

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/foirm990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016			
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		D Employer identification number 14-1584772
	Doing business as		E Telephone number (518) 213-6000
	Number and street (or P.O. box if mail is not delivered to street address) 800 TROY SCHENECTADY ROAD	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code LATHAM, NY 121102455		G Gross receipts \$ 165,820,137
	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
I Tax-exempt status ☐ 501(c)(3) ☒ 501(c)(5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: ▶ WWW.NYSUT.ORG		H(c) Group exemption number ▶	
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 THROUGH A REPRESENTATIVE DEMOCRATIC STRUCTURE, NEW YORK STATE UNITED TEACHERS IMPROVES THE PROFESSIONAL, ECONOMIC AND PERSONAL LIVES OF OUR MEMBERS AND THEIR FAMILIES, STRENGTHENS THE INSTITUTIONS IN WHICH THEY WORK, AND FURTHERS THE CAUSE OF SOCIAL JUSTICE THROUGH THE TRADE UNION MOVEMENT		
	2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	83
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	78
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	539
6 Total number of volunteers (estimate if necessary)	6	3,000	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,195,535	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-704,774	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	8,884,174	11,002,449
	9 Program service revenue (Part VIII, line 2g)	142,483,276	148,338,642
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,050,374	725,545
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	412,967	456,039
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	152,830,791	160,522,675
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,034,601	1,421,668
	14 Benefits paid to or for members (Part IX, column (A), line 4)	590,609	625,134
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	111,309,515	117,572,401
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	57,791,675	55,912,100
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	171,726,400	175,531,303
	19 Revenue less expenses Subtract line 18 from line 12	-18,895,609	-15,008,628
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	109,858,118	124,542,776
	21 Total liabilities (Part X, line 26)	415,451,927	537,995,659
	22 Net assets or fund balances Subtract line 21 from line 20	-305,593,809	-413,452,883

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 MARTIN MESSNER SECRETARY-TREASURER Type or print name and title
	2017-01-10 Date
Paid Preparer Use Only	Print/Type preparer's name TERRI CONRAD REGAN Preparer's signature TERRI CONRAD REGAN Date Check ☐ if self-employed PTIN P00449706
	Firm's name ▶ BONADIO & CO LLP
	Firm's address ▶ 6 WEMBLEY COURT ALBANY, NY 12205
	Firm's EIN ▶ 16-1131146 Phone no (518) 464-4080

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

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1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

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

NYSUT FIELD SERVICES DEPARTMENT INCLUDES NEARLY 133 LABOR RELATIONS SPECIALISTS (LRS) WORKING OUT OF 16 REGIONAL OFFICES THROUGHOUT NEW YORK STATE WHILE THE LOCAL UNION IS THE BARGAINING AGENT FOR ITS MEMBERS, NYSUT PROVIDES WHATEVER ASSISTANCE THE UNION MAY REQUIRE TO CARRY OUT ITS DUTIES IN MANY INSTANCES, A NYSUT LRS REPRESENTS THE LOCAL UNION AT THE BARGAINING TABLE AND IN THE ADMINISTRATION OF THE COLLECTIVE BARGAINING AGREEMENT THE LRS ADVOCATES ON BEHALF OF THE MEMBERS AT THE LOCAL LEVEL INFRONT OF IMPARTIAL ARBITRATORS AND AT THE PUBLIC EMPLOYMENT RELATIONS BOARD (PERB) AND, FOR PRIVATE SECTOR MEMBERS, THE NATIONAL LABOR RELATIONS BOARD (NLRB) HE OR SHE WORKS WITH THE LOCAL AFFILIATE IN THE CAPACITY OF CONSULTANT, COMMUNICATOR, TRAINER AND FACILITATOR TO RESOLVE LOCAL ISSUES

4b

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

NYSUT'S LEGAL DEPARTMENT, WITH ABOUT 44 ON-STAFF ATTORNEYS, REPRESENTS TENURED-TEACHER MEMBERS AT TENURE HEARINGS INITIATED UNDER EDUCATION LAW, AND OTHER MEMBERS SUBJECTED TO DISMISSAL PROCEEDINGS PURSUANT TO CIVIL SERVICE LAW SECTION 75 IT REPRESENTS LOCALS IN MATTERS ARISING FROM WORK STOPPAGES, FROM STAYS OF ARBITRATION, FROM EFFORTS TO VACATE ARBITRATION AWARDS, AND FROM FAILURE OF EMPLOYERS TO IMPLEMENT ARBITRATION AWARDS THE DEPARTMENT ALSO PROVIDES REPRESENTATION IN OTHER SELECTED EMPLOYMENT-RELATED MATTERS BEFORE THE COMMISSIONER OF EDUCATION, THE PUBLIC EMPLOYMENT RELATIONS BOARD, AND IN NEW YORK AND FEDERAL COURTS AND OTHER ADMINISTRATIVE AGENCIES

4c

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

NYSUT PROGRAM SERVICES PROVIDES A VOICE TO NYSUT'S MANY CONSTITUENCIES - BOCES, HEALTH CARE, NEW MEMBERS, RETIREES, SCHOOL RELATED PROFESSIONALS - PROVIDING RESOURCES AND SERVICES DESIGNED TO MEET THEIR UNIQUE NEEDS THE DEPARTMENT PROVIDES TECHNICAL ASSISTANCE TO STAFF IN THE NYSUT REGIONAL OFFICES IN HEALTH BENEFITS, HEALTH CARE, HEALTH AND SAFETY, TRAINING AND NEW MEMBER PROGRAMS PROGRAM SERVICES ALSO SUPPORTS NYSUT'S SOCIAL SERVICES PROGRAM, AVAILABLE TO ALL IN-SERVICE AND RETIRED MEMBERS

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25a		
		25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			
		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	484	
b	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.	2a	539
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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. 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	1a 83		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 78		
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	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ► JACLYN FERRUCCI 800 TROY SCHENECTADY ROAD LATHAM, NY 121102455 (518) 213-6000

Check if Schedule O contains a response or note to any line in this Part VII ☒

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total	
c	Total from continuation sheets to Part VII, Section A	
d	Total (add lines 1b and 1c)	

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 ► 28

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

100 N 20TH STREET SUITE 201
PHILADELPHIA, PA 19103

WEBB COMMUNICATIONS INC

1 MAYNARD STREET
WILLIAMSPORT, PA 17701
VISUALITY

309 W JOHNSON STREET 1042
MADISON, WI 53703

HERBERT L JAMISON & CO LLC

20 COMMERCE DRIVE 2ND FLOOR
CRANFORD, NJ 07016

BUSINESS PARTNERS FORMS & SYSTEMS INC

125 WOLF ROAD SUITE 205
ALBANY, NY 12205

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 ► 16

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	11,002,449				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f ▶			11,002,449			
Program Service Revenue	2a	MEMBERSHIP DUES AND AS	Business Code					
			900099	134,559,596	134,559,596			
	b	FIELD SUPPORT - AFT	900099	5,545,396	5,545,396			
	c	AFFILIATION FEES	900099	2,779,291	2,779,291			
	d	REIMBURSED ADMIN EXP	900099	2,469,786	2,469,786			
	e	NEA UNISERV GRANT	541800	1,481,672	1,481,672			
	f	All other program service revenue		1,502,901	307,366	1,195,535		
	g	Total. Add lines 2a-2f ▶			148,338,642			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		921,692			921,692	
	4	Income from investment of tax-exempt bond proceeds . . ▶						
	5	Royalties ▶						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
	7a	(i) Securities		(ii) Other				
		4,821,659		279,656				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) ▶			-196,147	-114,709		-81,438
	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	404,549	404,549			
b	CREDIT CARD REBATE		900099	48,340	48,340			
c	POLLING REVENUE		900099	3,150	3,150			
d	All other revenue							
e	Total. Add lines 11a-11d ▶			456,039				
12	Total revenue. See Instructions ▶			160,522,675	147,484,437	1,195,535	840,254	

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	1,421,668			
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	625,134			
5	Compensation of current officers, directors, trustees, and key employees	6,916,078			
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	44,716,418			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,259,718			
9	Other employee benefits	29,183,237			
10	Payroll taxes	3,496,950			
11	Fees for services (non-employees)				
a	Management				
b	Legal	190,422			
c	Accounting	150,248			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	47,254			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	323,225			
12	Advertising and promotion				
13	Office expenses	2,355,046			
14	Information technology				
15	Royalties				
16	Occupancy	7,333,424			
17	Travel	2,200,086			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,231,149			
20	Interest				
21	Payments to affiliates	17,791,605			
22	Depreciation, depletion, and amortization	1,296,183			
23	Insurance	950,171			
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	8,342,907			
b	ORGANIZATION AFFILIATIO	3,337,150			
c	NEW YORK STATE TEACHER	2,648,513			
d	SPECIAL PROJECTS	2,355,829			
e	All other expenses	3,358,888			
25	Total functional expenses. Add lines 1 through 24e	175,531,303			
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		9,956,918	1	20,090,297	
	2	Savings and temporary cash investments		8,141,193	2	11,179,255	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		21,944,059	4	21,926,352	
	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		1,509,402	9	2,129,367	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	16,365,779			
	b	Less: accumulated depreciation	10b	12,475,243	4,008,554	10c	3,890,536
	11	Investments—publicly traded securities		24,011,914	11	24,936,477	
	12	Investments—other securities. See Part IV, line 11		38,079,116	12	38,405,412	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,206,962	15	1,985,080	
16	Total assets. Add lines 1 through 15 (must equal line 34)		109,858,118	16	124,542,776		
Liabilities	17	Accounts payable and accrued expenses		17,428,738	17	19,812,448	
	18	Grants payable			18		
	19	Deferred revenue		745,361	19	660,102	
	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		397,277,828	25	517,523,109	
	26	Total liabilities. Add lines 17 through 25		415,451,927	26	537,995,659	
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		-305,593,809	27	-413,452,883	
	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		-305,593,809	33	-413,452,883	
	34	Total liabilities and net assets/fund balances		109,858,118	34	124,542,776	

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	160,522,675
2	Total expenses (must equal Part IX, column (A), line 25)	2	175,531,303
3	Revenue less expenses Subtract line 2 from line 1	3	-15,008,628
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-305,593,809
5	Net unrealized gains (losses) on investments	5	416,085
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	-93,266,531
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-413,452,883

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
b	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	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:

EIN: 14-1584772
Name: NEW YORK STATE UNITED TEACHERS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROSEMARY CATANZARITI DIRECTOR	1 00	X						0	0	0
PHILIP RUMORE EXECUTIVE COMM MEMBER	1 00	X						0	0	0
JOSEPH HERRINGSHAW DIRECTOR	1 00	X						0	0	0
ERIC TALBOT DIRECTOR	1 00	X						3,708	0	0
CHERYLYN HUGHES DIRECTOR	1 00	X						4,000	0	0
ANDREW VOIGT DIRECTOR	1 00	X						14,871	0	0
ANNE GOLDMAN DIRECTOR	1 00	X						14,871	0	0
ANTHONY HARMON DIRECTOR	1 00	X						14,871	0	0
ANTOINETTE BLANCK DIRECTOR	1 00	X						14,871	0	0
ARTHUR PEPPER DIRECTOR	1 00	X						14,871	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			
BARBARA J HAFNER DIRECTOR	1 00	X						14,871	0	0
CARMEN ALVAREZ SCAGLIONE DIRECTOR	1 00	X						14,871	0	0
CHRISTINE J VASILEV DIRECTOR	1 00	X						14,871	0	0
DEBORAH PAULIN DIRECTOR	1 00	X						14,871	0	0
DEBRA PENNY DIRECTOR	1 00	X						14,871	0	0
EDWARD VASTA DIRECTOR	1 00	X						14,871	0	0
ELIZABETH PEREZ DIRECTOR	1 00	X						14,871	0	0
EMIL PIETROMONACO DIRECTOR	1 00	X						14,871	0	0
FLORENCE T MCCUE DIRECTOR	1 00	X						14,871	0	0
HOWARD SCHOOR DIRECTOR	1 00	X						14,871	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			
IRIS DELUTRO DIRECTOR	1 00	X						14,871	0	0
J PHILIPPE ABRAHAM DIRECTOR	1 00	X						14,871	0	0
JAMIE DANGLER DIRECTOR	1 00	X						14,871	0	0
JANELLA T HINDS DIRECTOR	1 00	X						14,871	0	0
JANET UTZ DIRECTOR	1 00	X						14,871	0	0
JEANETTE STAPLEY DIRECTOR	1 00	X						14,871	0	0
JEFFREY C YONKERS DIRECTOR	1 00	X						14,871	0	0
JOHN J BURNS DIRECTOR	1 00	X						14,871	0	0
JOHN KOZLOWSKI DIRECTOR	1 00	X						14,871	0	0
JOHN MANSFIELD DIRECTOR	1 00	X						14,871	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			
MICHAEL B FABRICANT DIRECTOR	1 00	X						14,871	0	0
MICHAEL HERLAN DIRECTOR	1 00	X						14,871	0	0
NANCY SANDERS DIRECTOR	1 00	X						14,871	0	0
PAUL F ELLIS-GRAHAM DIRECTOR	1 00	X						14,871	0	0
PAUL G EGAN DIRECTOR	1 00	X						14,871	0	0
RAYMOND HODGES DIRECTOR	1 00	X						14,871	0	0
RICHARD GALLANT DIRECTOR	1 00	X						14,871	0	0
RICHARD MANTELL DIRECTOR	1 00	X						14,871	0	0
ROBERT ASTROWSKY DIRECTOR	1 00	X						14,871	0	0
RONA FREISER DIRECTOR	1 00	X						14,871	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			
ROWENA BLACKMAN STROUD DIRECTOR	1 00	X						14,871	0	0
SEAN KENNEDY DIRECTOR	1 00	X						14,871	0	0
SELINA DURIO DIRECTOR	1 00	X						14,871	0	0
STACEY CARUSO-SHARPE DIRECTOR	1 00	X						14,871	0	0
STEPHEN RECHNER DIRECTOR	1 00	X						14,871	0	0
STERLING ROBERSON DIRECTOR	1 00	X						14,871	0	0
STEVEN LONDON DIRECTOR	1 00	X						14,871	0	0
THOMAS PARKER DIRECTOR	1 00	X						14,871	0	0
THOMAS TUCKER DIRECTOR	1 00	X						14,871	0	0
THOMAS V MURPHY DIRECTOR	1 00	X						14,871	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			
TOMIA SMITH DIRECTOR	1 00	X						14,871	0	0
CATHERINE SAVAGE DIRECTOR	1 00	X						15,171	0	0
LORETTA DONLON DIRECTOR	1 00	X						15,171	0	0
MARGIE BRUMFIELD DIRECTOR	1 00	X						15,571	0	0
MICHAEL EMMI DIRECTOR	1 00	X						15,621	0	0
CATHY RIENTH DIRECTOR	1 00	X						16,671	0	0
ADAM URBANSKI EXECUTIVE COMM MEMBER	1 00	X						22,307	0	0
ANDY SAKO EXECUTIVE COMM MEMBER	1 00	X						22,307	0	0
ANTHONY MCCANN EXECUTIVE COMM MEMBER	1 00	X						22,307	0	0
BARBARA BOWEN EXECUTIVE COMM MEMBER	1 00	X						22,307	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			
DONALD CARLISTO EXECUTIVE COMM MEMBER	1 00	X						22,307	0	0
EVELYN DE JESUS EXECUTIVE COMM MEMBER	1 00	X						22,307	0	0
FREDERICK E KOWAL EXECUTIVE COMM MEMBER	1 00	X						22,307	0	0
LEROY T BARR EXECUTIVE COMM MEMBER	1 00	X						22,307	0	0
MICHAEL MULGREW EXECUTIVE COMM MEMBER	1 00	X						22,307	0	0
NADIA RESNIKOF EXECUTIVE COMM MEMBER	1 00	X						22,307	0	0
PATRICIA PULEO EXECUTIVE COMM MEMBER	1 00	X						22,307	0	0
SHELVEY YOUNG ABRAMS EXECUTIVE COMM MEMBER	1 00	X						22,307	0	0
KEVIN R AHERN EXECUTIVE COMM MEMBER	1 00	X						22,507	0	0
SANDRA L CARNER-SHAFRAN EXECUTIVE COMM MEMBER	1 00	X						23,782	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY M SOUTHERTON DIRECTOR	1 00	X						29,595	0	0
PAUL PECORALE 2ND VP	35 00			X				112,063	0	67,946
KAREN MAGEE PRESIDENT	35 00			X				130,229	0	45,827
ANDREW PALLOTTA EXECUTIVE VP	35 00			X				248,613	0	105,214
CATALINA FORTINO 1ST VP	35 00			X				250,136	0	86,247
MARTIN MESSNER SECRETARY TREASURER	35 00			X				253,362	0	100,558
MARK CHAYKIN DIRECTOR, REGIONAL SERVICE	35 00				X			239,047	0	87,436
JEFFREY J LOCKWOOD DIRECTOR OF FINANCE	35 00				X			169,477	0	86,571
JONATHAN D RUBIN DIRECTOR, FIELD & AFF SVC	35 00				X			174,209	0	89,395
CHRISTOPHER BLACK DIRECTOR-LEGISLATION	35 00				X			172,487	0	79,722

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			
MAUREEN RIZZI DIRECTOR PROG SVCS	35 00				X			179,821	0	83,483
ROB LAMOUREUX ASSISTANT TO THE PRESIDENT	35 00				X			187,489	0	87,311
LARRY WAITE DIRECTOR, EDUCATIONAL SVCS	35 00				X			194,127	0	63,675
MELINDA PERSON ASSISTANT TO EXEC VP	35 00				X			195,197	0	93,854
PATRICK LYONS ASSISTANT TO THE PRESIDENT	35 00				X			210,033	0	93,628
MADELINE CONNOLLY DIRECTOR OF IT	35 00				X			207,378	0	93,939
DEB WARD DIRECTOR OF COMMUNICATIONS	35 00				X			209,141	0	77,133
LYNETTE METZ DIRECTOR OF MEMBER BENEFIT	35 00				X			211,382	0	95,618
TOM ANAPOLIS EXECUTIVE DIRECTOR	35 00				X			234,968	0	102,276
STEVE ALLINGER NYSUT SENIOR ADVISOR	35 00				X			226,294	0	99,801

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			
ROBERT LESNIEWSKI DIRECTOR OF FINANCE & ADMINISTRATION	35 00				X			239,287	0	101,563
DAN KINLEY DIRECTOR PROG & POLICY DEV	35 00				X			232,476	0	97,644
RICHARD CASAGRANDE GENERAL COUNSEL	35 00				X			238,592	0	102,112
FRED MONACO DIRECTOR, REGIONAL SERVICE	35 00					X		202,648	0	85,894
CHRISTOPHER CALLAGY SENIOR COUNSEL	35 00					X		193,036	0	82,350
LENA ACKERMAN ASSOC GENERAL COUNSEL	35 00					X		197,895	0	89,479
JAMES BILIK ASST GENERAL COUNSEL	35 00					X		199,757	0	90,570
CLAUDE HERSH ASST GENERAL COUNSEL	35 00					X		210,880	0	76,689

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" on 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" on 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) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure	
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	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on 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 on 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

3a(i)

☐

Yes

3a(ii)

☐

No

b

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

3b

☐

4

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,642,699	1,458,189	184,510
d Equipment		10,666,157	8,939,060	1,727,097
e Other		4,056,923	2,077,994	1,978,929
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				3,890,536

Schedule D (Form 990) 2015

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	158,421,720
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	416,085
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	416,085
3	Subtract line 2e from line 1	3	158,005,635
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	47,254
b	Other (Describe in Part XIII)	4b	2,469,786
c	Add lines 4a and 4b	4c	2,517,040
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	160,522,675

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	173,014,263
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	173,014,263
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	47,254
b	Other (Describe in Part XIII)	4b	2,469,786
c	Add lines 4a and 4b	4c	2,517,040
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	175,531,303

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 4B - OTHER ADJUSTMENTS	REIMBURSEMENT OF EXPENSES THAT ARE NETTED AGAINST EXPENSE FOR FS PURPOSES 2,469,786

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

2015

**Open to Public
Inspection**

14-1584772

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 NEW YORK STATE UNITED TEACHERS WITH A RE-CAP OF THE RECIPIENTS USE OF THE GRANT PROCEEDS

Additional Data

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

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

(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
UNITED UNIVERSITY PROFESSIONS 800 TROY-SCHENECTADY ROAD LATHAM, NY 12110	14-1537599	501(C)(5)	602,886				LOCAL UNION ISSUES-BASED PROJECT
NEW YORK STATE UNITED TEACHERS EDUCATION AND LEARNING TRUST 800 TROY-SCHENECTADY ROAD LATHAM, NY 12110	16-6460576	501(C)(3)	360,000				TO SUPPORT VARIOUS INITIATIVES OF THE NEW YORK STATE UNITED TEACHERS EDUCATION AND LEARNING TRUST
MASSENA FEDERATION OF TEACHERS 524 MAY ROAD POSTDAM, NY 13676	23-7364964	501(C)(5)	82,500				LOCAL UNION ISSUES-BASED PROJECT

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK, NJ 07102	22-2014555	501(C)(3)	50,000				LOCAL UNION ISSUES-BASED PROJECT
PROFESSIONAL STAFF CONGRESS 61 BROADWAY SUITE 1500 NEW YORK, NY 10006	13-2638049	501(C)(5)	45,000				LOCAL UNION ISSUES-BASED PROJECT
CLARKSTOWN TEACHERS' ASSOCIATION 62 OVERLOOK DRIVE MAHOPAC, NY 10541	13-2672977	501(C)(5)	30,000				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 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
WAPPINGERS CONGRESS OF TEACHERS 2537 ROUTE 52 SUITE 15 HOPEWLL JUNCTION, NY 12533	14-1547484	501(C)(5)	30,000				COMMUNITY INITIATIVES
HALF HOLLOW HILLS TEACHERS ASSOCIATION 6268 JERICHO TPKE SUITE 10 COMMACK, NY 11725	11-2312861	501(C)(5)	28,525				COMMUNITY INITIATIVES
KENMORE TEACHERS ASSOCIATION 205 YORKSHIRE ROAD TONAWANDA, NY 14150	16-0925169	501(C)(5)	20,000				LOCAL UNION ISSUES-BASED PROJECT

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 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
PATCHOGUE MEDFORD CONGRESS OF TEACHERS 22 WEST MAIN STREET PATCHOGUE, NY 11772	23-7358581	501(C)(5)	15,580				LOCAL UNION ISSUES-BASED PROJECT
HICKSVILLE CONGRESS OF TEACHERS 183 BROADWAY SUITE 302 HICKSVILLE, NY 11801	23-7316060	501(C)(5)	15,350				COMMUNITY INITIATIVES
ASSOCIATED TEACHERS OF HUNTINGTON 8 HILAIRE DRIVE HUNTINGTON, NY 11743	23-7363578	501(C)(5)	15,040				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 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
NORTH BABYLON TEACHERS ORGANIZATION 400 WEST MAIN STREET SUITE 201 BABYLON, NY 11702	23-7365360	501(C)(5)	13,500				LOCAL UNION ISSUES-BASED PROJECT
BELLPORT TEACHERS ASSOCIATION 615 BROADWAY APT 9 AMITYVILLE, NY 11701	23-7413638	501(C)(5)	12,550				COMMUNITY INITIATIVES
MEXICO ACADEMY CS FA PO BOX 956 MEXICO, NY 13114	16-6180994	501(C)(5)	11,160				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 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
ROCHESTER ASSOCIATION OF PARAPROFESSIONALS 30 NORTH UNION STREET SUITE 102 ROCHESTER, NY 14607	16-1533155	501(C)(5)	20,000				LOCAL UNION ISSUES-BASED PROJECT
ROCKLAND BOCES STAFF ASSOCIATION 88 FRONT STREET NYACK, NY 10960	13-3128796	501(C)(5)	11,129				COMMUNITY INITIATIVES
SHENENDEHOWA TEACHERS ASSOCIATION 38 RUSSET OAKS BALLSTON LAKE, NY 12019	14-1748765	501(C)(5)	10,930				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 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
MAHOPAC TEACHERS ASSOCIATION 163 DAHLIA DRIVE MAHOPAC, NY 10541	23-7356719	501(C)(5)	10,000				COMMUNITY INITIATIVES
ICHABOD CRANE TEACHERS ASSOCIATION 9 ROTHERMEL AVENUE KINDERHOOK, NY 12105	23-7363730	501(C)(5)	9,238				COMMUNITY INITIATIVES
HORSEHEADS TEACHERS ASSOCIATION 245 ORIOLE DRIVE HORSEHEADS, NY 14845	16-1023981	501(C)(5)	8,000				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 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
FREWSBURG FACULTY ASSOCIATION 26 INSTITUTE STREET FREWSBURG, NY 14738	80-0595546	501(C)(5)	7,500				COMMUNITY INITIATIVES
SALMON RIVER TEACHERS' ASSOCIATION 159 COUNTY ROUTE 19 NORTH BANGOR, NY 12966	01-0918579	501(C)(5)	7,250				COMMUNITY INITIATIVES
NIAGARA WHEATFIELD TEACHERS ASSOCIATION 385 TRACEY LANE GRAND ISLAND, NY 14072	13-1163833	501(C)(5)	5,530				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" on 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

2015

Open to Public Inspection

Name of the organization NEW YORK STATE UNITED TEACHERS	Employer identification number 14-1584772
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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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
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	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	
b Any related organization?	5b	
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	
b Any related organization?	6b	
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on 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 on 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" on 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 on 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 on 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	990 SCHEDULE J, PART II, KAREN MAGEE THIS OFFICER IS CURRENTLY UNDER A COMPENSATION ARRANGEMENT WHERE A RELATED ORGANIZATION TO THE FILING ORGANIZATION PAYS SOME OF THIS OFFICER'S COMPENSATION AND AN UNRELATED ORGANIZATION (HARRISON CENTRAL SCHOOL DISTRICT) PAYS THE REMAINDER OF THE COMPENSATION. FOR THE 2015 CALENDAR YEAR, THE AMOUNT PAID TO KAREN MAGEE BY HARRISON CENTRAL SCHOOL DISTRICT TOTALED \$202,773 WHICH INCLUDES WAGES, RETIREMENT, AND NONTAXABLE BENEFITS. 990 SCHEDULE J, PART II, PAUL PECORALE THIS OFFICER IS CURRENTLY UNDER A COMPENSATION ARRANGEMENT WHERE A RELATED ORGANIZATION TO THE FILING ORGANIZATION PAYS SOME OF THIS OFFICER'S COMPENSATION AND AN UNRELATED ORGANIZATION (PATCHOGUE-MEDFORD SCHOOL DISTRICT) PAYS THE REMAINDER OF THE COMPENSATION. FOR THE 2015 CALENDAR YEAR, THE AMOUNT PAID TO PAUL PECORALE BY PATCHOGUE-MEDFORD SCHOOL DISTRICT TOTALED \$160,473 WHICH INCLUDES WAGES, RETIREMENT, AND NONTAXABLE BENEFITS.

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1PAUL PECORALE2ND VP	(i)	94,063	0	18,000	25,693	42,253	180,009	0
	(ii)	0	0	0	0	-0	-0	0
1KAREN MAGEEPRESIDENT	(i)	112,229	0	18,000	33,156	12,671	176,056	0
	(ii)	0	0	0	0	-0	-0	0
2ANDREW PALLOTTA EXECUTIVE VP	(i)	230,613	0	18,000	65,773	39,441	353,827	0
	(ii)	0	0	0	0	-0	-0	0
3CATALINA FORTINO1ST VP	(i)	250,136	0	0	63,176	23,071	336,383	0
	(ii)	0	0	0	0	-0	-0	0
4MARTIN MESSNER SECRETARY TREASURER	(i)	253,362	0	0	61,093	39,465	353,920	0
	(ii)	0	0	0	0	-0	-0	0
5MARK CHAYKIN DIRECTOR, REGIONAL SERVICE	(i)	147,852	0	91,195	54,692	32,744	326,483	0
	(ii)	0	0	0	0	-0	-0	0
6JEFFREY J LOCKWOOD DIRECTOR OF FINANCE	(i)	169,477	0	0	44,979	41,592	256,048	0
	(ii)	0	0	0	0	-0	-0	0
7JONATHAN D RUBIN DIRECTOR, FIELD & AFF SVC	(i)	170,293	0	3,916	44,429	44,966	263,604	0
	(ii)	0	0	0	0	-0	-0	0
8CHRISTOPHER BLACK DIRECTOR - LEGISLATION	(i)	172,487	0	0	43,986	35,736	252,209	0
	(ii)	0	0	0	0	-0	-0	0
9MAUREEN RIZZI DIRECTOR PROG SVCS	(i)	179,821	0	0	46,741	36,742	263,304	0
	(ii)	0	0	0	0	-0	-0	0
10ROB LAMOUREUX ASSISTANT TO THE PRESIDENT	(i)	187,401	0	88	45,678	41,633	274,800	0
	(ii)	0	0	0	0	-0	-0	0
11LARRY WAITE DIRECTOR, EDUCATIONAL SVCS	(i)	194,127	0	0	50,986	12,689	257,802	0
	(ii)	0	0	0	0	-0	-0	0
12MELINDA PERSON ASSISTANT TO EXEC VP	(i)	195,197	0	0	52,436	41,418	289,051	0
	(ii)	0	0	0	0	-0	-0	0
13PATRICK LYONS ASSISTANT TO THE PRESIDENT	(i)	196,533	0	13,500	53,635	39,993	303,661	0
	(ii)	0	0	0	0	-0	-0	0
14MADELINE CONNOLLY DIRECTOR OF IT	(i)	207,378	0	0	54,206	39,733	301,317	0
	(ii)	0	0	0	0	-0	-0	0
15DEB WARD DIRECTOR OF COMMUNICATIONS	(i)	209,141	0	0	54,352	22,781	286,274	0
	(ii)	0	0	0	0	-0	-0	0
16LYNETTE METZ DIRECTOR OF MEMBER BENEFIT	(i)	211,382	0	0	54,865	40,753	307,000	0
	(ii)	0	0	0	0	-0	-0	0
17TOM ANAPOLIS EXECUTIVE DIRECTOR	(i)	223,979	0	10,989	61,407	40,869	337,244	0
	(ii)	0	0	0	0	-0	-0	0
18STEVE ALLINGER NYSUT SENIOR ADVISOR	(i)	226,207	0	87	60,270	39,531	326,095	0
	(ii)	0	0	0	0	-0	-0	0
19ROBERT LESNIEWSKI DIRECTOR OF FINANCE & ADMI	(i)	226,837	0	12,450	61,452	40,111	340,850	0
	(ii)	0	0	0	0	-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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21DAN KINLEY DIRECTOR PROG & POLICY DEV	(i)	232,476	0	0	60,287	37,357	330,120	0
	(ii)	0	0	0	0	-0	-0	0
1RICHARD CASAGRANDE GENERAL COUNSEL	(i)	238,592	0	0	61,977	40,135	340,704	0
	(ii)	0	0	0	0	-0	-0	0
2FRED MONACO DIRECTOR, REGIONAL SERVICE	(i)	189,648	0	13,000	49,716	36,178	288,542	0
	(ii)	0	0	0	0	-0	-0	0
3CHRISTOPHER CALLAGY SENIOR COUNSEL	(i)	193,036	0	0	47,220	35,130	275,386	0
	(ii)	0	0	0	0	-0	-0	0
4LENA ACKERMAN ASSOC GENERAL COUNSEL	(i)	197,895	0	0	50,294	39,185	287,374	0
	(ii)	0	0	0	0	-0	-0	0
5JAMES BILIK ASST GENERAL COUNSEL	(i)	199,757	0	0	51,025	39,545	290,327	0
	(ii)	0	0	0	0	-0	-0	0
6CLAUDE HERSH ASST GENERAL COUNSEL	(i)	210,880	0	0	52,905	23,784	287,569	0
	(ii)	0	0	0	0	-0	-0	0

Schedule L
(Form 990 or 990-EZ)

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
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
NEW YORK STATE UNITED TEACHERS

Employer identification number
14-1584772

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?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

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	66,124	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

2015

**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	AS SET FORTH IN THE CONSTITUTION AND BYLAWS OF THE ORGANIZATION, THERE SHALL BE THE FOLLOWING MEMBERSHIP CATEGORIES INSERVICE, STUDENT, SPECIAL AND ASSOCIATE INDIVIDUALS WILL BE REQUIRED TO MAINTAIN UNIFIED MEMBERSHIP WITH THE AMERICAN FEDERATION OF TEACHERS, THE NEA WHERE ELIGIBLE AND THOSE ORGANIZATIONS MANDATED BY THE CONSTITUTION AND BYLAWS OF NY SUT AND THE AMERICAN FEDERATION OF TEACHERS
FORM 990, PART VI, SECTION A, LINE 7A	AS SET FORTH IN THE CONSTITUTION AND BYLAWS OF THE ORGANIZATION, DIRECTORS REPRESENTING EL ECTION DISTRICTS SHALL BE ELECTED ON A ROLL CALL VOTE BY A MAJORITY OF BALLOTS CAST BY THE REPRESENTATIVES (DELEGATE MEMBERS) FROM THEIR RESPECTIVE CONSTITUENCIES SEATED AT THE REP RESENTATIVE ASSEMBLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	EXCEPT FOR MATTERS DECIDED BY REFERENDUM, FINAL AUTHORITY IN THE ORGANIZATION SHALL REST IN THE REPRESENTATIVE ASSEMBLY IN ADDITION, THE REPRESENTATIVE ASSEMBLY SHALL ACT ON AMENDMENTS TO THE CONSTITUTION AND BYLAWS OF THE ORGANIZATION
FORM 990, PART VI, SECTION B, LINE 11	A DRAFT OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO ITS FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY APPOINTS A CONFLICT OF INTEREST OFFICER THE CONFLICT OF INTEREST OFFICER'S RESPONSIBILITIES ARE TO MONITOR THE IMPLEMENTATION OF THE CONFLICT OF INTEREST POLICY AND RECOMMEND TO THE OVERSIGHT COMMITTEE, SUCH MODIFICATIONS IN THE POLICY AS HE OR SHE MAY FROM TIME TO TIME DEEM APPROPRIATE
FORM 990, PART VI, SECTION B, LINE 15	THIS ORGANIZATION AND ALL ITS RELATED ORGANIZATIONS, DETERMINES COMPENSATION OF ALL ITS OFFICERS AND KEY EMPLOYEES ANNUALLY EITHER BY A) COMPLIANCE WITH COLLECTIVE BARGAINING AGREEMENTS FOR INDIVIDUALS COVERED BY THE CBA'S OR B) THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B	SOME OF THE OFFICERS AND DIRECTORS LISTED IN PART VII, SECTION A, LINE 1A ALSO SERVE IN SIMILAR ROLES FOR RELATED ORGANIZATIONS THE HOURS LISTED IN PART VII COLUMN B REFLECT THE AVERAGE HOURS PER WEEK FOR THIS AND RELATED ORGANIZATIONS CERTAIN KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES LISTED IN PART VII, SECTION A, LINE 1A ALSO PERFORM WORK IN VARYING CAPACITIES FOR RELATED ORGANIZATIONS THE TOTAL HOURS THAT THESE EMPLOYEES WORK ON AVERAGE IS BETWEEN 35 AND 40 HOURS PER WEEK FOR THIS AND RELATED ORGANIZATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION CHARGES OTHER THAN NET PERIODIC PENSION COSTS -39,696,686 POST-RETIREMENT CHARGES OTHER THAN NET PERIODIC BENEFIT COSTS -53,569,845

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization
NEW YORK STATE UNITED TEACHERS

Employer identification number
14-1584772

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	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) 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	

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
NYSUT MEMBER BENEFITS (1)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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

Yes

Yes

Yes

Yes

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

Schedule R (Form 990) 2015

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

[illegible]

Part VII **Supplemental Information**

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
NYSUT BUILDING CORP 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 14-1700200	BUILDING CORPORATION	NY	501(C)(2)		NEW YORK STATE UNITED TEACHERS	Yes	
NYSUT MEMBER BENEFITS 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 22-2480854	BENEFIT PLAN	NY	501(C)(5)		N/A		No
NYSUT RETIREE VEBA HEALTH FUND 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 14-6204878	BENEFIT PLAN	NY	501(C)(9)		N/A		No
NYSUT EDUCATION AND LEARNING TRUST 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 16-6460576	OFFERS COURSES TO PROMOTE EFFECTIVE TEACHING	NY	501(C)(3)	LINE 7	N/A		No
MARY MULDOON FUND 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 14-6030191	PRIVATE FOUNDATION	NY	501(C)(3)	PF	N/A		No
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
NYSUT STAFF 401K PLAN #002 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 14-1584772	NYSUT EMPLOYEE BENEFIT PLAN	NY	501(A)		N/A		No
NYSUT DISASTER RELIEF AND SCHOLARSHIP TRUST 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 11-3761261	PROVIDES DISASTER RELIEF AND SCHOLARSHIPS	NY	501(C)(3)	LINE 7	N/A		No
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
NYSUT VOTECOPE STATE 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 14-1565672	POLITICAL ACTION COMMITTEE	NY	527		N/A		No
NYSUT VOTECOPE FEDERAL 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 26-4047272	POLITICAL ACTION COMMITTEE	NY	527		N/A		No
NEW YORKERS FOR A BRIGHTER FUTURE 800 TROY-SCHENECTADY ROAD LATHAM, NY 121102455 27-3442678	POLITICAL ACTION COMMITTEE	NY	527		N/A		No