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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 09-01-2013 , 2013, and ending 08-31-2014

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

C Name of organization
NEW YORK STATE UNITED TEACHERS

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 800 TROY SCHENECTADY ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
LATHAM, NY 121102455

D Employer identification number
14-1584772

E Telephone number
(518) 213-6000

G Gross receipts $ 144,520,526

F Name and address of principal officer
MARTIN MESSNER
800 TROY SCHENECTADY ROAD
LATHAM, NY 121102455

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

H(b) Are all subordinates 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

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	83
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	63
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	562
6	Total number of volunteers (estimate if necessary)	**6**	3,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	722,768
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-445,627

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	314,391	663,818
	9 Program service revenue (Part VIII, line 2g)	132,038,132	135,218,234
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,091,385	1,357,135
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	214,803	154,756
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,658,711	137,393,943
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	823,915	1,175,071
	14 Benefits paid to or for members (Part IX, column (A), line 4)	573,332	582,830
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	118,618,394	101,637,934
	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)	47,902,685	47,802,695
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	167,918,326	151,198,530
	19 Revenue less expenses Subtract line 18 from line 12	-34,259,615	-13,804,587

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	101,759,054	106,828,337
	21 Total liabilities (Part X, line 26)	335,402,258	419,780,514
	22 Net assets or fund balances Subtract line 21 from line 20	-233,643,204	-312,952,177

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

****** 2015-03-23
Signature of officer Date

MARTIN MESSNER SECRETARY-TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOHN ZIMMERMAN		2015-03-23		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 or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THROUGH A REPRESENTATIVE DEMOCRATIC STRUCTURE, NEW YORK STATE UNITED TEACHERS IMPROVES THE PROFESSIONAL, ECONOMIC AND PERSONAL LIVES OF OUR MEMBERS AND THEIR FAMILIES, STRENGTHENS THE INSTITUTIONS IN WHICH THEY WORK, AND FURTHERS THE CAUSE OF SOCIAL JUSTICE THROUGH THE TRADE UNION MOVEMENT

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 135 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 ABOUT 40 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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	498		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	562		
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" to line 3b, 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 as charitable contributions? . . .	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 or note to any line 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**	83		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	63		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2** Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			**3**	No
4	Did the organization make any significant changes to its 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	
b	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				
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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	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	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	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?			
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," 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 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 or note to any line 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 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

(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			

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(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)** . . . . . ▶								5,059,132	0	1,410,502

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 ▶ 280

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
HERBERT L JAMISON & CO LLC 100 EXECUTIVE DRIVE SUITE 200 WEST ORANGE NJ 070853362	INSURANCE	635,825
VERNDALE 28 DAMRELL STREET SUITE 300 BOSTON MA 02127	IT WEB DEVELOPMENT	331,917
BUCHBINDER TUNICK & CO LLP 6720-A ROCKLEDGE DRIVE SUITE 510 BETHESDA MD 20817	AUDITING	222,644
VISUALITY 5980 EXECUTIVE DRIVE MADISON WI 53719	MEDIA CONSULTING	195,842
THE MIRRAM GROUP 5030 BROADWAY SUITE 807 NEW YORK NY 10034	MEDIA CONSULTING	140,000

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 ▶ 5

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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 663,818				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		663,818			
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES AND AS	900099	121,391,820	121,391,820		
	b FIELD SUPPORT - AFT	900099	5,503,745	5,503,745		
	c REIMBURSED ADMIN EXP	900099	3,185,727	3,185,727		
	d AFFILIATION FEES	900099	2,615,339	2,615,339		
	e NEA UNISERV GRANT	900099	1,390,152	1,390,152		
	f All other program service revenue		1,131,451	408,683	722,768	
	g **Total.** Add lines 2a–2f		135,218,234			
	3 Investment income (including dividends, interest, and other similar amounts)		1,063,884	1,063,884		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7,419,834				
	b Less cost or other basis and sales expenses	7,126,583				
	c Gain or (loss)	293,251				
	d Net gain or (loss)		293,251	293,251		
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a POLLING REVENUE	900099	112,972	112,972		
	b CREDIT CARD REBATE	900099	41,450	41,450		
	c CIRCULATION INCOME	900099	334	334		
	d All other revenue					
	e **Total.** Add lines 11a–11d		154,756			
	12 **Total revenue.** See Instructions		137,393,943	136,007,357	722,768	0

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

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	1,175,071			
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				
4 Benefits paid to or for members	582,830			
5 Compensation of current officers, directors, trustees, and key employees	3,993,484			
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	48,043,090			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,960,598			
9 Other employee benefits	18,882,246			
10 Payroll taxes	3,758,516			
11 Fees for services (non-employees)				
a Management				
b Legal	212,665			
c Accounting	128,226			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	41,909			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	339,780			
12 Advertising and promotion				
13 Office expenses	1,872,148			
14 Information technology				
15 Royalties . .				
16 Occupancy	6,853,355			
17 Travel	2,317,566			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,162,424			
20 Interest				
21 Payments to affiliates	16,412,749			
22 Depreciation, depletion, and amortization	1,507,494			
23 Insurance	888,455			
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 ORGANIZATION AFFILIATIO	2,964,913			
b PRINTING AND PUBLICATIO	2,956,974			
c PUBLIC RELATION SUPPORT	2,255,792			
d COMMITTEES	872,101			
e All other expenses	5,016,144			
25 **Total functional expenses.** Add lines 1 through 24e	151,198,530			
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 or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		3,468,357	1	6,093,044
	2	Savings and temporary cash investments		7,672,468	2	9,665,796
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		20,545,044	4	20,319,363
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			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		1,216,876	9	1,281,618
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 16,668,511			
	b	Less accumulated depreciation	10b 12,036,140	5,132,292	10c	4,632,371
	11	Investments—publicly traded securities		23,031,328	11	24,110,486
	12	Investments—other securities See Part IV, line 11		38,313,697	12	38,158,250
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,378,992	15	2,567,409
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		101,759,054	16	106,828,337
Liabilities	17	Accounts payable and accrued expenses		15,916,172	17	16,974,080
	18	Grants payable			18	
	19	Deferred revenue		215,309	19	617,176
	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		319,270,777	25	402,189,258
	26	**Total liabilities.** Add lines 17 through 25		335,402,258	26	419,780,514
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		-233,643,204	27	-312,952,177
	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		-233,643,204	33	-312,952,177
	34	Total liabilities and net assets/fund balances		101,759,054	34	106,828,337

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	137,393,943
2	Total expenses (must equal Part IX, column (A), line 25)	2	151,198,530
3	Revenue less expenses Subtract line 2 from line 1	3	-13,804,587
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-233,643,204
5	Net unrealized gains (losses) on investments	5	510,221
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	-66,014,607
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-312,952,177

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
c	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?	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 14-1584772
Name: NEW YORK STATE UNITED TEACHERS

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

(A) Name and Title	(B) Average hours per week (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			
SHELVY YOUNG ABRAMS EXECUTIVE COMM MEMBER	1 00	X						26,335	0	0
CARMEN ALVAREZ SCAGLIONE DIRECTOR	1 00	X						14,724	0	0
ROBERT ASTROWSKI EXECUTIVE COMM MEMBER	1 00	X						26,335	0	0
LEROY BARR DIRECTOR	1 00	X						14,724	0	0
DONALD BENKER EXECUTIVE COMM MEMBER	1 00	X						26,335	0	0
ANTOINETTE BLANCK DIRECTOR	1 00	X						14,724	0	0
ROWENA BLACKMAN STROUD DIRECTOR	1 00	X						14,724	0	0
BARBARA BOWEN EXECUTIVE COMM MEMBER	1 00	X						26,335	0	0
MARGIE BRUMFIELD DIRECTOR	1 00	X						15,549	0	0
JOHN BURNS DIRECTOR	1 00	X						14,724	0	0
SANDRA CARNER-SHAFRAN EXECUTIVE COMM MEMBER	1 00	X						27,485	0	0
STACEY CARUSO-SHARPE EXECUTIVE COMM MEMBER	1 00	X						26,335	0	0
DAVID DEFELICE DIRECTOR	1 00	X						14,724	0	0
EVELYN DE JESUS DIRECTOR/EXECUTIVE COMM MEMBER	1 00	X						14,724	0	0
IRIS DELUTRO DIRECTOR	1 00	X						14,724	0	0
LORETTA DONLON DIRECTOR	1 00	X						14,724	0	0
SELENA DURIO DIRECTOR	1 00	X						14,724	0	0
RICHARD FARKAS DIRECTOR	1 00	X						11,779	0	0
KAREN BLACKWELL ALFORD DIRECTOR	1 00	X						14,724	0	0
RONA FREISER DIRECTOR	1 00	X						14,724	0	0
BARBARA HAFNER DIRECTOR	1 00	X						14,724	0	0
PAUL EGAN DIRECTOR	1 00	X						14,724	0	0
EILEEN HEALY DIRECTOR	1 00	X						14,724	0	0
ANTHONY HARMON DIRECTOR	1 00	X						14,724	0	0
STEVEN LONDON DIRECTOR	1 00	X						14,724	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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/EXECUTIVE COMM MEMBER	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						26,335	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						26,335	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/2ND VICE PRESIDENT	35 00	X		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						26,335	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						26,335	0	0
CATHERINE SAVAGE DIRECTOR	1 00	X						14,724	0	0
ANDY SAKO DIRECTOR/EXECUTIVE COMM MEMBER	1 00	X						14,724	0	0
MATTHEW HILL DIRECTOR	1 00	X						14,724	0	0
TIMOTHY SOUTHERTON DIRECTOR	1 00	X						29,448	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELLEN SCHULER MAUK EXECUTIVE COMM MEMBER	1 00	X						26,335	0	0
KAREN MAGEE DIRECTOR/PRESIDENT	35 00	X		X				29,448	0	0
RODERICK SHERMAN EXECUTIVE COMM MEMBER	1 00	X						26,335	0	0
EDWARD QUINN DIRECTOR	1 00	X						14,724	0	0
PHILIP H SMITH EXECUTIVE COMM MEMBER	1 00	X						26,335	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 SWEENY DIRECTOR	1 00	X						14,724	0	0
ADAM URBANSKI EXECUTIVE COMM MEMBER	1 00	X						26,335	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 SCHOOR DIRECTOR	1 00	X						14,724	0	0
CATALINA FORTINO DIRECTOR/1ST VICE PRESIDENT	35 00	X		X				14,724	0	0
JANELLA HINDS DIRECTOR	1 00	X						14,724	0	0
PAUL FARFAGLIA EXECUTIVE COMM MEMBER	1 00	X						42,531	0	0
CATHY RIENTH DIRECTOR	1 00	X						17,174	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
JOAN PERRINI 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINE VASILEV DIRECTOR	1 00	X						14,724	0	0
PHILIP RUMORE DIRECTOR/EXECUTIVE COMM MEMBER	1 00	X						0	0	0
ANDREW VOIGT DIRECTOR	1 00	X						0	0	0
DEBRA PENNY DIRECTOR	1 00	X						5,612	0	0
DONALD CARLISTO EXECUTIVE COMM MEMBER	1 00	X						4,000	0	0
ELIZABETH PEREZ DIRECTOR	1 00	X						0	0	0
FLORENCE T MCCUE DIRECTOR	1 00	X						4,000	0	0
FREDERICK KOWAL EXECUTIVE COMM MEMBER	1 00	X						0	0	0
J PHILIPPE ABRAHAM DIRECTOR	1 00	X						0	0	0
JAMIE DANGLER DIRECTOR	1 00	X						0	0	0
JOHN KOZLOWSKI DIRECTOR	1 00	X						0	0	0
JOHN MROZCK DIRECTOR	1 00	X						0	0	0
KEVIN AHERN EXECUTIVE COMM MEMBER	1 00	X						0	0	0
KEVIN PETERMAN DIRECTOR	1 00	X						4,000	0	0
KEVIN RUSTOWICZ DIRECTOR	1 00	X						0	0	0
LOLA E HARBISON-KELLY DIRECTOR	1 00	X						14,724	0	0
MARIA PACHECO DIRECTOR	1 00	X						0	0	0
MICHAEL EMMI DIRECTOR	1 00	X						0	0	0
MICHAEL FABRICANT DIRECTOR	1 00	X						0	0	0
NANCY SANDERS DIRECTOR	1 00	X						0	0	0
RAYMOND HODGES DIRECTOR	1 00	X						0	0	0
RICHARD MANTELL DIRECTOR	1 00	X						0	0	0
RICK GALLANT DIRECTOR	1 00	X						0	0	0
SEAN KENNEDY DIRECTOR	1 00	X						0	0	0
SONIA BASKO DIRECTOR	1 00	X						0	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			
THOMAS TUCKER DIRECTOR	1 00	X						4,000	0	0
TOMIA SMITH DIRECTOR	1 00	X						0	0	0
LEE CUTLER SECRETARY-TREASURER	35 00			X				232,709	0	90,329
KATHLEEN DONAHUE 2ND VICE PRESIDENT	35 00			X				236,536	0	77,546
RICHARD IANNUZZI PRESIDENT	35 00			X				271,921	0	77,278
MARIA NEIRA 1ST VICE PRESIDENT	35 00			X				231,592	0	93,107
ANDREW PALLOTTA EXECUTIVE VP	35 00			X				232,282	0	90,329
MARTIN MESSNER SECRETARY-TREASURER	35 00			X				0	0	0
STEPHEN ALLINGER DIRECTOR OF LEGISLATION	35 00				X			212,887	0	86,260
THOMAS ANAPOLIS EXECUTIVE DIRECTOR/COO	35 00				X			192,018	0	81,227
RICHARD CASAGRANDE GENERAL COUNSEL	35 00				X			202,178	0	85,928
DANIEL KINLEY DIRECTOR PROG & POLICY DEV	35 00				X			213,746	0	85,136
ROBERT LESNIEWSKI DIRECTOR OF FINANCE & ADMI	35 00				X			212,896	0	88,196
PATRICK LYONS ASSISTANT TO THE PRESIDENT	35 00				X			188,246	0	79,378
DEBORAH WARD DIRECTOR OF COMMUNICATIONS	35 00				X			189,831	0	66,622
JOHN COSTELLO ASSISTANT TO THE EXEC VP	35 00					X		207,059	0	93,015
PAULINE KINSELLA EXECUTIVE DIRECTOR	35 00					X		249,316	0	92,682
DEBRA NELSON DIRECTOR ELT	35 00					X		203,003	0	77,013
LINDA STANCZIK REGIONAL STAFF DIRECTOR	35 00					X		203,132	0	67,634
PASQUALE P LEONETTI LABOR RELATIONS SPECIALIST	35 00					X		203,131	0	78,822

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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

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 ▶ $ _____

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

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

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

b If "Yes," explain the arrangement in Part 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

		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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		1,642,699	1,220,546	422,153
d Equipment		10,144,759	8,303,979	1,840,780
e Other		4,881,053	2,511,615	2,369,438
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4,632,371

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) INVESTMENT IN WHOLLY OWNED SUBSIDIARY NYSUT BUILDING CORP	38,158,250	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	38,158,250	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
EMPLOYEES ACCUMULATED VACATION AND SICK PAY	10,982,249
ESTIMATED COST OF POST-RETIREMENT BENEFITS	388,383,110
DEFERRED RENTAL LIABILITY	1,166,480
DEFERRED COMP PLAN OBLIGATIONS	1,657,419
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	402,189,258

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	134,508,395
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	510,221		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-162,900		
e	Add lines **2a** through **2d**			2e	347,321
3	Subtract line **2e** from line **1**			3	134,161,074
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	41,909		
b	Other (Describe in Part XIII)	4b	3,190,960		
c	Add lines **4a** and **4b**			4c	3,232,869
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	137,393,943

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	147,408,341
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	147,408,341
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	41,909		
b	Other (Describe in Part XIII)	4b	3,748,280		
c	Add lines **4a** and **4b**			4c	3,790,189
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	151,198,530

Part XIII Supplemental Information

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

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	TERM DISCOUNTS TAKEN -7453 BUILDING CORP LOSS -155447
PART XI, LINE 4B - OTHER ADJUSTMENTS	REIMBURSEMENT OF EXPENSES THAT ARE NETTED AGAINST EXPENSES FOR FS PURPOSES 3185727 MEDICARE PART D REIMBURSEMENTS 5233
PART XII, LINE 4B - OTHER ADJUSTMENTS	REIMBURSEMENT OF EXPENSES THAT ARE NETTED AGAINST EXPENSES FOR FS PURPOSES 3185727 TERM DISCOUNTS TAKEN 7453 BUILDING CORP LOSS 155447 MEDICARE PART D REIMBURSEMENT 5233 LOCAL UNION ISSUES BASED PROJECT GRANTS 394420

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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. 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 . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 18

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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

Additional Data

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 10 RADIO AVENUE MILLER PLACE, NY 11764	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
CAYUGA COMMUNITY COLLEGE FA 197 FRANKLIN STREET AUBURN,NY 13021	26-3962202	501(C)(5)	10,000				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
EAST AURORA FACULTY ASSOCIATION PO BOX 602 EAST AURORA, NY 14052	23-7426817	501(C)(5)	5,000				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
EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK,NJ 07102	22-2014555	501(C)(3)	50,000				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
BROCKPORT TEACHERS ASSOCIATION 40 ALLEN STREET BROCKPORT,NY 14420	23-7338354	501(C)(5)	7,040				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
PROFESSIONAL STAFF CONGRESS 61 BROADWAY SUITE 1500 NEW YORK, NY 10006	13-2638049	501(C)(5)	25,360				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
EAST SYRACUSE MINOA UNITED TEACHERS 303 ROBY AVENUE EAST SYRACUSE, NY 13057	23-7363639	501(C)(5)	8,740				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
SAYVILLE TEACHERS ASSOCIATION 100 SOUTH MAIN STREET SUITE 205 SAYVILLE,NY 11782	11-6111423	501(C)(5)	49,060				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
SPRINGVILLE FACULTY ASSOCIATION 4936 BRENNER DRIVE HAMBURG,NY 14075	22-2562920	501(C)(5)	5,000				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
UNITED UNIVERSITY PROFESSIONS 800 TROY-SCHENECTADY ROAD LATHAM,NY 12110	14-1537599	501(C)(5)	250,000				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
MALONE FEDERATION OF TEACHERS PO BOX 135 LYON MOUNTAIN, NY 12952	23-7364773	501(C)(5)	12,000				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
PENFIELD EDUCATION ASSOCIATION 300 HILLSIDE AVENUE APARTMENT 1 ROCHESTER,NY 14610	27-3592194	501(C)(5)	14,480				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
BELLPORT TEACHERS ASSOCIATION 615 BROADWAY APARTMENT 9 AMITYVILLE,NY 11701	23-7413638	501(C)(5)	21,500				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
HALF HOLLOW HILLS TEACHERS ASSOCIATION 6268 JERICHO TURNPIKE SUITE 10 COMMACK,NY 11725	11-2312861	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
ICHABOD CRANE TEACHERS ASSOCIATION 9 ROTHERMEL AVENUE KINDERHOOK,NY 12105	23-7363730	501(C)(5)	10,725				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
NIAGRA WHEATFIELD TEACHERS ASSOCIATION 385 TRACEY LANE GRAND ISLAND,NY 14072	13-1163833	501(C)(5)	13,678				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 ASSOCIATION 100 S MAIN STREET STE 205 SAYVILLE,NY 11782	11-6111423	501(C)(5)	11,685				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
PLATTSBURGH TEACHERS ASSOCIATION 50 BAILEY AVENUE PLATTSBURGH,NY 10960	23-7378975	501(C)(5)	10,000				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
ROCKLAND BOCES STAFF ASSOCIATION 88 FRONT STREET NYACK,NY 10960	13-3128796	501(C)(5)	10,803				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
NEW YORK STATE UNITED TEACHERS EDUCATION AND LEARNING TRUST 800 TROY-SCHENECTADY ROAD 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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NEW YORK STATE UNITED TEACHERS

Employer identification number
14-1584772

Part I Questions Regarding Compensation

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

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

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 THIS PRACTICE WAS DISCONTINUED IN APRIL 2014

Additional Data

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 SECRETARY- TREASURER	(I) (II)	232,282 0	0 0	427 0	57,270 0	33,059 0	323,038 0	0 0
KATHLEEN DONAHUE 2ND VICE PRESIDENT	(I) (II)	219,036 0	0 0	17,500 0	57,270 0	20,276 0	314,082 0	0 0
RICHARD IANNUZZI PRESIDENT	(I) (II)	254,353 0	0 0	17,568 0	64,864 0	12,414 0	349,199 0	0 0
MARIA NEIRA 1ST VICE PRESIDENT	(I) (II)	231,592 0	0 0	0 0	57,270 0	35,837 0	324,699 0	0 0
ANDREW PALLOTTA EXECUTIVE VP	(I) (II)	219,282 0	0 0	13,000 0	57,270 0	33,059 0	322,611 0	0 0
STEPHEN ALLINGER DIRECTOR OF LEGISLATION	(I) (II)	212,746 0	0 0	141 0	54,604 0	31,656 0	299,147 0	0 0
THOMAS ANAPOLIS EXECUTIVE DIRECTOR/COO	(I) (II)	191,603 0	0 0	415 0	48,229 0	32,998 0	273,245 0	0 0
RICHARD CASAGRANDE GENERAL COUNSEL	(I) (II)	202,178 0	0 0	0 0	51,121 0	34,807 0	288,106 0	0 0
DANIEL KINLEY DIRECTOR PROG & POLICY DEV	(I) (II)	213,746 0	0 0	0 0	54,604 0	30,532 0	298,882 0	0 0
ROBERT LESNIEWSKI DIRECTOR OF FINANCE & ADMI	(I) (II)	205,096 0	0 0	7,800 0	54,604 0	33,592 0	301,092 0	0 0
PATRICK LYONS ASSISTANT TO THE PRESIDENT	(I) (II)	188,246 0	0 0	0 0	48,480 0	30,898 0	267,624 0	0 0
DEBORAH WARD DIRECTOR OF COMMUNICATIONS	(I) (II)	189,831 0	0 0	0 0	47,785 0	18,837 0	256,453 0	0 0
JOHN COSTELLO ASSISTANT TO THE EXEC VP	(I) (II)	142,551 0	0 0	64,508 0	54,042 0	38,973 0	300,074 0	0 0
PAULINE KINSELLA EXECUTIVE DIRECTOR	(I) (II)	141,011 0	0 0	108,305 0	61,427 0	31,255 0	341,998 0	0 0
DEBRA NELSON DIRECTOR ELT	(I) (II)	203,003 0	0 0	0 0	50,804 0	26,209 0	280,016 0	0 0
LINDA STANCZIK REGIONAL STAFF DIRECTOR	(I) (II)	108,226 0	0 0	94,906 0	49,688 0	17,946 0	270,766 0	0 0
PASQUALE P LEONETTI LABOR RELATIONS SPECIALIST	(I) (II)	110,591 0	0 0	92,540 0	43,164 0	35,658 0	281,953 0	0 0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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	60,026	WAGES AS NYSUT EMPLOYEE		No
(2) ANDER DURIO	SON OF BOARD MEMBER	4,330	WAGES AS NYSUT EMPLOYEE		No
(3) JOEY VARGAS	SON OF BOARD MEMBER	3,495	WAGES AS NYSUT EMPLOYEE		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NEW YORK STATE UNITED TEACHERS

Employer identification number
14-1584772

990 Schedule O, Supplemental Information

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 BYLAWS OF THE ORGANIZATION, THERE SHALL BE THE FOLLOW ING MEMBERSHIP CATEGORIES INSERVICE, STUDENT, SPECIAL AND ASSOCIATE INDIVIDUALS WILL BE REQUIRED TO MAINTAIN UNIFIED MEMBERSHIP WITH THE AMERICAN FEDERATION OF TEACHERS, THE NEA WHERE ELIGIBLE AND THOSE ORGANIZATIONS MANDATED BY THE CONSTITUTION AND BYLAWS OF NYSUT AN D THE AMERICAN FEDERATION OF TEACHERS
FORM 990, PART VI, SECTION A, LINE 7A	AS SET FORTH IN THE CONSTITUTION AND BYLAWS OF THE ORGANIZATION, DIRECTORS REPRESENTING EL ECTION 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 REP RESENTATIVE ASSEMBLY
FORM 990, PART VI, SECTION A, LINE 7B	EXCEPT FOR MATTERS DECIDED BY REFERENDUM, FINAL AUTHORITY IN THE ORGANIZATION SHALL REST I N THE REPRESENTATIVE ASSEMBLY IN ADDITION, THE REPRESENTATIVE ASSEMBLY SHALL ACT ON AMEND MENTS TO THE CONSTITUTION AND BYLAWS 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 OF FICERS AND KEY EMPLOYEES ANNUALLY EITHER BY A) COMPLIANCE WITH COLLECTIVE BARGAINING AGREE MENTS 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
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 SI MILAR ROLES FOR RELATED ORGANIZATIONS THE HOURS LISTED IN PART VII COLUMN B REFLECT THE A VERAGE HOURS PER WEEK FOR THIS AND RELATED ORGANIZATIONS CERTAIN KEY EMPLOYEES AND HIGHES T COMPENSATED EMPLOYEES LISTED IN PART VII, SECTION A, LINE 1A ALSO PERFORM WORK IN VARYIN G CAPACITIES FOR RELATED ORGANIZATIONS THE TOTAL HOURS THAT THESE EMPLOYEES WORK ON AVERA GE IS BETWEEN 35 AND 40 HOURS PER WEEK FOR THIS AND RELATED ORGANIZATIONS
FORM 990, PART XI, LINE 9	APPROPRIATION FOR SOLIDARITY FUND 3069718 APPROPRIATION FOR LEGAL REPRESENTATION FUND 291 990 EFFECT OF ASC SUBTOPIC 715-20 -68883402 APPROPRIATION FOR ADVOCACY FUND -492913

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (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" 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 entity? Yes	(g) 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) Disproprtionate 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	(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" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NYSUT BUILDING CORP	A	37,500	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

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 entity?	
						Yes	No
(1) NYSUT BUILDING CORP 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 14-1700200	BUILDING CORPORATION	NY	501(C)(2)		N/A		No
(1) NYSUT MEMBER BENEFITS 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 22-2480854	BENEFIT PLAN	NY	501(C)(5)		N/A		No
(2) NYSUT RETIREE VEBA HEALTH FUND 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 14-6204878	BENEFIT PLAN	NY	501(C)(9)		N/A		No
(3) NYSUT EDUCATION AND LEARNING TRUST 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 16-6460576	OFFERS COURSES TO PROMOTE EFFECTIVE TEACHING	NY	501(C)(3)	170(B)(1)(A)(II)	N/A		No
(4) MARY MULDOON FUND 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 14-6030191	PRIVATE FOUNDATION	NY	501(C)(3)	PF	N/A		No
(5) NYSUT EMPLOYEES RETIREMENT FUND PLAN 001 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 14-1584772	NYSUT EMPLOYEE BENEFIT PLAN	NY	501(A)		N/A		No
(6) NYSUT STAFF 401K PLAN #002 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 14-1584772	NYSUT EMPLOYEE BENEFIT PLAN	NY	501(A)		N/A		No
(7) NYSUT DISASTER RELIEF AND SCHOLARSHIP TRUST 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 14-1584772	PROVIDES DISASTER RELIEF AND SCHOLARSHIPS	NY	501(C)(3)	170(B)(1)(A)(VI)	N/A		No
(8) NYSUT PLAN FOR FORMER EMPLOYEES OF NEA NY PLAN #006 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 14-1584772	NYSUT EMPLOYEE BENEFIT PLAN	NY	501(A)		N/A		No
(9) NYSUT VOTECOPE STATE 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 14-1565672	POLITICAL ACTION COMMITTEE	NY	527		N/A		No
(10) NYSUT VOTECOPE FEDERAL 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 26-4047277	POLITICAL ACTION COMMITTEE	NY	527		N/A		No
(11) NYSUT VOTECOPE UNAUTHORIZED COMMITTEE 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 27-3442678	POLITICAL ACTION COMMITTEE	NY	527		N/A		No