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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)	OMB No 1545-0047 2012 Open to Public Inspection
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 09-01-2012 , 2012, and ending 08-31-2013

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			
	Number and street (or P O box if mail is not delivered to street address) 800 TROY SCHENECTADY ROAD	Room/suite	E Telephone number (518) 213-6000	
	City or town, state or country, and ZIP + 4 LATHAM, NY 121102455		G Gross receipts \$ 145,470,253	
	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)(3) ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		J Website: ▶ WWW.NYSUT.ORG		

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	62
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	575
	6 Total number of volunteers (estimate if necessary)	6	3,000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	849,317
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-480,299
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 724,563	Current Year 314,391
	9 Program service revenue (Part VIII, line 2g)	129,611,208	132,038,132
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,016,955	1,091,385
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	732,393	214,803
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	132,085,119	133,658,711
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	185,173
14 Benefits paid to or for members (Part IX, column (A), line 4)		456,218	573,332
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		104,837,704	118,618,394
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–24e)		50,671,599	47,902,685
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		156,150,694	167,918,326
19 Revenue less expenses Subtract line 18 from line 12		-24,065,575	-34,259,615
Net Assets or Fund Balances			Beginning of Current Year
	20 Total assets (Part X, line 16)	102,880,621	101,759,054
	21 Total liabilities (Part X, line 26)	405,743,862	335,402,258
	22 Net assets or fund balances Subtract line 21 from line 20	-302,863,241	-233,643,204

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			2014-01-14 Date	
	LEE CUTLER SECRETARY-TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOHN ZIMMERMAN		Preparer's signature		Date
	Check ☐ if self-employed			PTIN P01049106	
	Firm's name ▶ BUCHBINDER TUNICK & COMPANY LLP			Firm's EIN ▶ 13-1578842	
	Firm's address ▶ 6720-A ROCKLEDGE DRIVE SUITE 510 BETHESDA, MD 20817			Phone no (240) 200-1400	

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 (see instructions)?	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	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? If "Yes," complete Schedule D, Part VI 	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? If "Yes," complete Schedule D, Part VII 	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? If "Yes," complete Schedule D, Part VIII 	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? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts II and IV	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 United States? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
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 11b 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.	490	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	575	
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	82	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	62	
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 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	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 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 made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
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 (518) 213-6000

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

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 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, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								5,476,815	0	1,898,129

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **288**

		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BUCHBINDER TUNICK & CO LLP 6720-A ROCKLEDGE DRIVE BETHESDA MD 20817	AUDITING	244,536
VISUALITY 5980 EXECUTIVE DRIVE MADISON WI 53719	MEDIA CONSULTING	145,860
BLUE & READ LLC 2610 15TH STREET TROY NY 12180	MAILING SERVICES	135,341
TUCKNER SIPSER WEINSTOCK & SIPSER LLP 120 BROADWAY NEW YORK NY 10271	LEGAL SERVICES	130,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4

Part VIII

Statement of Revenue

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

			(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					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	314,391				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		314,391				
Program Service Revenue	2a	MEMBERSHIP DUES AND AS	Business Code	900099	117,164,255	117,164,255		
	b	FIELD SUPPORT - AFT		900099	5,586,238	5,586,238		
	c	REIMBURSED ADMIN EXP		900099	3,918,001	3,918,001		
	d	AFFILIATION FEES		900099	2,550,684	2,550,684		
	e	NEA UNISERV GRANT		900099	1,491,087	1,491,087		
	f	All other program service revenue			1,327,867	478,550	849,317	
	g	Total. Add lines 2a-2f			132,038,132			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		862,014			862,014
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					
		c	Gain or (loss)					
		d	Net gain or (loss)			229,371	229,371	
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	POLLING REVENUE		900099	166,973	166,973			
b	CREDIT CARD REBATE		900099	47,500	47,500			
c	CIRCULATION INCOME		900099	330	330			
d	All other revenue							
e	Total. Add lines 11a-11d			214,803				
12	Total revenue. See Instructions			133,658,711	131,632,989	849,317	862,014	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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 United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	823,915			
4	Benefits paid to or for members.	573,332			
5	Compensation of current officers, directors, trustees, and key employees.	4,881,515			
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.	47,380,556			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	38,555,431			
9	Other employee benefits.	24,130,855			
10	Payroll taxes.	3,670,037			
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	170,450			
c	Accounting.	140,796			
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	30,438			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	424,667			
12	Advertising and promotion.				
13	Office expenses.	1,977,474			
14	Information technology.	191,427			
15	Royalties.				
16	Occupancy.	6,667,174			
17	Travel.	2,157,750			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	2,849,444			
20	Interest.				
21	Payments to affiliates.	15,929,046			
22	Depreciation, depletion, and amortization.	1,348,989			
23	Insurance.	1,614,096			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	PRINTING AND PUBLICATIO	3,391,321			
b	ORGANIZATION AFFILIATIO	2,904,120			
c	PUBLIC RELATION SUPPORT	2,233,902			
d	SPECIAL PROJECTS	1,374,336			
e	All other expenses	4,497,255			
25	Total functional expenses. Add lines 1 through 24e.	167,918,326			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		3,088,039	1	3,468,357
	2	Savings and temporary cash investments		5,006,816	2	7,672,468
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		20,757,514	4	20,545,044
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		999	5	
	6	Loans and other 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) 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		1,124,380	9	1,216,876
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a16,895,616			
	b	Less accumulated depreciation	10b11,763,324	5,469,595	10c	5,132,292
	11	Investments—publicly traded securities		26,768,400	11	23,031,328
	12	Investments—other securities See Part IV, line 11		38,483,738	12	38,313,697
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,181,140	15	2,378,992
	16	Total assets. Add lines 1 through 15 (must equal line 34)		102,880,621	16	101,759,054
Liabilities	17	Accounts payable and accrued expenses		15,865,532	17	15,916,172
	18	Grants payable			18	
	19	Deferred revenue		169,859	19	215,309
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		389,708,471	25	319,270,777
	26	Total liabilities. Add lines 17 through 25		405,743,862	26	335,402,258
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		-302,863,241	27	-233,643,204
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), 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		-302,863,241	33	-233,643,204
	34	Total liabilities and net assets/fund balances		102,880,621	34	101,759,054

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	133,658,711
2	Total expenses (must equal Part IX, column (A), line 25)	2	167,918,326
3	Revenue less expenses Subtract line 2 from line 1	3	-34,259,615
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-302,863,241
5	Net unrealized gains (losses) on investments	5	94,720
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	103,384,932
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-233,643,204

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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
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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
STEVEN LONDON DIRECTOR	1 00	X						14,724	0	0
PAUL ELLIS - GRAHAM DIRECTOR	1 00	X						14,724	0	0
SYLVIA MATOUSEK DIRECTOR	1 00	X						14,724	0	0
THOMAS MATTHEWS DIRECTOR	1 00	X						14,724	0	0
ANTHONY MCCANN DIRECTOR	1 00	X						14,724	0	0
CARLA MCLAUD DIRECTOR	1 00	X						14,724	0	0
JOSEPH P MCLAUGHLIN DIRECTOR	1 00	X						14,724	0	0
MICHAEL MENDEL EXECUTIVE COMM MEMBER	1 00	X						22,087	0	0
THOMAS MURPHY DIRECTOR	1 00	X						14,724	0	0
DONA MURRAY DIRECTOR	1 00	X						14,724	0	0
MICHAEL MULGREW EXECUTIVE COMM MEMBER	1 00	X						22,087	0	0
DIANA GIFFUNE DIRECTOR	1 00	X						14,724	0	0
STERLING ROBERSON DIRECTOR	1 00	X						14,724	0	0
DEBORAH PAULIN DIRECTOR	1 00	X						14,724	0	0
PAUL PECORALE DIRECTOR	1 00	X						14,724	0	0
ARTHUR PEPPER DIRECTOR	1 00	X						14,724	0	0
EMIL PIETROMONACO DIRECTOR	1 00	X						14,724	0	0
PATRICIA PULEO EXECUTIVE COMM MEMBER	1 00	X						22,087	0	0
ANNE GOLDMAN DIRECTOR	1 00	X						14,724	0	0
STEPHEN RECHNER DIRECTOR	1 00	X						14,724	0	0
MICHAEL HERLAN DIRECTOR	1 00	X						14,724	0	0
NADIA RESNIKOFF EXECUTIVE COMM MEMBER	1 00	X						22,087	0	0
CATHERINE SAVAGE DIRECTOR	1 00	X						14,724	0	0
ANDY SAKO DIRECTOR	1 00	X						14,724	0	0
MATTHEW HILL DIRECTOR	1 00	X						14,724	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
TIMOTHY SOUTHERTON DIRECTOR	1 00	X						29,448	0	0
ELLEN SCHULER MAUK EXECUTIVE COMM MEMBER	1 00	X						22,087	0	0
KAREN MAGEE DIRECTOR	1 00	X						29,448	0	0
RODERICK SHERMAN EXECUTIVE COMM MEMBER	1 00	X						22,087	0	0
EDWARD QUINN DIRECTOR	1 00	X						14,724	0	0
PHILIP H SMITH EXECUTIVE COMM MEMBER	1 00	X						22,087	0	0
KENNETH SMITH DIRECTOR	1 00	X						14,724	0	0
JEANETTE STAPLEY DIRECTOR	1 00	X						14,724	0	0
KRISTIN B STERLING DIRECTOR	1 00	X						14,724	0	0
KATHLEEN TAYLOR DIRECTOR	1 00	X						14,724	0	0
JOSEPH E SWEENEY DIRECTOR	1 00	X						14,724	0	0
ADAM URBANSKI EXECUTIVE COMM MEMBER	1 00	X						22,087	0	0
JOSE VARGAS DIRECTOR	1 00	X						14,724	0	0
EDWARD VASTA DIRECTOR	1 00	X						14,724	0	0
KENNETH ULRIC DIRECTOR	1 00	X						14,724	0	0
JOHN MANSFIELD DIRECTOR	1 00	X						14,724	0	0
JEFFREY YONKERS DIRECTOR	1 00	X						14,724	0	0
HOWARD SCHNOOR DIRECTOR	1 00	X						14,724	0	0
CATALINA FORTINO DIRECTOR	1 00	X						14,724	0	0
JANELLA HINDS DIRECTOR	1 00	X						4,417	0	0
PAUL FARFAGLIA EXECUTIVE COMM MEMBER	1 00	X						35,339	0	0
CATHY RIENTH DIRECTOR	1 00	X						15,549	0	0
MORTON ROSENFELD DIRECTOR	1 00	X						14,724	0	0
JANET UTZ DIRECTOR	1 00	X						14,724	0	0
THOMAS PARKER DIRECTOR	1 00	X						14,724	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
JOAN PERRINI DIRECTOR	1 00	X						10,307	0	0
CHRISTINE VASILEV DIRECTOR	1 00	X						4,417	0	0
PHILIP RUMORE DIRECTOR	1 00	X						0	0	0
LEE CUTLER SECRETARY-TREASURER	35 00			X				232,729	0	109,424
KATHLEEN DONAHUE 2ND VICE PRESIDENT	35 00			X				237,358	0	86,839
RICHARD IANNUZZI PRESIDENT	35 00			X				271,909	0	99,401
MARIA NEIRA 1ST VICE PRESIDENT	35 00			X				231,590	0	113,297
ANDREW PALLOTTA EXECUTIVE VP	35 00			X				236,789	0	109,424
STEPHEN ALLINGER DIRECTOR OF LEGISLATION	35 00				X			211,981	0	103,682
THOMAS ANAPOLIS DIRECTOR OF PROGRAM SVCS	35 00				X			186,527	0	95,190
PEGGY BARMORE ASSISTANT TO THE PRESIDENT	35 00				X			206,066	0	94,886
JOHN COSTELLO ASSISTANT TO VP	35 00				X			191,324	0	105,638
RICHARD CASAGRANDE GENERAL COUNSEL	35 00				X			199,805	0	99,529
DANIEL KINLEY DIRECTOR PROG & POLICY DEV	35 00				X			209,268	0	99,506
PAULINE KINSELLA EXECUTIVE DIRECTOR	35 00				X			220,721	0	103,406
ROBERT LESNIEWSKI DIRECTOR OF FINANCE & ADM	35 00				X			212,944	0	104,456
PATRICK LYONS ASSISTANT TO THE PRESIDENT	35 00				X			180,244	0	90,129
DEBORAH WARD DIRECTOR OF COMMUNICATIONS	35 00				X			186,424	0	94,924
MARK CHAYKIN DIRECTOR FIELD OPERATIONS	35 00					X		200,462	0	95,867
GERARD DEWOLF COUNSEL TO THE PRES	35 00					X		203,619	0	102,072
CLAUDE HERSH ASSISTANT GENERAL COUNSEL	35 00					X		197,511	0	88,190
DEBRA NELSON DIRECTOR ELT	35 00					X		202,775	0	91,346
EVAN ENGLER REGIONAL COORD FIN SVS	35 00					X		198,172	0	10,923

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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 can 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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a through 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2012

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

3

Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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 XIII. Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

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

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

Description of property	(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	1,627,666	1,093,965	533,701
d	Equipment	10,512,231	8,246,854	2,265,377
e	Other	4,755,719	2,422,505	2,333,214
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			5,132,292

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

1	Total revenue, gains, and other support per audited financial statements	1	129,628,593
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	
a	Net unrealized gains on investments	2a	94,720
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-176,399
e	Add lines 2a through 2d	2e	-81,679
3	Subtract line 2e from line 1	3	129,710,272
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,438
b	Other (Describe in Part XIII)	4b	3,918,001
c	Add lines 4a and 4b	4c	3,948,439
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	133,658,711

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

1	Total expenses and losses per audited financial statements	1	163,793,488
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	163,793,488
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,438
b	Other (Describe in Part XIII)	4b	4,094,400
c	Add lines 4a and 4b	4c	4,124,838
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	167,918,326

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

Identifier	Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS		TERM DISCOUNTS TAKEN -6358 BUILDING CORP LOSS - 170041
PART XI, LINE 4B - OTHER ADJUSTMENTS		REIMBURSEMENT OF EXPENSES THAT ARE NETTED AGAINST EXPENSES FOR FS PURPOSES 3918001
PART XII, LINE 4B - OTHER ADJUSTMENTS		REIMBURSEMENT OF EXPENSES THAT ARE NETTED AGAINST EXPENSES FOR FS PURPOSES 3918001 TERM DISCOUNTS TAKEN 6358 BUILDING CORP LOSS 170041

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NEW YORK STATE UNITED TEACHERS

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

2012

Open to Public
Inspection

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. Part II can be duplicated 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 listed in the line 1 table

1

3

Enter total number of other organizations listed in the line 1 table

19

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.
Part III can be duplicated 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, Part III, column (b), 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
SACHEM CENTRAL TEACHERS ASSOCIATION 500 PORTION ROAD LAKE RONKONKOMA,NY 11779	51-0142427	501(C)(5)	9,000				LOCAL UNION ISSUES-BASED PROJECT
ALBANY COUNTY NURSING HOME PSAPO BOX 13251 ALBANY,NY 12212	13-4258953		8,500				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
TAKE ACTION LONG ISLAND2 ROCKAWAY COURT OCEANSIDE,NY 11572	45-4852109		23,050				LOCAL UNION ISSUES-BASED PROJECT
ARLINGTON TEACHERS ASSOCIATION46 DAVIS AVENUE POUGHKEEPSIE,NY 12603	23-7363579	501(C)(5)	5,740				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
BROCKPORT TEACHERS ASSOCIATION40 ALLEN STREET BROCKPORT,NY 14420	23-7338354	501(C)(5)	13,550				COMMUNITY INITIATIVES
EAST SYRACUSE MINOA SCHOOL RELATED PROFESSIONALS6400 FREMONT ROAD EAST SYRACUSE,NY 13057	26-4412422	501(C)(5)	5,450				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
EAST SYRACUSE MINOA UNITED TEACHERS303 ROBY AVENUE EAST SYRACUSE,NY 13057	23-7363639	501(C)(5)	15,400				COMMUNITY INITIATIVES
FACULTY FEDERATION OF ERIE COMMUNITY COLLEGEPO BOX 1131 BUFFALO,NY 14205	23-7232767	501(C)(5)	11,500				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
FREEPORT TEACHERS ASSOCIATION30 S OCEAN AVENUE FREEPORT,NY 11520	23-7363752	501(C)(5)	11,500				COMMUNITY INITIATIVES
KENMORE TEACHERS ASSOCIATION205 YORKSHIRE ROAD TONAWANDA,NY 14150	16-0925169	501(C)(5)	5,940				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
MALONE FEDERATION OF TEACHERS36 FOURTH STREET MALONE,NY 12953	23-7364773	501(C)(5)	10,000				COMMUNITY INITIATIVES
PENFIELD EDUCATION ASSOCIATION38 GLENMONT ROCHESTER,NY 14617	27-3592194	501(C)(5)	8,275				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 VALLEY TEACHERS ASSOCIATION7827 RT 83 SOUTH DAYTON,NY 14138	22-2418067	501(C)(5)	7,500				COMMUNITY INITIATIVES
PORT JEFFERSON STATION TEACHERS ASSOCIATION 290 NORWOOD AVENUE PORT JEFFERSON,NY 11776	11-2166273	501(C)(5)	8,530				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)	7,450				COMMUNITY INITIATIVES
SACHEM CENTRAL TEACHERS ASSOCIATION 500 PORTION ROAD LAKE RONKONKOMA,NY 11779	51-0142427	501(C)(5)	30,000				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
SAYVILLE TEACHERS ASSOCIATION100 S MAIN STREET STE 2015 SAYVILLE,NY 11782	11-6111423	501(C)(5)	19,110				COMMUNITY INITIATIVES
SOUTH GLENS FALLS FACULTY ASSOCIATION6 BLUEBIRD ROAD S GLENS FALLS,NY 12803	22-2731893	501(C)(5)	11,540				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
WASHINGTONVILLE TEACHERS ASSOCIATION 405 DREXEL DR PINE BUSH,NY 12566	23-7364732	501(C)(5)	11,880				COMMUNITY INITIATIVES
NEW YORK STATE UNITED TEACHERS EDUCATION AND LEARNING TRUST800 TROY-SCHENECTADY LATHAM,NY 12110	16-6460576	501(C)(3)	600,000				TO SUPPORT VARIOUS INITIATIVES OF THE NEW YORK STATE UNITED TEACHERS EDUCATION AND LEARNING TRUST

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

2012

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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ 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?	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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
	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? If "Yes," to line 5a or 5b, describe in Part III.	5b		
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? If "Yes," to line 6a or 6b, describe in Part III.	6b		
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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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				
LEE CUTLER	(i)	232,330	0	399	75,052	34,372	342,153	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN DONAHUE	(i)	220,254	0	17,104	75,052	11,787	324,197	0
	(ii)	0	0	0	0	0	0	0
RICHARD IANNUZZI	(i)	253,353	0	18,556	85,004	14,397	371,310	0
	(ii)	0	0	0	0	0	0	0
MARIA NEIRA	(i)	231,590	0	0	75,052	38,245	344,887	0
	(ii)	0	0	0	0	0	0	0
ANDREW PALLOTTA	(i)	219,330	0	17,459	75,052	34,372	346,213	0
	(ii)	0	0	0	0	0	0	0
STEPHEN ALLINGER	(i)	211,981	0	0	69,426	34,256	315,663	0
	(ii)	0	0	0	0	0	0	0
THOMAS ANAPOLIS	(i)	182,160	0	4,367	61,207	33,983	281,717	0
	(ii)	0	0	0	0	0	0	0
PEGGY BARMORE	(i)	185,258	0	20,808	66,640	28,246	300,952	0
	(ii)	0	0	0	0	0	0	0
JOHN COSTELLO	(i)	191,324	0	0	64,098	41,540	296,962	0
	(ii)	0	0	0	0	0	0	0
RICHARD CASAGRANDE	(i)	196,072	0	3,733	63,439	36,090	299,334	0
	(ii)	0	0	0	0	0	0	0
DANIEL KINLEY	(i)	209,268	0	0	67,339	32,167	308,774	0
	(ii)	0	0	0	0	0	0	0
PAULINE KINSELLA	(i)	220,721	0	0	72,858	30,548	324,127	0
	(ii)	0	0	0	0	0	0	0
ROBERT LESNIEWSKI	(i)	208,204	0	4,740	69,426	35,030	317,400	0
	(ii)	0	0	0	0	0	0	0
PATRICK LYONS	(i)	180,244	0	0	57,831	32,298	270,373	0
	(ii)	0	0	0	0	0	0	0
DEBORAH WARD	(i)	185,438	0	986	60,168	34,756	281,348	0
	(ii)	0	0	0	0	0	0	0
MARK CHAYKIN	(i)	194,150	0	6,312	63,671	32,196	296,329	0
	(ii)	0	0	0	0	0	0	0
GERARD DEWOLF	(i)	203,520	0	99	67,294	34,778	305,691	0
	(ii)	0	0	0	0	0	0	0
CLAUDE HERSH	(i)	187,791	0	9,720	61,495	26,695	285,701	0
	(ii)	0	0	0	0	0	0	0
DEBRA NELSON	(i)	202,646	0	129	63,640	27,706	294,121	0
	(ii)	0	0	0	0	0	0	0
EVAN ENGLER	(i)	198,172	0	0	4,163	6,760	209,095	0
	(ii)	0	0	0	0	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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization NEW YORK STATE UNITED TEACHERS	Employer identification number 14-1584772
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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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			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 assistance	(d) Type of assistance	(e) Purpose 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	50,514	WAGES AS NYSUT EMPLOYEE		No
(2) ANDER DURIO	SON OF BOARD MEMBER	3,370	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
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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

2012

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	PAUL PECORALE AND NADIA RESNIKOFF HAVE A FAMILY RELATIONSHIP AND BOTH ARE BOARD MEMBERS
	FORM 990, PART VI, SECTION A, LINE 6	AS SET FORTH IN THE CONSTITUTION AND BY LAWS 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 BY LAWS OF NYSUT AND THE AMERICAN FEDERATION OF TEACHERS.
	FORM 990, PART VI, SECTION A, LINE 7A	AS SET FORTH IN THE CONSTITUTION AND BY LAWS 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.
	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 BY LAWS OF THE ORGANIZATION.
	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.
	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.
	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.
	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.
HOURS FOR RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B	SOME OF THE OFFICERS AND DIRECTORS LISTED IN PART VII, SECTION A, LINE 1A ALSO SERVE IN SIMILAR ROLES FOR RELATED ORGANIZATIONS. THE HOURS LISTED IN PART VII COLUMN B REFLECT THE AVERAGE HOURS PER WEEK FOR THIS AND RELATED ORGANIZATIONS. CERTAIN KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES LISTED IN PART VII, SECTION A, LINE 1A ALSO PERFORM WORK IN VARYING CAPACITIES FOR RELATED ORGANIZATIONS. THE TOTAL HOURS THAT THESE EMPLOYEES WORK ON AVERAGE IS BETWEEN 35 AND 40 HOURS PER WEEK FOR THIS AND RELATED ORGANIZATIONS.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	APPROPRIATION FOR SOLIDARITY FUND 326202. APPROPRIATION FOR LEGAL REPRESENTATION FUND 143598. EFFECT OF ASC SUBTOPIC 715-20 102773039. APPROPRIATION FOR ADVOCACY FUND 142093.

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

2012

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" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) 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" to 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 entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) NYSUT MEMBER BENEFITS CORPORATION 800 TROY SCHENECTADY ROAD LATHAM, NY 121102455 26-3989358	MEMBER PROGRAM DISCOUNTS	NY	N/A	C					No

Part V

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

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

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 or (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a Yes

1b Yes

1c

1d Yes

1e

1f

1g

1h

1i

1j

1k Yes

1l

1m

1n Yes

1o Yes

1p

1q Yes

1r

1s

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NYSUT BUILDING CORP	A	56,256	

Schedule R (Form 990) 2012

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]

Software ID:

Software Version:

EIN: 14-1584772

Name: NEW YORK STATE UNITED TEACHERS

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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