35 00				X			191,114	0	71,912
mary chaykin director of field operations	35 00				X			185,970	0	72,778
gerard dewolf counsel to the president	35 00				X			187,994	0	70,032
robert lesniewski director of finance and admin	35 00				X			206,330	0	75,449
debra nelson director of education & learning tr	35 00				X			197,081	0	72,330
charles santelli director of policy and programs	35 00				X			218,472	0	81,183

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
deborah ward director of communications	35 00				X			174,258	0	69,003
john costello assistant to the executive vp	35 00					X		183,882	0	72,493
claude hersh assistant general counsel	35 00					X		163,462	0	58,620
philip holgado labor relations specialist	35 00					X		155,048	0	62,243
lynette metz director of member benefits	35 00					X		176,241	0	68,810
james sandner general counsel	35 00					X		201,423	0	77,439

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Membership dues and as	900,099	111,567,144	111,567,144		
Field Support - AFT	900,099	5,365,862	5,365,862		
Reimbursed Admin Exp	900,099	4,693,780	4,693,780		
affILIATION FEES	900,099	2,767,048	2,767,048		
	900,099	1,388,293	1,388,293		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Printing and Publicatio	4,860,417			
Public Relation Support	4,650,421			
Organization affiliatio	2,785,968			
Special projects	1,161,665			
Legislative action	972,219			

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 14-1584772
Name: New York State United Teachers

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
west hempstead education association202 walker place west hempstead, NY 11552	23-7255837	501(c)(5)	5,150				Local Union Issues-Based Project
corning teachers association 35 victory highway CPPWHS painted post, NY 14870	22-2548314	501(c)(5)	5,900				Local Union Issues-Based Project
albany county residential health care facilities780 albany shaker road albany, NY 12211	14-6002563		12,000				Local Union Issues-Based Project
united university professions 800 troy-schenectady road latham, NY 12110	14-1537599	501(c)(5)	125,000				Local Union Issues-Based Project
SUNY Stony brook health sciences center101 nicolls road stony brook, NY 11794	11-3243405		19,100				Community Initiatives
baldwinsville teachers association29 east oneida street baldwinsville, NY 13027	23-7437804	501(c)(5)	9,270				Community Initiatives
ogdensburg education association1100 State Street Ogdensburg, NY 13669	80-0644789	501(c)(5)	10,860				Community Initiatives
troy teachers association89 Euclid Ave Troy, NY 12180	23-7365508	501(c)(5)	6,340				Community Initiatives
nyack teachers association 115 Gatto Lane Pearl River, NY 10965	23-7365375	501(c)(5)	6,060				Community Initiatives
rochester teachers association30 North Union St Suite 301 Rochester, NY 14607	16-6013103	501(c)(5)	29,500				Community Initiatives

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
geneva teachers association 3407 country road 20 stanley, NY 14561	16-6001766	501(c)(5)	6,500				Community Initiatives
Newburgh teachers association52 pierces road newburgh, NY 12550	23-7361135	501(c)(5)	7,220				Community Initiatives
jamestown teachers association21 carey place jamestown, NY 14701	23-7240738	501(c)(5)	7,860				Community Initiatives
pine bush teachers association254 crawford street pine bush, NY 12566	23-7363830	501(c)(5)	10,750				Community Initiatives
buffalo education support team712 main street buffalo, NY 14202	16-1341588	501(c)(5)	11,412				Community Initiatives

Additional Data

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Software ID:
Software Version:
EIN: 14-1584772
Name: New York State United Teachers

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
pauline kinsella	(I)	202,039	0	10,609	50,482	23,631	286,761	0
	(II)	0	0	0	0	0	0	0
lee cutler	(I)	216,261	0	10,485	54,050	25,325	306,121	0
	(II)	0	0	0	0	0	0	0
kathleen donahue	(I)	200,484	0	24,908	54,050	8,120	287,562	0
	(II)	0	0	0	0	0	0	0
richard iannuzzi	(I)	240,180	0	30,847	63,207	11,753	345,987	0
	(II)	0	0	0	0	0	0	0
alan lubin	(I)	202,214	0	20,771	54,050	27,824	304,859	0
	(II)	0	0	0	0	0	0	0
maria neira	(I)	213,389	0	8,087	54,050	28,317	303,843	0
	(II)	0	0	0	0	0	0	0
stephen allinger	(I)	194,415	0	6,878	49,528	25,757	276,578	0
	(II)	0	0	0	0	0	0	0
thomas anapolis	(I)	162,757	0	11,387	42,378	24,522	241,044	0
	(II)	0	0	0	0	0	0	0
peggy barmore	(I)	177,559	0	12,411	44,552	13,389	247,911	0
	(II)	0	0	0	0	0	0	0
anthony bifaro	(I)	131,046	0	60,068	44,525	27,387	263,026	0
	(II)	0	0	0	0	0	0	0
mary chaykin	(I)	163,654	0	22,316	44,993	27,785	258,748	0
	(II)	0	0	0	0	0	0	0
gerard dewolf	(I)	177,260	0	10,734	44,284	25,748	258,026	0
	(II)	0	0	0	0	0	0	0
robert lesniewski	(I)	193,996	0	12,334	49,528	25,921	281,779	0
	(II)	0	0	0	0	0	0	0
debra nelson	(I)	190,925	0	6,156	44,971	27,359	269,411	0
	(II)	0	0	0	0	0	0	0
charles santelli	(I)	208,508	0	9,964	51,912	29,271	299,655	0
	(II)	0	0	0	0	0	0	0
deborah ward	(I)	168,270	0	5,988	42,260	26,743	243,261	0
	(II)	0	0	0	0	0	0	0
john costello	(I)	174,059	0	9,823	44,411	28,082	256,375	0
	(II)	0	0	0	0	0	0	0
claude hersh	(I)	150,277	0	13,185	43,046	15,574	222,082	0
	(II)	0	0	0	0	0	0	0
philip holgado	(I)	105,979	0	49,069	34,608	27,635	217,291	0
	(II)	0	0	0	0	0	0	0
lynette metz	(I)	166,563	0	9,678	42,276	26,534	245,051	0
	(II)	0	0	0	0	0	0	0
james sandner	(I)	176,682	0	24,741	47,575	29,864	278,862	0
	(II)	0	0	0	0	0	0	0