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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 09-01-2014, and ending 08-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final 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)Room/suite

800 TROY SCHENECTADY ROAD

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

LATHAM, NY 121102455

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																								
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O																								
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>83</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>78</td></tr><tr><td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>547</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>3,000</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>660,809</td></tr><tr><td>7b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-623,489</td></tr></table>	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	78	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	547	6 Total number of volunteers (estimate if necessary)	6	3,000	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	660,809	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-623,489						
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Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2016-01-13

Date

MARTIN MESSNER SECRETARY-TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

HEATHER J LEGGIERO

Preparer's signature

HEATHER J LEGGIERO

Date

2016-01-13

Check ☐ if self-employed

PTIN

P00487639

Firm's name

▶ BONADIO & CO LLP

Firm's EIN ▶

16-1131146

Phone no

(518) 464-4080

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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 UNITEDTEACHERS IMPROVES THE PROFESSIONAL, ECONOMIC AND PERSONAL LIVES OF OURMEMBERS AND THEIR FAMILIES, STRENGTHENS THE INSTITUTIONS IN WHICH THEYWORK, 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 RELATIONSSPECIALISTS (LRS) WORKING OUT OF 16 REGIONAL OFFICES THROUGHOUT NEWYORK STATE WHILE THE LOCAL UNION IS THE BARGAINING AGENT FOR ITSMEMBERS, NYSUT PROVIDES WHATEVER ASSISTANCE THE UNION MAY REQUIRE TOCARRY OUT ITS DUTIES IN MANY INSTANCES, A NYSUT LRS REPRESENTS THELOCAL UNION AT THE BARGAINING TABLE AND IN THE ADMINISTRATION OF THECOLLECTIVE BARGAINING AGREEMENT THE LRS ADVOCATES ON BEHALF OF THEMEMBERS AT THE LOCAL LEVEL IN FRONT OF IMPARTIAL ARBITRATORS AND AT THEPUBLIC EMPLOYMENT RELATIONS BOARD (PERB) AND, FOR PRIVATE SECTORMEMBERS, THE NATIONAL LABOR RELATIONS BOARD (NLRB) HE OR SHE WORKSWITH 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, REPRESENTSTENURED-TEACHER MEMBERS AT TENURE HEARINGS INITIATED UNDER EDUCATIONLAW, AND OTHER MEMBERS SUBJECTED TO DISMISSAL PROCEEDINGS PURSUANT TOCIVIL SERVICE LAW SECTION 75 IT REPRESENTS LOCALS IN MATTERS ARISINGFROM WORK STOPPAGES, FROM STAYS OF ARBITRATION, FROM EFFORTS TO VACATEARBITRATION AWARDS, AND FROM FAILURE OF EMPLOYERS TO IMPLEMENTARBITRATION AWARDS THE DEPARTMENT ALSO PROVIDES REPRESENTATION INOTHER SELECTED EMPLOYMENT-RELATED MATTERS BEFORE THE COMMISSIONER OFEDUCATION, THE PUBLIC EMPLOYMENT RELATIONS BOARD, AND IN NEW YORK ANDFEDERAL 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 RELATEDPROFESSIONALS - PROVIDING RESOURCES AND SERVICES DESIGNED TO MEET THEIRUNIQUE NEEDS THE DEPARTMENT PROVIDES TECHNICAL ASSISTANCE TO STAFF INTHE NYSUT REGIONAL OFFICES IN HEALTH BENEFITS, HEALTH CARE, HEALTH ANDSAFETY, TRAINING AND NEW MEMBER PROGRAMS PROGRAM SERVICES ALSOSUPPORTS NYSUT'S SOCIAL SERVICES PROGRAM, AVAILABLE TO ALL IN-SERVICEAND RETIRED MEMBERS

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
9 Did the organization report an amount in Part X, line 21 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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	11b	Yes
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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.	524	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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.	547	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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	No
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	No
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	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
10b	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
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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, address, and telephone number of the person who possesses the organization's books and records
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

(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)	6,666,073	0	2,126,269

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: 285

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

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 20 COMMERCE DRIVE 2ND FLOOR CRANFORD, NJ 07016	INSURANCE	1,221,618
BLUE & READ LLC 2610 15TH STREET TROY, NY 12180	MAILING SERVICES	503,743
BUCHBINDER TUNICK & CO LLP 6720-A ROCKLEDGE DRIVE SUITE 510 BETHESDA, MD 20817	AUDITING	260,080
RED HORSE STRATEGIES 55 WASHINGTON ST SUITE 624 BROOKLYN, NY 11201	CONSULTING	105,260

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

Part VIII

Statement of Revenue

Check if Schedule O contains a response 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	8,884,174			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		8,884,174			
Program Service Revenue	2a	MEMBERSHIP DUES AND AS	Business Code 900099	128,466,698	128,466,698		
	b	FIELD SUPPORT - AFT	900099	5,816,472	5,816,472		
	c	REIMBURSED ADMIN EXP	900099	3,032,475	3,032,475		
	d	AFFILIATION FEES	900099	2,671,701	2,671,701		
	e	NEA UNISERV GRANT	900099	1,388,677	1,388,677		
	f	All other program service revenue		1,107,253	446,444	660,809	
	g	Total. Add lines 2a-2f		142,483,276			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,045,694	1,045,694	
		4	Income from investment of tax-exempt bond proceeds				
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		4,680	4,680	
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	LITIGATION INCOME (BOARD DESIGNAT	900099	274,136	274,136			
b	POLLING REVENUE	900099	91,861	91,861			
c	CREDIT CARD REBATE	900099	46,725	46,725			
d	All other revenue		245	245			
e	Total. Add lines 11a-11d		412,967				
12	Total revenue. See Instructions		152,830,791	143,285,808	660,809	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 domestic organizations and domestic governments See Part IV, line 21	2,034,601			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	590,609			
5	Compensation of current officers, directors, trustees, and key employees	6,786,985			
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	43,594,465			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,591,121			
9	Other employee benefits	24,861,898			
10	Payroll taxes	3,475,046			
11	Fees for services (non-employees)				
a	Management				
b	Legal	260,448			
c	Accounting	137,654			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	47,712			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	695,723			
12	Advertising and promotion				
13	Office expenses	2,690,707			
14	Information technology				
15	Royalties				
16	Occupancy	7,581,115			
17	Travel	2,252,341			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,205,170			
20	Interest				
21	Payments to affiliates	17,028,504			
22	Depreciation, depletion, and amortization	1,330,621			
23	Insurance	1,028,485			
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	PUBLIC RELATION SUPPORT	6,802,568			
b	SPECIAL PROJECTS	4,339,175			
c	ORGANIZATION AFFILIATIO	3,003,942			
d	NEW YORK STATE TEACHER	2,822,160			
e	All other expenses	4,565,350			
25	Total functional expenses. Add lines 1 through 24e	171,726,400			
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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		6,093,044	1	9,956,918
	2	Savings and temporary cash investments		9,665,796	2	8,141,193
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		20,319,363	4	21,944,059
	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		1,281,618	9	1,509,402
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a16,423,744			
	b	Less: accumulated depreciation	10b12,415,190	4,632,371	10c	4,008,554
	11	Investments—publicly traded securities		24,110,486	11	24,011,914
	12	Investments—other securities. See Part IV, line 11.		38,158,250	12	38,079,116
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		2,567,409	15	2,206,962
	16	Total assets. Add lines 1 through 15 (must equal line 34).		106,828,337	16	109,858,118
Liabilities	17	Accounts payable and accrued expenses		16,974,080	17	17,428,738
	18	Grants payable			18	
	19	Deferred revenue		617,176	19	745,361
	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.		402,189,258	25	397,277,828
	26	Total liabilities. Add lines 17 through 25.		419,780,514	26	415,451,927
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		-312,952,177	27	-305,593,809
	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		-312,952,177	33	-305,593,809
	34	Total liabilities and net assets/fund balances		106,828,337	34	109,858,118

Part XI Reconciliation 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	152,830,791
2	Total expenses (must equal Part IX, column (A), line 25)	2	171,726,400
3	Revenue less expenses Subtract line 2 from line 1	3	-18,895,609
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-312,952,177
5	Net unrealized gains (losses) on investments	5	-932,240
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	27,186,217
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-305,593,809

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JOHN J BURNS DIRECTOR	1 00	X						14,724	0	0
(1) JOHN KOZLOWSKI DIRECTOR	1 00	X						7,362	0	0
(2) JOHN MANSFIELD DIRECTOR	1 00	X						14,724	0	0
(3) JOHN MROZEK DIRECTOR	1 00	X						10,307	0	0
(4) JOSE VARGAS DIRECTOR	1 00	X						14,724	0	0
(5) JOSEPH E SWEENY DIRECTOR	1 00	X						14,724	0	0
(6) KAREN BLACKWELL ALFORD DIRECTOR	1 00	X						14,724	0	0
(7) KATHLEEN M TAYLOR DIRECTOR	1 00	X						14,724	0	0
(8) KENNETH C SMITH DIRECTOR	1 00	X						14,724	0	0
(9) KEVIN M RUSTOWICZ DIRECTOR	1 00	X						10,307	0	0
(10) KEVIN PETERMAN DIRECTOR	1 00	X						11,307	0	0
(11) LOLA E HARBISON-KELLY DIRECTOR	1 00	X						14,724	0	0
(12) LORETTA DONLON DIRECTOR	1 00	X						14,724	0	0
(13) MARGIE BRUMFIELD DIRECTOR	1 00	X						15,224	0	0
(14) MARIA S PACHECO DIRECTOR	1 00	X						10,307	0	0
(15) MATTHEW HILL DIRECTOR	1 00	X						14,724	0	0
(16) MICHAEL B FABRICANT DIRECTOR	1 00	X						7,362	0	0
(17) MICHAEL EMMI DIRECTOR	1 00	X						10,307	0	0
(18) MICHAEL HERLAN DIRECTOR	1 00	X						14,724	0	0
(19) NANCY SANDERS DIRECTOR	1 00	X						10,307	0	0
(20) PAUL F ELLIS-GRAHAM DIRECTOR	1 00	X						14,724	0	0
(21) PAUL G EGAN DIRECTOR	1 00	X						14,724	0	0
(22) RAYMOND HODGES DIRECTOR	1 00	X						10,307	0	0
(23) RICHARD GALLANT DIRECTOR	1 00	X						10,307	0	0
(24) RICHARD MANTELL DIRECTOR	1 00	X						10,307	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			
(76) NADIA RESNIKOF EXECUTIVE COMM MEMBER	1 00	X						22,087	0	0
(1) PATRICIA PULEO EXECUTIVE COMM MEMBER	1 00	X						22,087	0	0
(2) PHILIP RUMORE EXECUTIVE COMM MEMBER	1 00	X						0	0	0
(3) SANDRA L CARNER-SHAFRAN EXECUTIVE COMM MEMBER	1 00	X						24,537	0	0
(4) SHELVEY YOUNG ABRAMS EXECUTIVE COMM MEMBER	1 00	X						22,087	0	0
(5) CATALINA FORTINO 1ST VP	35 00			X				172,880	0	58,418
(6) PAUL PECORALE 2ND VP	35 00			X				131,142	0	57,820
(7) ANDREW PALLOTTA EXECUTIVE VP	35 00			X				233,685	0	88,621
(8) KAREN MAGEE PRESIDENT	35 00			X				156,765	0	47,789
(9) MARTIN MESSNER SECRETARY TREASURER	35 00			X				164,783	0	68,684
(10) MELINDA PERSON ASSISTANT TO EXEC VP	35 00				X			166,748	0	72,014
(11) PATRICK LYONS ASSISTANT TO THE PRESIDENT	35 00				X			190,034	0	77,770
(12) ROB LAMOUREUX ASSISTANT TO THE PRESIDENT	35 00				X			156,743	0	73,042
(13) DEB WARD DIRECTOR OF COMMUNICATIONS	35 00				X			192,761	0	64,890
(14) ROBERT LESNIEWSKI DIRECTOR OF FINANCE & ADMIN	35 00				X			218,313	0	87,433
(15) MADELINE CONNOLLY DIRECTOR OF IT	35 00				X			181,267	0	68,794
(16) STEVE ALLINGER DIRECTOR OF LEGISLATION	35 00				X			214,117	0	84,388
(17) LYNETTE METZ DIRECTOR OF MEMBER BENEFITS	35 00				X			189,682	0	82,545
(18) DAN KINLEY DIRECTOR PROG & POLICY DEVEL	35 00				X			215,039	0	83,346
(19) MAUREEN RIZZI DIRECTOR PROG SVCS	35 00				X			157,970	0	64,337
(20) LARRY WAITE DIRECTOR, EDUCATIONAL SVCS	35 00				X			177,251	0	51,946
(21) MARK CHAYKIN DIRECTOR, REGIONAL SERVICES	35 00				X			205,786	0	81,317
(22) TOM ANAPOLIS EXECUTIVE DIRECTOR	35 00				X			209,917	0	84,314
(23) RICHARD CASAGRANDE GENERAL COUNSEL	35 00				X			212,508	0	87,284
(24) LENA ACKERMAN ASSOC GENERAL COUNSEL	35 00					X		182,657	0	85,980

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			
(101) CLAUDE HERSH ASST GENERAL COUNSEL	35 00					X		200,286	0	68,896
(1) JAMES BILIK ASST GENERAL COUNSEL	35 00					X		182,627	0	69,474
(2) FRED MONACO DIRECTOR, REGIONAL SERVICES	35 00					X		188,362	0	76,239
(3) CHRISTOPHER CALLAGY SENIOR COUNSEL	35 00					X		182,288	0	66,313
(4) MARIA NEIRA FORMER 1ST VP	35 00						X	243,545	0	83,268
(5) KATHLEEN DONAHUE FORMER 2ND VP	35 00						X	250,897	0	69,878
(6) RICHARD IANNUZZI FORMER PRESIDENT	35 00						X	283,329	0	71,342
(7) LEE CUTLER FORMER SECRETARY TREASURER	35 00						X	130,656	0	85,217
(8) DEBRA NELSON DIRECTOR ELT	35 00						X	117,534	0	64,910

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization NEW YORK STATE UNITED TEACHERS	Employer identification number 14-1584772
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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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue 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

Revenue included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?

☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 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	1,339,606	303,093
d Equipment		10,725,611	8,845,496	1,880,115
e Other		4,055,434	2,230,088	1,825,346
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				4,008,554

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	148,818,364
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-932,240
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-88,869
e	Add lines 2a through 2d	2e	-1,021,109
3	Subtract line 2e from line 1	3	149,839,473
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	47,712
b	Other (Describe in Part XIII)	4b	2,943,606
c	Add lines 4a and 4b	4c	2,991,318
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	152,830,791

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	168,646,213
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	168,646,213
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	47,712
b	Other (Describe in Part XIII)	4b	3,032,475
c	Add lines 4a and 4b	4c	3,080,187
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	171,726,400

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 -9,735 BUILDING CORP LOSS -79,134
PART XI, LINE 4B - OTHER ADJUSTMENTS	REIMBURSEMENT OF EXPENSES THAT ARE NETTED AGAINST EXPENSES FOR FS PURPOSES 2,764,898 MEDICARE PART D REIMBURSEMENTS 178,708
PART XII, LINE 4B - OTHER ADJUSTMENTS	REIMBURSEMENT OF EXPENSES THAT ARE NETTED AGAINST EXPENSES FOR FS PURPOSES 2,764,898 TERM DISCOUNTS TAKEN 9,735 BUILDING CORP LOSS 79,134 MEDICARE PART D REIMBURSEMENTS 178,708

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NEW YORK STATE UNITED TEACHERS

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
14-1584772

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 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

21

Part III

Grants and Other Assistance to Domestic Individuals. 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 COMMUNITY INITIATIVES GRANT RECIPIENTS ARE ASKED TO PROVIDE NEWYORK 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 Domestic Organizations and Domestic Governments.

(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 TRUST800 TROY-SCHENECTADY ROAD LATHAM,NY 12110	16-6460576	501(C)(3)	480,000	0			TO SUPPORT VARIOUS INITIATIVES OF THE NEW YORK UNITED TEACHERS EDUCATION AND LEARNING TRUST
ALLIANCE FOR QUALITY EDUCATION94 CENTRAL AVENUE ALBANY,NY 12206	22-3810450	501(C)(4)	90,000	0			COMMUNITY ORGANIZING/COALITION BUILDING
EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK,NJ 07102	22-2014555	501(C)(3)	100,000	0			LEGAL ADVOCACY TO SUPPORT PUBLIC EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GARDEN CITY TEACHERS ASSOCIATION170 ROCKAWAY AVENUE GARDEN CITY, NY 11530	11-2383100	501(C)(5)	27,625	0			LOCAL UNION ISSUES - BASED PROJECT
PROFESSIONAL STAFF CONGRESS61 BROADWAY SUITE 1500 NEW YORK, NY 10006	13-2638049	501(C)(5)	46,875	0			LOCAL UNION ISSUES - BASED PROJECT
PUBLIC POLICY AND EDUCATION FUND94 CENTRAL AVENUE ALBANY, NY 12206	13-3364209	501(C)(3)	200,000	0			COMMUNITY ORGANIZING/COALITION BUILDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 PROFESSIONS800 TROY-SCHENECTADY ROAD LATHAM,NY 12110	14-1537599	501(C)(5)	500,000	0			LOCAL UNION ISSUES - BASED PROJECT
ASSOCIATED TEACHERS OF HUNTINGTON8 HILAIRE DRIVE HUNTINGTON,NY 11743	23-7363578	501(C)(5)	19,657	0			COMMUNITY INITIATIVES
BELLPORT TEACHERS ASSOCIATION615 BROADWAY APT 9 AMITYVILLE,NY 11701	23-7413638	501(C)(5)	17,200	0			COMMUNITY INITIATIVES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHITTENANGO TEACHERS ASSOCIATION7282 DABNEY LANE FAYETTEVILLE, NY 13066	52-2381475	501(C)(5)	13,500	0			COMMUNITY INITIATIVES
EAST SYRACUSE MINOA UNITED TEACHERS303 ROBY AVE EAST SYRACUSE, NY 13057	23-7363639	501(C)(5)	8,275	0			COMMUNITY INITIATIVES
HALF HOLLOW HILLS TEACHERS ASSOCIATION 6268 JERICHO TPKE SUITE 10 COMMACK,NY 11725	11-2312861	501(C)(5)	30,000	0			COMMUNITY INITIATIVES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HICKSVILLE CONGRESS OF TEACHERS183 BROADWAY SUITE 302 HICKSVILLE,NY 11801	23-7316060	501(C)(5)	18,675	0			COMMUNITY INITIATIVES
HORSEHEADS TEACHERS ASSOCIATION245 ORIOLE DRIVE HORSEHEADS,NY 14845	16-1023981	501(C)(5)	9,000	0			COMMUNITY INITIATIVES
ICHABOD CRANE TEACHERS ASSOCIATION9 ROTHERMEL AVENUE KINDERHOOK,NY 12105	23-7363730	501(C)(5)	13,674	0			COMMUNITY INITIATIVES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 TEACHERSPO BOX 135 LYON MOUNTAIN,NY 12952	23-7364773	501(C)(5)	7,660	0			COMMUNITY INITIATIVES
MEXICO ACADEMY CS FA PO BOX 956 MEXICO,NY 13114	16-6180994	501(C)(5)	13,825	0			COMMUNITY INITIATIVES
NIAGARA WHEATFIELD TEACHERS ASSOCIATION 385 TRACEY LANE GREEN ISLAND,NY 14072	13-1163833	501(C)(5)	8,120	0			COMMUNITY INITIATIVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ASSOCIATION300 HILLSIDE AVE APT 1 ROCHESTER, NY 14610	27-3592194	501(C)(5)	10,150	0			COMMUNITY INITIATIVES
PLATTSBURGH TEACHERS ASSOCIATION50 BAILEY AVE PLATTSBURGH, NY 12901	23-7378975	501(C)(5)	7,070	0			COMMUNITY INITIATIVES
ROCKLAND BOCES STAFF ASSOCIATION88 FRONT STREET NYACK, NY 10960	13-3128796	501(C)(5)	11,106	0			COMMUNITY INITIATIVES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 AVE MILLER PLACE,NY 11764	51-0142427	501(C)(5)	29,500	0			COMMUNITY INITIATIVES
SHENENDEHOWA TEACHERS ASSOCIATION 38 RUSSET OAKS BALLSTON LAKE,NY 12019	14-1748765	501(C)(5)	15,250	0			COMMUNITY INITIATIVES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NEW YORK STATE UNITED TEACHERS

Employer identification number
14-1584772

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ 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		
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	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	5b		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	6b		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) 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
FORM 990, PAGE 8, LINE 5	KAREN MAGEE - THIS OFFICER IS CURRENTLY UNDER A COMPENSATION ARRANGEMENT WHERE THIS ORGANIZATION PAYS SOME OF THIS OFFICER'S COMPENSATION AND AN UNRELATED ORGANIZATION (HARRISON CENTRAL SCHOOL DISTRICT) PAYS THE REMAINDER OF THE COMPENSATION FOR THE 2014 CALENDER YEAR, THE AMOUNT PAID TO KAREN MAGEE BY HARRISON CENTRAL SCHOOL DISTRICT TOTALED \$77,944 WHICH INCLUDES WAGES, RETIREMENT, AND NONTAXABLE BENEFITS PAUL PECORALE - THIS OFFICER IS CURRENTLY UNDER A COMPENSATION ARRANGEMENT WHERE THIS ORGANIZATION PAYS SOME OF THIS OFFICER'S COMPENSATION AND AN UNRELATED ORGANIZATION (PATCHOGUE-MEDFORD SCHOOL DISTRICT) PAYS THE REMAINDER OF THE COMPENSATION FOR THE 2014 CALENDER YEAR, THE AMOUNT PAID TO PAUL PECORALE BY PATCHOGUE-MEDFORD SCHOOL DISTRICT TOTALED \$53,849 WHICH INCLUDES WAGES AND RETIREMENT
SCHEDULE J, PART I, LINE 4A	OFFICERS WHO HAVE SERVED MORE THAN TWO TERMS AND WHO HAVE NOT BEEN REMOVED FROM OFFICE FOR CAUSE, SHOULD BE TRANSITIONED IN A WAY THAT DOES NOT DISADVANTAGE THEM AND WHICH SERVES THE NEEDS OF THE ORGANIZATION IN ORDER TO COMPLETE THIS TRANSITION, THAT OFFICER SHOULD REMAIN AT FULL SALARY AND BENEFITS FOR SIX MONTHS AFTER THE COMPLETION OF HIS OR HER TERM IF AN OFFICER SERVICES TWO TERMS OR LESS, OR CHOOSES NOT TO PARTICIPATE IN AN ORDERLY TRANSITION, THEY SHALL RECEIVE TWO WEEKS AT FULL PAY AND BENEFITS AFTER THEIR TIME IN OFFICE ENDS THE FOLLOWING OFFICERS ENDED THEIR TERM ON APRIL 6, 2014 AND WERE COVERED BY THIS TRANSITION POLICY RICHARD IANNUZZI, LEE CUTLER, KATHLEEN DONAHUE AND MARIA NEIRA
SCHEDULE J, PART I, LINE 4B	RICHARD IANNUZZI, FORMER PRESIDENT OF THE ORGANIZATION, RECEIVED A \$33 44 DISTRIBUTION ON 10/24/14 FROM A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

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 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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CATALINA FORTINO, 1ST VP	(i) 172,880 (ii) 0	0 0	0 0	41,903 0	16,515 0	231,298 0	0 0
PAUL PECORALE, 2ND VP	(i) 113,642 (ii) 0	0 0	17,500 0	30,461 0	27,359 0	188,962 0	0 0
ANDREW PALLOTTA, EXECUTIVE VP	(i) 220,685 (ii) 0	0 0	13,000 0	51,880 0	36,741 0	322,306 0	0 0
KAREN MAGEE, PRESIDENT	(i) 139,265 (ii) 0	0 0	17,500 0	37,784 0	10,005 0	204,554 0	0 0
MARTIN MESSNER, SECRETARY TREASURER	(i) 164,783 (ii) 0	0 0	0 0	41,315 0	27,369 0	233,467 0	0 0
MELINDA PERSON, ASSISTANT TO EXEC VP	(i) 166,748 (ii) 0	0 0	0 0	37,012 0	35,002 0	238,762 0	0 0
PATRICK LYONS, ASSISTANT TO THE PRESIDENT	(i) 189,034 (ii) 0	0 0	1,000 0	43,570 0	34,200 0	267,804 0	0 0
ROB LAMOUREUX, ASSISTANT TO THE PRESIDENT	(i) 156,716 (ii) 0	0 0	27 0	35,314 0	37,728 0	229,785 0	0 0
DEB WARD, DIRECTOR OF COMMUNICATIONS	(i) 192,761 (ii) 0	0 0	0 0	42,961 0	21,929 0	257,651 0	0 0
ROBERT LESNIEWSKI, DIRECTOR OF FINANCE & ADMIN	(i) 207,943 (ii) 0	0 0	10,370 0	49,988 0	37,445 0	305,746 0	0 0
MADELINE CONNOLLY, DIRECTOR OF IT	(i) 181,267 (ii) 0	0 0	0 0	40,709 0	28,085 0	250,061 0	0 0
STEVE ALLINGER, DIRECTOR OF LEGISLATION	(i) 214,039 (ii) 0	0 0	78 0	49,010 0	35,378 0	298,505 0	0 0
LYNETTE METZ, DIRECTOR OF MEMBER BENEFITS	(i) 189,529 (ii) 0	0 0	153 0	44,529 0	38,016 0	272,227 0	0 0
DAN KINLEY, DIRECTOR PROG & POLICY DEVEL	(i) 215,039 (ii) 0	0 0	0 0	49,010 0	34,336 0	298,385 0	0 0
MAUREEN RIZZI, DIRECTOR PROG SVCS	(i) 157,970 (ii) 0	0 0	0 0	36,887 0	27,450 0	222,307 0	0 0
LARRY WAITE, DIRECTOR, EDUCATIONAL SVCS	(i) 177,251 (ii) 0	0 0	0 0	40,275 0	11,671 0	229,197 0	0 0
MARK CHAYKIN, DIRECTOR, REGIONAL SERVICES	(i) 202,536 (ii) 0	0 0	3,250 0	46,286 0	35,031 0	287,103 0	0 0
TOM ANAPOLIS, EXECUTIVE DIRECTOR	(i) 199,484 (ii) 0	0 0	10,433 0	47,961 0	36,353 0	294,231 0	0 0
RICHARD CASAGRANDE, GENERAL COUNSEL	(i) 212,508 (ii) 0	0 0	0 0	48,082 0	39,202 0	299,792 0	0 0
LENA ACKERMAN, ASSOC GENERAL COUNSEL	(i) 182,657 (ii) 0	0 0	0 0	44,573 0	41,407 0	268,637 0	0 0

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

(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 in column (B) reported as deferred in prior Form 990	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
CLAUDE HERSH, ASST GENERAL COUNSEL	(i) (ii)	200,286 0	0 0	0 0	44,336 0	24,560 0	269,182 0	
JAMES BILIK, ASST GENERAL COUNSEL	(i) (ii)	182,558 0	0 0	69 0	41,687 0	27,787 0	252,101 0	
FRED MONACO, DIRECTOR, REGIONAL SERVICES	(i) (ii)	175,362 0	0 0	13,000 0	41,299 0	34,940 0	264,601 0	
CHRISTOPHER CALLAGY, SENIOR COUNSEL	(i) (ii)	182,288 0	0 0	0 0	39,431 0	26,882 0	248,601 0	
MARIA NEIRA, FORMER 1ST VP	(i) (ii)	182,418 0	0 0	61,127 0	49,861 0	33,407 0	326,813 0	
KATHLEEN DONAHUE, FORMER 2ND VP	(i) (ii)	170,236 0	0 0	80,661 0	48,969 0	20,909 0	320,775 0	
RICHARD IANNUZZI, FORMER PRESIDENT	(i) (ii)	196,623 0	0 0	86,706 0	56,473 0	14,869 0	354,671 0	
LEE CUTLER, FORMER SECRETARY TREASURER	(i) (ii)	130,656 0	0 0	0 0	48,969 0	36,248 0	215,873 0	
DEBRA NELSON, DIRECTOR ELT	(i) (ii)	111,401 0	0 0	6,133 0	42,073 0	22,837 0	182,444 0	

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization NEW YORK STATE UNITED TEACHERS	Employer identification number 14-1584772
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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?
				YesNo

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	► \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	► \$	

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No

Total	► \$			
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Part III

Grants or Assistance Benefiting 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	60,656	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 990-EZ 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

2014

Open to Public Inspection

Name of the organization NEW YORK STATE UNITED TEACHERS	Employer identification number 14-1584772
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	EXPLANATION AS SET FORTH IN THE CONSTITUTION AND BYLAWS OF THE ORGANIZATION, DIRECTORS RE PRESENTING ELECTION DISTRICTS SHALL BE ELECTED ON A ROLL CALL VOTE BY A MAJORITY OF BALLOT S CAST BY THE REPRESENTATIVES (DELEGATE MEMBERS) FROM THEIR RESPECTIVE CONSTITUENCIES SEAT ED AT THE REPRESENTATIVE ASSEMBLY
FORM 990, PART VI, SECTION A, LINE 7B	EXPLANATION EXCEPT FOR MATTERS DECIDED BY REFERENDUM, FINAL AUTHORITY IN THE ORGANIZATION SHALL REST IN THE REPRESENTATIVE ASSEMBLY IN ADDITION, THE REPRESENTATIVE ASSEMBLY SHALL ACT ON AMENDMENTS TO THE CONSTITUTION AND BYLAWS OF THE ORGANIZATION
FORM 990, PART VI, SECTION B, LINE 11	EXPLANATION 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	EXPLANATION THE CONFLICT OF INTEREST POLICY - APPOINTS A CONFLICT OF INTEREST OFFICER TH E 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	EXPLANATION THIS ORGANIZATION AND ALL ITS RELATED ORGANIZATIONS, DETERMINES COMPENSATION OF ALL ITS OFFICERS AND KEY EMPLOYEES ANNUALLY EITHER BY A) COMPLIANCE WITH COLLECTIVE BAR GAINING AGREEMENTS FOR INDIVIDUALS COVERED BY THE CBA'S OR B) THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19	EXPLANATION 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	EXPLANATION SOME OF THE OFFICERS AND DIRECTORS LISTED IN PART VII, SECTION A, LINE 1A ALS O SERVE IN SIMILAR ROLES FOR RELATED ORGANIZATIONS THE HOURS LISTED IN PART VII COLUMN B REFLECT THE AVERAGE HOURS PER WEEK FOR THIS AND RELATED ORGANIZATIONS CERTAIN KEY EMPLOYE ES AND HIGHEST COMPENSATED EMPLOYEES LISTED IN PART VII, SECTION A, LINE 1A ALSO PERFORM W ORK IN VARYING CAPACITIES FOR RELATED ORGANIZATIONS THE TOTAL HOURS THAT THESE EMPLOYEES WORK ON AVERAGE IS BETWEEN 35 AND 40 HOURS PER WEEK FOR THIS AND RELATED ORGANIZATIONS
FORM 990, PART XI, LINE 9	PENSION CHARGES OTHE THAN NET PERIODIC PENSION COST 18,605,130 POSTRETIREMENT CHARGES OTHER THAN NET PERIODIC BENEFIT COST 8,581,087

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization NEW YORK STATE UNITED TEACHERS	Employer identification number 14-1584772
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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	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(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.

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

Yes

1b

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

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	18,756	

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) Disproportionate 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
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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	Yes	
(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)	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 11-3761261	PROVIDES DISASTER RELIEF AND SCHOLARSHIPS	NY	501(C)(3)	170(B)(1)(A)	N/A		No
(8) NYSUT PLAN FOR FORMER EMPLOYEES OF NEA NY 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 26-4047272	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