



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



Form 990  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
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization NEW YORK STATE UNITED TEACHERS	D Employer identification number 14-1584772
	Doing Business As	E Telephone number (518) 213-6000
	Number and street (or P O box if mail is not delivered to street address) 800 TROY SCHENECTADY ROAD	Room/suite
	G Gross receipts \$ 193,920,020	
	City or town, state or country, and ZIP + 4 LATHAM, NY 121102455	
	F Name and address of principal officer ROBERT LESNIEWSKI 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)(3) ☒ 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	82	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	61	
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	672	
6 Total number of volunteers (estimate if necessary)	6	3,000	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,085,414	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-277,281	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	250,932	457,489
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	127,537,221	131,302,699
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	946,041	2,662,152
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	165,057	615,567
	128,899,251	135,037,907	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	195,747
	14 Benefits paid to or for members (Part IX, column (A), line 4)	620,716	524,483
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	96,230,112	110,360,077
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	53,226,627	53,866,768
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	150,077,455	164,947,075
	19 Revenue less expenses Subtract line 18 from line 12	-21,178,204	-29,909,168
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	127,160,471	114,433,043
	21 Total liabilities (Part X, line 26)	319,706,871	315,536,965
	22 Net assets or fund balances Subtract line 21 from line 20	-192,546,400	-201,103,922

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	***** Signature of officer	2012-07-16 Date			
	ROBERT LESNIEWSKI DIRECTOR OF FINANCE Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOHN ZIMMERMAN	Preparer's signature JOHN ZIMMERMAN	Date	Check if self-employed ☐	PTIN
	Firm's name ▶ BUCHBINDER TUNICK & COMPANY LLP				Firm's EIN ▶
	Firm's address ▶ 6116 EXECUTIVE BLVD SUITE 201 ROCKVILLE, MD 208524920				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

Check if Schedule O contains a response to any question in this Part III

☐ ☒

1

Briefly describe the organization's mission

THROUGH A REPRESENTATIVE DEMOCRATIC STRUCTURE, NEWYORK 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)? <i>If "Yes," complete Schedule A</i>	1	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</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 ? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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 ? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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 11 e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8 a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9 a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	No
b	If "Yes" to line 20 a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	518
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	672
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 (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds 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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	82	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	61	
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		No
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, 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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	5,998,722	0	1,652,984

2 Total number of individuals (including but not limited to those listed in Item 1) who received or were entitled to receive more than \$100,000 in reportable compensation from the organization. 276

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation
BUCHBINDER TUNICK & COMPANY LLP 6116 EXECUTIVE BLVD ROCKVILLE, MD 20852	AUDITING	150,737
SCHWARTZ LICHTEN & BRIGHT PC 275 SEVENTH AVE 17TH FLOOR NEW YORK, NY 10001	LEGAL SERVICES	110,903
MILLER PHOTOGRAPHY LTD 1300 JERICHO TPKE NEW HYDE PARK, NY 11040	PHOTOGRAPHY	110,419

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 ▶3

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	457,489		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		457,489		
	Program Service Revenue	2a	Business Code			
		MEMBERSHIP DUES AND AS	900099	113,416,776	113,416,776	
b		REIMBURSED ADMIN EXP	900099	6,957,173	6,957,173	
c		FIELD SUPPORT - AFT	900099	5,319,427	5,319,427	
d		AFFILIATION FEES	900099	2,522,729	2,522,729	
e		NEA UNISERV GRANT	900099	1,399,584	1,399,584	
f		All other program service revenue		1,687,010	601,596	1,085,414
g		Total. Add lines 2a-2f		131,302,699		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		790,735		790,735
	4	Income from investment of tax-exempt bond proceeds . .				
	5	Royalties				
	6a	Gross Rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses	60,753,530			
	c	Gain or (loss)	58,882,113			
	d	Net gain or (loss)		1,871,417	1,871,417	
	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	LEGAL SETTLEMENT INCOM	900099	614,734	614,734	
b	CIRCULATION INCOME	900099	437	437		
c	ROYALTY INCOME	900099	396	396		
d	All other revenue					
e	Total. Add lines 11a-11d		615,567			
12	Total revenue. See Instructions		135,037,907	132,704,269	1,085,414	790,735

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	195,747			
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	524,483			
5	Compensation of current officers, directors, trustees, and key employees	5,998,722			
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	46,577,666			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	33,732,386			
9	Other employee benefits	20,285,195			
10	Payroll taxes	3,766,108			
a	Fees for services (non-employees) Management				
b	Legal	316,275			
c	Accounting	193,883			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	51,029			
g	Other	476,373			
12	Advertising and promotion				
13	Office expenses	1,723,510			
14	Information technology	213,542			
15	Royalties				
16	Occupancy	7,121,201			
17	Travel	2,228,396			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,608,762			
20	Interest				
21	Payments to affiliates	14,597,435			
22	Depreciation, depletion, and amortization	1,914,223			
23	Insurance	1,125,446			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PUBLIC RELATION SUPPORT	6,754,314			
b	PRINTING AND PUBLICATIO	3,949,127			
c	ORGANIZATION AFFILIATIO	2,850,133			
d	SPECIAL PROJECTS	1,027,991			
e		0			
f	All other expenses	5,715,128			
25	Total functional expenses. Add lines 1 through 24f	164,947,075			
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			7,340,593	1	1,782,252
	2	Savings and temporary cash investments			25,043,016	2	16,704,221
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			25,787,477	4	21,082,026
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,318,152	9	1,282,638
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	17,995,968			
	b	Less: accumulated depreciation	10b	11,733,566	6,769,650	10c	6,262,402
	11	Investments—publicly traded securities			21,069,699	11	27,313,051
	12	Investments—other securities. See Part IV, line 11			37,986,249	12	37,926,643
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,845,635	15	2,079,810
16	Total assets. Add lines 1 through 15 (must equal line 34)			127,160,471	16	114,433,043	
Liabilities	17	Accounts payable and accrued expenses			17,454,806	17	16,509,718
	18	Grants payable				18	
	19	Deferred revenue			596,796	19	311,605
	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			301,655,269	25	298,715,642
	26	Total liabilities. Add lines 17 through 25			319,706,871	26	315,536,965
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			-192,546,400	27	-201,103,922
	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			-192,546,400	33	-201,103,922
	34	Total liabilities and net assets/fund balances			127,160,471	34	114,433,043

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	135,037,907
2	Total expenses (must equal Part IX, column (A), line 25)	2	164,947,075
3	Revenue less expenses Subtract line 2 from line 1	3	-29,909,168
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-192,546,400
5	Other changes in net assets or fund balances (explain in Schedule O)	5	21,351,646
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-201,103,922

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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?		No
b	Were the organization's financial statements audited by an independent accountant?	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		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 separate basis, consolidated 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?		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		

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			
EDWARD VASTA DIRECTOR	1 00	X						14,064	0	0
KENNETH ULRIC DIRECTOR	1 00	X						14,064	0	0
ELLIS WOODS DIRECTOR	1 00	X						14,064	0	0
JEFFREY YONKERS DIRECTOR	1 00	X						14,064	0	0
JEFFREY Y ZAHLER DIRECTOR	1 00	X						8,359	0	0
LEE CUTLER SECRETARY-TREASURER	35 00			X				230,670	0	77,744
KATHLEEN DONAHUE 2ND VICE PRESIDENT	35 00			X				230,236	0	63,507
RICHARD C IANNUZZI PRESIDENT	35 00			X				274,508	0	72,921
ALAN B LUBIN EXECUTIVE VICE PRESIDENT	35 00			X				182,618	0	80,060
MARIA NEIRA 1ST VICE PRESIDENT	35 00			X				229,388	0	86,124
ANDREW PALLOTTA EXECUTIVE VP	35 00			X				225,813	0	77,744
STEPHEN ALLINGER DIRECTOR OF LEGISLATION	35 00				X			210,543	0	77,010
THOMAS ANAPOLIS DIRECTOR PROGRAM SVS	35 00				X			182,245	0	68,757
PEGGY BARMORE ASSISTANT TO THE PRESIDENT	35 00				X			192,956	0	66,018
MARK CHAYKIN DIRECTOR FIELD OPERATION	35 00				X			191,736	0	70,935
GERARD DEWOLF COUNSEL TO THE PRES	35 00				X			195,664	0	68,423
ROBERT LESNIEWSKI DIRECTOR OF FINANCE & ADMIN	35 00				X			212,617	0	74,025
PATRICK LYONS ASSISTANT TO THE PRESIDENT	35 00				X			158,506	0	60,411
DEBRA NELSON DIRECTOR ELT	35 00				X			199,849	0	69,908
CHARLES SANTELLI DIRECTOR POLICY & PROGRAM DEVEL	35 00				X			273,952	0	80,536
DEBORAH WARD DIRECTOR OF COMMUNICATIONS	35 00				X			180,396	0	66,855
JOHN COSTELLO ASSISTANT TO VP	35 00					X		188,997	0	76,093
CLAUDE HERSH ASSISTANT GENERAL COUNSEL	35 00					X		192,367	0	63,311
LYNETTE METZ DIRECTOR OF MEMBER BENEFITS	35 00					X		182,526	0	67,114
JAMES SANDNER GENERAL COUNSEL	35 00					X		312,214	0	79,581

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)				
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee
(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	Former			
RICHARD SHANE ASSOC GENERAL COUNSEL	35 00				X	
178,675	0	65,225				

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

2010

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
2a	
2b	
2c	
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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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
1c	
1d	
1e	
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		1,744,649	935,616	809,033
d Equipment		4,128,791	2,209,646	1,919,145
e Other		12,122,528	8,588,304	3,534,224
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				6,262,402

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	135,037,907
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	164,947,075
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-29,909,168
4	Net unrealized gains (losses) on investments	4	-1,408,925
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	22,760,571
9	Total adjustments (net) Add lines 4 - 8	9	21,351,646
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-8,557,522

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	125,935,561
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,408,925
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-70,485
e	Add lines 2a through 2d	2e	-1,479,410
3	Subtract line 2e from line 1	3	127,414,971
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	51,029
b	Other (Describe in Part XIV)	4b	7,571,907
c	Add lines 4a and 4b	4c	7,622,936
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	135,037,907

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	157,253,654
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	157,253,654
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	51,029
b	Other (Describe in Part XIV)	4b	7,642,392
c	Add lines 4a and 4b	4c	7,693,421
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	164,947,075

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 -2362565 APPROPRIATION FOR LEGAL REPRESENTATION FUND - 317917 EFFECT OF 4ASC SUBTOPIC 715-20 25427755 APPROPRIATION FOR ADVOCACY FUND 13298
PART XII, LINE 2D - OTHER ADJUSTMENTS		TERM DISCOUNTS TAKEN -10879 NET GAIN ON SUBSIDIARY -59606
PART XII, LINE 4B - OTHER ADJUSTMENTS		REIMBURSEMENT OF EXPENSES THAT ARE NETTED AGAINST EXPENSES FOR FS PURPOSES 7571907
PART XIII, LINE 4B - OTHER ADJUSTMENTS		REIMBURSEMENT OF EXPENSES THAT ARE NETTED AGAINST EXPENSES FOR FS PURPOSES 7571907 TERM DISCOUNTS TAKEN 10879 NET LOSS ON SUBSIDIARY 59606

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

2010

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (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

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
SMITHTOWN TEACHERS ASSOCIATION50 ROUT 111 216 SMITHTOWN,NY 11787	11-2481227	501(C)(5)	6,900				LOCAL UNION ISSUES-BASED PROJECT
JOHNSON CITY EMPLOYEES ASSOCIATION322 OAKDALE ROAD JOHNSON CITY,NY 13790	54-2080707	501(C)(5)	6,880				LOCAL UNION ISSUES-BASED PROJECT

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
ARLINGTON TEACHERS ASSOCIATION46 DAVIS AVENUE POUGHKEEPSIE,NY 12603	23-7363579	501(C)(5)	16,250				COMMUNITY INITIATIVES
FACULTY FEDERATION OF ERIE COMMUNITY COLLEGE43 ELIZABETH AVE HAMBURG,NY 14075	23-7232767	501(C)(5)	20,000				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
SUNY STONY BROOK HEALTH SCIENCES CENTER101 NICOLLS ROAD STONY BROOK,NY 11794	11-3243405		15,262				COMMUNITY INITIATIVES
BALDWINSVILLE TEACHERS ASSOCIATION 29 EAST ONEIDA STREET BALDWINSVILLE,NY 13027	23-7437804	501(C)(5)	7,480				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
FREEPORT TEACHERS ASSOCIATION30 SOUTH OCEAN AVE RM 205 FREEPORT,NY 11520	23-7363752	501(C)(5)	17,000				COMMUNITY INITIATIVES
MINISINK VALLEY TEACHERS ASSOCIATION 44 RIDGEBURY HILL ROAD SLATE HILL,NY 10973	23-7364979	501(C)(5)	5,609				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
PORT JEFFERSON STATION TEACHERS ASSOCIATION290 NORWOOD AVENUE PORT JEFFERSON STATION,NY 11776	11-2166273	501(C)(5)	12,475				COMMUNITY INITIATIVES
ROCHESTER TEACHERS ASSOCIATION30 NORTH UNION ST SUITE 301 ROCHESTER,NY 14607	16-6013103	501(C)(5)	24,000				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
RONDOUT VALLEY FEDERATION OF TEACHERSPO BOX 9 ACCORD,NY 12404	23-7365389	501(C)(5)	20,000				COMMUNITY INITIATIVES
JAMESTOWN TEACHERS ASSOCIATION21 CAREY PLACE JAMESTOWN,NY 14701	23-7240738	501(C)(5)	8,296				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
PINE BUSH TEACHERS ASSOCIATION254 CRAWFORD STREET PINE BUSH,NY 12566	23-7363830	501(C)(5)	8,000				COMMUNITY INITIATIVES
BUFFALO EDUCATION SUPOPRT TEAM712 MAIN STREET BUFFALO,NY 14202	16-1341588	501(C)(5)	10,600				COMMUNITY INITIATIVES

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

2010

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 appropriate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ 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 or provision 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☒ 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 from the organization or a related organization?	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 accrued 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 duplicate copies if additional space is 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								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental 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.

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				
DANIEL KINLEY	(i) (ii)	172,884 0	0 0	3,693 0	39,798 0	23,644 0	240,019 0	0 0
PAULINE KINSELLA	(i) (ii)	206,569 0	0 0	9,259 0	51,066 0	26,174 0	293,068 0	0 0
LEE CUTLER	(i) (ii)	221,259 0	0 0	9,411 0	54,665 0	23,079 0	308,414 0	0 0
KATHLEEN DONAHUE	(i) (ii)	204,740 0	0 0	25,496 0	54,665 0	8,842 0	293,743 0	0 0
RICHARD C IANNUZZI	(i) (ii)	247,244 0	0 0	27,264 0	63,118 0	9,803 0	347,429 0	0 0
ALAN B LUBIN	(i) (ii)	100,499 0	0 0	82,119 0	50,420 0	29,640 0	262,678 0	0 0
MARIA NEIRA	(i) (ii)	220,300 0	0 0	9,088 0	54,665 0	31,459 0	315,512 0	0 0
ANDREW PALLOTTA	(i) (ii)	221,259 0	0 0	4,554 0	54,665 0	23,079 0	303,557 0	0 0
STEPHEN ALLINGER	(i) (ii)	199,698 0	0 0	10,845 0	50,092 0	26,918 0	287,553 0	0 0
THOMAS ANAPOLIS	(i) (ii)	168,967 0	0 0	13,278 0	42,954 0	25,803 0	251,002 0	0 0
PEGGY BARMORE	(i) (ii)	183,925 0	0 0	9,031 0	45,100 0	20,918 0	258,974 0	0 0
MARK CHAYKIN	(i) (ii)	181,378 0	0 0	10,358 0	45,514 0	25,421 0	262,671 0	0 0
GERARD DEWOLF	(i) (ii)	185,278 0	0 0	10,386 0	44,927 0	23,496 0	264,087 0	0 0
ROBERT LESNIEWSKI	(i) (ii)	202,663 0	0 0	9,954 0	50,092 0	23,933 0	286,642 0	0 0
PATRICK LYONS	(i) (ii)	151,163 0	0 0	7,343 0	36,766 0	23,645 0	218,917 0	0 0
DEBRA NELSON	(i) (ii)	191,117 0	0 0	8,732 0	45,491 0	24,417 0	269,757 0	0 0
CHARLES SANTELLI	(i) (ii)	130,407 0	0 0	143,545 0	49,840 0	30,696 0	354,488 0	0 0
DEBORAH WARD	(i) (ii)	174,526 0	0 0	5,870 0	42,783 0	24,072 0	247,251 0	0 0
JOHN COSTELLO	(i) (ii)	179,111 0	0 0	9,886 0	44,930 0	31,163 0	265,090 0	0 0
CLAUDE HERSH	(i) (ii)	179,234 0	0 0	13,133 0	43,956 0	19,355 0	255,678 0	0 0
LYNETTE METZ	(i) (ii)	172,912 0	0 0	9,614 0	42,835 0	24,279 0	249,640 0	0 0
JAMES SANDNER	(i) (ii)	166,868 0	0 0	145,346 0	47,532 0	32,049 0	391,795 0	0 0
RICHARD SHANE	(i) (ii)	167,807 0	0 0	10,868 0	41,113 0	24,112 0	243,900 0	0 0

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

2010

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	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?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	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	No
(1) JONATHON VARGAS	SON OF BOARD MEMBER	44,043	WAGES AS NYSUT EMPLOYEE		No

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

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 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 NY SUT 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1408925 APPROPRIATION FOR SOLIDARITY FUND - 2362565 APPROPRIATION FOR LEGAL REPRESENTATION FUND -317917 EFFECT OF 4ASC SUBTOPIC 715-20 25427755 APPROPRIATION FOR ADVOCACY FUND 13298 TOTAL TO FORM 990, PART XI, LINE 5 21351646

Identifier	Return Reference	Explanation
DESCRIPTION OF POLICIES FOR DOCUMENT RETENTION	FORM 990, PART VI, SECTION B, LINE 14	THE ORGANIZATION IS IN THE PROCESS OF DEVELOPING A DOCUMENT RETENTION AND DESTRUCTION POLICY

Identifier	Return Reference	Explanation
	FORM 990, PART IX, LINE 1	THIS LINE DOES NOT INCLUDE GRANTS THAT ARE CLASSIFIED AS "APPROPRIATION FOR SOLIDARITY FUND" IN PART XI, LINE 5, "OTHER CHANGES IN NET ASSETS OR FUND BALANCES " THESE GRANTS TOTAL \$13,780 FOR THE TAX YEAR AND ARE PROPERLY INCLUDED ON SCHEDULE I

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

2010

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	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
(1) 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, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization 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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c No

1d Yes

1e No

1f No

1g No

1h No

1i No

1j Yes

1k No

1l No

1m Yes

1n Yes

1o No

1p Yes

1q No

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	(d) Method of determining amount involved
(1) NYSUT BUILDING CORP	A	153,591	
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
NYSUT BUILDING CORP 800 TROY-SCHENECTADY ROAD LATHAM, NY121102455 14-1700200	BUILDING CORPORATION	NY	501(C)(2)		N/A	Yes	
NYSUT MEMBER BENEFITS 800 TROY-SCHENECTADY ROAD LATHAM, NY121102455 22-2480854	BENEFIT PLAN	NY	501(C)(5)		N/A		No
NYSUT RETIREE VEBA HEALTH FUND 800 TROY-SCHENECTADY ROAD LATHAM, NY121102455 14-6204878	BENEFIT PLAN	NY	501(C)(9)		N/A		No
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		No
MARY MULDOON FUND 800 TROY-SCHENECTADY ROAD LATHAM, NY121102455 14-6030191	PRIVATE FOUNDATION	NY	501(C)(3)	PF	N/A		No
NYSUT EMPLOYEES RETIREMENT FUND PLAN 001 800 TROY-SCHENECTADY ROAD LATHAM, NY121102455 14-1584772	NYSUT EMPLOYEE BENEFIT PLAN	NY	501(A)		N/A		No
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		No
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		No
NYSUT PROFESSIONAL STAFF ASSOC 401K PLAN #003 800 TROY-SCHENECTADY ROAD LATHAM, NY121102455 14-1584772	NYSUT EMPLOYEE BENEFIT PLAN	NY	501(A)		N/A		No
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		No
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		No
NYSUT VOTECOPE STATE 800 TROY-SCHENECTADY ROAD LATHAM, NY121102455 14-1565672	POLITICAL ACTION COMMITTEE	NY	527		N/A		No

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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
NYSUT VOTECOE UNAUTHORIZED COMMITTEE 800 TROY-SCHENECTADY ROAD LATHAM, NY121102455 27-3442678	POLITICAL ACTION COMMITTEE	NY	527		N/A		No
NYSUT VOTECOE FEDERAL 800 TROY-SCHENECTADY ROAD LATHAM, NY121102455 26-4047277	POLITICAL ACTION COMMITTEE	NY	527		N/A		No