

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: 1199Seiu United Healthcare Workers East. Doing business as: 498 Seventh Avenue 24th Floor. City or town, state or province, country, and ZIP or foreign postal code: New York, NY 10018

D Employer identification number: 13-1510821. E Telephone number: (212) 857-4277. G Gross receipts \$ 221,506,249

F Name and address of principal officer: Maria Castaneda, 498 Seventh Avenue 24th Floor, New York, NY 10018

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3) [checked], 501(c)(5), 4947(a)(1), 527

J Website: www.1199seiu.org

K Form of organization: Other [checked], Corporation, Trust, Association

L Year of formation: 1932. M State of legal domicile: NY

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Includes rows for mission, membership, revenue, expenses, and assets.

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.

Sign Here: Signature of officer Maria Castaneda, Secretary/treas. Date: 2021-11-03

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Firm's name: NCHENG LLP CERTIFIED PUBLIC ACCOUNTANTS, Firm's EIN: 81-0926770

May the IRS discuss this return with the preparer shown above? (see instructions) Yes [checked] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

1199Seiu - To organize and unite employees in the health care industry.

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 \$)
1199Seiu - To organize and unite employees in the health care industry.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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?	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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.	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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, with various input fields and checkboxes. Includes a table for 2a with value 1,059.

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute... 16b If "Yes," did the organization follow a written...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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: Lucy Chen 498 Seventh Avenue 24th Floor New York, NY 10018 (212) 261-2301

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) George Gresham President	35.00 5.00	X		X				262,286	0	105,118
(2) Lucy Chen CFO	35.00 5.00			X				236,000	0	113,005
(3) Debra Pucci Chief of Staff	35.00 0.00							215,318	0	102,646
(4) Gabrielle Seay Political Director	35.00 0.00							215,884	0	98,694
(5) Maria Castaneda Secretary/treas	35.00 5.00	X		X				192,971	0	85,038
(6) Helen Schaub Vice President	35.00 0.00	X		X				182,231	0	89,165
(7) Samantha Morales Director	35.00 0.00							175,586	0	77,195
(8) Yvonne Armstrong Sr.Exec VP	35.00 5.00	X		X				177,174	0	68,649
(9) Raul R Hocson Director MIS	35.00 0.00							163,732	0	78,941
(10) Jay Jaffe Sr. Managing Council	35.00 0.00							160,060	0	74,478
(11) Milagros Silva-Bermudez Executive VP	35.00 0.00	X		X				154,028	0	57,703
(12) Lisa Brown Executive VP	35.00 0.00	X		X				150,129	0	60,397
(13) James Scordato Vice President	35.00 0.00	X		X				121,174	0	88,395
(14) Timothy C Foley Executive VP	35.00 0.00	X		X				147,894	0	53,980
(15) Gregory Speller Executive VP	35.00 0.00	X		X				146,318	0	55,151
(16) Steven Kramer Executive VP	35.00 0.00	X		X				145,399	0	54,827
(17) Maria Kercado Executive VP	35.00 0.00	X		X				145,069	0	55,151

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Former highest compensated employee			
(18) Patrick Forde	35.00	X		X		144,970	0	54,940	
(19) Nadine Williamson	35.00	X		X		144,417	0	53,963	
(20) Rona Shapiro	35.00	X		X		142,686	0	54,999	
(21) Dale Ewart	35.00	X		X		142,320	0	55,059	
(22) Antonio Howell	35.00	X		X		139,140	0	54,965	
(23) Gerard Cadet	35.00	X		X		137,508	0	50,171	
(24) Veronica Turner-Biggs	35.00	X		X		169,971	0	15,264	
(25) Joycelyn Neil	35.00	X		X		130,582	0	52,807	
(26) Jacqueline Alleyne	35.00	X		X		142,281	0	37,370	
(27) Daine E Williams	35.00	X		X		132,631	0	44,706	
(28) Filaine Deronnette	35.00	X		X		124,220	0	51,690	
(29) Winslow J Luna	35.00	X		X		127,848	0	47,852	
(30) Lystra C Sawney	35.00	X		X		120,976	0	52,612	
(31) Allan Sherman	35.00	X		X		125,624	0	45,196	
(32) Rhina Molina-Munck	35.00	X		X		120,793	0	49,518	
(33) Michael Ashby	35.00	X		X		124,572	0	45,376	
(34) Victor Anthony	35.00	X		X		123,558	0	45,892	
(35) Maryellen Leveille	35.00	X		X		165,385	0	3,810	
(36) Sai Ling Xu	35.00	X		X		123,217	0	44,899	
(37) Timothy Rodgers	35.00	X		X		122,975	0	44,899	
(38) Shaywaal Amin	35.00	X		X		122,962	0	44,899	
(39) Brenda Spry	35.00	X		X		122,681	0	45,086	
(40) Rene R Ruiz	35.00	X		X		122,471	0	45,141	
(41) Roger C Cumberbatch	35.00	X		X		122,568	0	44,887	
(42) Zenaïda Colon	35.00	X		X		122,169	0	45,079	
(43) Taren L Peterson	35.00	X		X		122,041	0	45,008	
(44) Joseph China	35.00	X		X		122,125	0	44,899	
(45) Jude Derisme	35.00	X		X		122,047	0	44,863	
(46) Donta M Marshall	35.00	X		X		121,512	0	45,008	
(47) Noreen Wray-Roach	35.00	X		X		121,312	0	44,899	
(48) William Kee	35.00	X		X		121,174	0	44,899	
(49) Kevin M Lockhart	35.00	X		X		121,174	0	44,899	
(50) Maureen L Tomlinson	35.00	X		X		121,153	0	44,899	
(51) David J Greenberg	35.00	X		X		121,110	0	44,899	
(52) Stephanie Shaw	35.00	X		X		121,054	0	44,863	
(53) Adekemi Gray	35.00	X		X		121,131	0	44,695	
(54) Lorraine A Brown-Zanders	35.00	X		X		121,234	0	43,561	
(55) Todd Hobler	35.00	X		X		119,847	0	44,899	
(56) Julio Vives	35.00	X		X		119,892	0	44,827	
(57) Margaret West-Allen	35.00	X		X		119,788	0	44,899	
(58) Yahnae M Barner	35.00	X		X		119,643	0	45,008	
(59) Raymond D Dorsey	35.00	X		X		120,365	0	44,251	
(60) Clauvice Saint-Hilaire	35.00	X		X		120,468	0	43,828	
(61) Frances O Gentle	35.00	X		X		119,502	0	44,623	
(62) Ruth Karen Heller	35.00	X		X		118,970	0	44,847	
(63) Coraminta Mahr	35.00	X		X		119,028	0	44,752	
(64) Keith Joseph	35.00	X		X		118,840	0	44,899	
(65) Kwai K Ho	35.00	X		X		118,473	0	44,899	
(66) Vladimir Fortunny	35.00	X		X		118,404	0	44,899	
(67) Patricia Marthone	35.00	X		X		118,284	0	44,296	
(68) Berta Silva	35.00	X		X		117,671	0	44,899	
(69) Herbert Jean-Baptiste	35.00	X		X		123,152	0	37,171	
(70) Brian Joseph	35.00	X		X		118,338	0	40,400	
(71) Anthony E Peterson	35.00	X		X		115,165	0	42,572	
(72) Leilani C Montes	35.00	X		X		120,560	0	36,264	
(73) Jerry Fishbein	35.00	X		X		119,558	0	37,171	
(74) Dequasiasharah R Canales	35.00	X		X		118,326	0	36,400	
(75) Margaret Nerette	35.00	X		X		116,657	0	35,843	
(76) Brian L Morse	35.00	X		X		106,077	0	44,351	
(77) Katia Guillaume	35.00	X		X		112,521	0	36,633	
(78) Kathleen Tucker	35.00	X		X		121,212	0	26,516	
(79) Rebecca A Gutman	35.00	X		X		122,586	0	24,345	
(80) Neva Shillingford	35.00	X		X		108,201	0	37,195	
(81) Karen Barrett	35.00	X		X		104,854	0	38,448	
(82) Katherine Taylor	35.00	X		X		106,454	0	36,332	
(83) Tracey S Harrison	35.00	X		X		122,125	0	14,442	
(84) Grace Bogdanove	35.00	X		X		95,069	0	32,441	
(85) Caridad Rivera	35.00	X		X		96,912	0	10,910	
(86) Manuel Leon	35.00	X		X		76,061	0	26,724	
(87) Norma Amsterdam	35.00	X		X		74,721	0	9,822	
(88) Patricia Smith	35.00	X		X		53,952	0	15,571	
(89) Monica M Russo	35.00	X		X		44,750	0	13,374	
(90) Madeleine Preau	35.00	X		X		34,329	0	14,653	
(91) Brenda Anderson	1.50	X				0	0	0	
(92) Ionis Bandele	1.50	X				0	0	0	
(93) Tiffany Carter	1.50	X				0	0	0	
(94) Belinda Blanck	1.50	X				0	0	0	
(95) Andy Cassagnol	1.50	X				0	0	0	
(96) Sophia Colley	1.50	X				0	0	0	
(97) Carmen Schaefer	1.50	X				0	0	0	
(98) Sandra Diaz	1.50	X				0	0	0	
(99) Yolanda Diaz	1.50	X				0	0	0	
(100) Cheryl Roberts	1.50	X				0	0	0	
(101) Cheryl Castillo	1.50	X				0	0	0	
(102) Clifton Barker	1.50	X				0	0	0	
(103) Dennese Wray	1.50	X				0	0	0	
(104) Elizabeth Mauvais-Jazon	1.50	X				0	0	0	
(105) Evelyn Harris	1.50	X				0	0	0	
(106) Frazier Dudley Gaines	1.50	X				0	0	0	
(107) Felix Quinones	1.50	X				0	0	0	
(108) Cheryl Dunn	1.50	X				0	0	0	
(109) Shella Ennist	1.50	X				0	0	0	
(110) Noel Evelyn	1.50	X				0	0	0	
(111) Tiffany Fields	1.50	X				0	0	0	
(112) Tamikio Gallishaw	1.50	X				0	0	0	
(113) Jane Gerencser	1.50	X				0	0	0	
(114) Jeanie Oliver-Allen	1.50	X				0	0	0	
(115) Celinda Gonzalez	1.50	X				0	0	0	
(116) Kwaku Bondhu	1.50	X				0	0	0	
(117) Leora Stirrat	1.50	X				0	0	0	
(118) Hazel Green	1.50	X				0	0	0	
(119) Linda Gueli	1.50	X				0	0	0	
(120) Gary Hilliard	1.50	X				0	0	0	
(121) Marguerite Clarkson	1.50	X				0	0	0	
(122) Maurice DePalo	1.50	X				0	0	0	
(123) Stacey Jackson-Roberts	1.50	X				0	0	0	
(124) Mona Lewis	1.50	X				0	0	0	
(125) Wicki Lihnell	1.50	X				0	0	0	
(126) Narkeya Washington	1.50	X				0	0	0	
(127) Natalie King	1.50	X				0	0	0	
(128) Jacqueline Lord	1.50	X				0	0	0	
(129) Melinda Marchetti	1.50	X				0	0	0	
(130) Patricia McAlmont	1.50	X				0	0	0	
(131) Opal Townsend	1.50	X				0	0	0	
(132) Barbara Moody	1.50	X				0	0	0	
(133) Patricia Diaz	1.50	X				0	0	0	
(134) Niatina Newsome	1.50	X				0	0	0	
(135) Patricia O'Hara	1.50	X				0	0	0	
(136) Mona Pratt	1.50	X				0	0	0	
(137) Philbert King	1.50	X				0	0	0	
(138) Sherel Redwood	1.50	X				0	0	0	
(139) Lourdes Rodriguez-dox	1.50	X				0	0	0	
(140) Ruth Johnston	1.50	X				0	0	0	
(141) Robert Gibson	1.50	X				0	0	0	
(142) Richard Romero	1.50	X				0	0	0	
(143) Ana-Maria Rosado-Bosch	1.50	X				0	0	0	
(144) Owen Samuda	1.50	X				0	0	0	
(145) Linda Silva	1.50	X				0	0	0	
(146) Keisha Simmons	1.50	X				0	0	0	
(147) Fatimah Smalls	1.50	X				0	0	0	
(148) Oksana Solilyak	1.50	X				0	0	0	
(149) Thomas Cloutier	1.50	X				0	0	0	
(150) Sanjour Spencer	1.50	X				0	0	0	
(151) Calve Stewart	1.50	X				0	0	0	
(152) Roxanne Telford	1.50	X				0	0	0	
(153) Patricia Thomas-Burnett	1.50	X				0	0	0	
(154) Wendella Watson	1.50	X				0	0	0	
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						11,647,600		4,260,409	
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						88			
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							Yes	No	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							Yes	No	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person							Yes	No	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JRM Construction management llc, 242 West 36th street new york, NY 10036	Construction and renovat	20,955,534
Levy Ratner PC 80 eighth ave new york, NY 10104	legal services	3,525,000
Gladstein reiff & Meginniss llp 39 broadway new york, NY 10006	legal services	1,414,556
martin F scheinman esq 322 main street port washington, NY 11743	Legal services	1,345,094
evensonbest llc 641 avenue of the americas new york, NY 10011	Furniture and design	3,293,650
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		40

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					
	g Noncash contributions included in lines 1a - 1f:\$	1g					
h Total. Add lines 1a-1f			0				
Program Service Revenue	2a Contract services	Business Code					
		900099	5,083,214	5,083,214			
	b Organizing	900099	189,045,465	189,045,465			
	c rental income	532000	954,737	954,737			
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.			195,083,416				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		68,966			68,966	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real					
		(ii) Personal					
		6b Less: rental expenses					
		6c Rental income or (loss)					
	d Net rental income or (loss)		0				
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7b Less: cost or other basis and sales expenses					
		7c Gain or (loss)					
	d Net gain or (loss)		0				
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8b Less: direct expenses					
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities. See Part IV, line 19							
	9b Less: direct expenses						
	c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances							
	10b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a Gain on subsidiaries		900099	9,552,939	9,552,939			
b Other revenue		900099	1,188,783	1,188,783			
c Reimbursements from landlord		532000	15,612,145	15,612,145			
d All other revenue							
e Total. Add lines 11a-11d				26,353,867			
12 Total revenue. See instructions				221,506,249	221,437,283	68,966	

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	1,227,423			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	14,545,475			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	51,420,104			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	26,172,925			
10 Payroll taxes	5,063,840			
11 Fees for services (non-employees):				
a Management	1,323,811			
b Legal	8,834,556			
c Accounting	138,494			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	364,043			
12 Advertising and promotion	685,464			
13 Office expenses	1,772,619			
14 Information technology	3,398,193			
15 Royalties	0			
16 Occupancy	22,578,503			
17 Travel	1,539,901			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	83,812			
20 Interest	1,748,929			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	4,128,838			
23 Insurance	2,215,654			
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 Affiliation expense	33,125,568			
b Printing and Publications	1,230,492			
c Postage and Shipping	595,946			
d OTHER EXPENSES	437,469			
e All other expenses	179,079			
25 Total functional expenses. Add lines 1 through 24e	182,811,138	0	0	0
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 <input type="checkbox"/> 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 IX

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	16,639,849	1	26,316,640
	2 Savings and temporary cash investments	27,910,693	2	46,935,519
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	21,659,916	4	17,687,513
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges	1,117,949	9	2,109,861
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 73,759,198		
	b Less: accumulated depreciation	10b 14,320,267	36,825,518	10c 59,438,931
	11 Investments—publicly traded securities		11	0
	12 Investments—other securities. See Part IV, line 11		12	0
	13 Investments—program-related. See Part IV, line 11	-2,327,741	13	7,777,273
	14 Intangible assets		14	0
	15 Other assets. See Part IV, line 11	105,865	15	4,772,305
16 Total assets: Add lines 1 through 15 (must equal line 33)	101,932,049	16	165,038,042	
Liabilities	17 Accounts payable and accrued expenses	27,158,728	17	24,879,535
	18 Grants payable		18	
	19 Deferred revenue		19	407,125
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	29,445,000	23	50,000,000
	24 Unsecured notes and loans payable to unrelated third parties	963,898	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	5,070,939	25	760,022
	26 Total liabilities. Add lines 17 through 25	62,638,565	26	76,046,682
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	23,302,365	27	72,954,369
	28 Net assets with donor restrictions	15,991,119	28	16,036,991
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	39,293,484	32	88,991,360
33 Total liabilities and net assets/fund balances	101,932,049	33	165,038,042	

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	221,506,249
2	Total expenses (must equal Part IX, column (A), line 25)	2	182,811,138
3	Revenue less expenses. Subtract line 2 from line 1	3	38,695,111
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39,293,484
5	Net unrealized gains (losses) on investments	5	
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	11,002,765
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	88,991,360

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

Additional Data

Return to Form

Software ID: 20011551

Software Version: 2020v4.0

Form 990, Special Condition Description:

Special Condition Description

2020

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization 1199Seiu United Healthcare Workers East

Employer identification number

13-1510821

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
2 Political campaign activity expenditures (see instructions) \$ 500,614
3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 462,564
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. \$ 462,564
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Rows include 1199Seiu NYS Political Action Fund, 1199Seiu Fed Political Action Fund, and 1199Seiu PAF Massachusetts.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part I-A, Line 1 - Direct and Indirect Political Campaign Activities	To advocate for members' interests through intervention in campaigns for local, state and federal public office

Additional Data

Return to Form

Software ID: 20011551

Software Version: 2020v4.0

Supplemental Financial Statements

2020

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization 1199Seiu United Healthcare Workers East

Employer identification number

13-1510821

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor/donor advisor notification.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenue and assets.

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:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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** Term 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:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		42,112		42,112
b Buildings		1,895,061	983,954	911,107
c Leasehold improvements		53,978,536	2,586,431	51,392,105
d Equipment		17,843,489	10,749,882	7,093,607
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				59,438,931

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Investment in subsidiaries	7,777,273	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	760,022

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
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
3	Subtract line 2e from line 1		3
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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
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
3	Subtract line 2e from line 1		3
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

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 X : FIN48 Footnote	1199 AND SUBSIDIARIES HAVE ADOPTED THE PROVISIONS PERTAINING TO UNCERTAIN TAX POSITIONS AND HAVE ANALYZED TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND STATE JURISDICTIONS WHERE IT OPERATES. 1199 AND SUBSIDIARIES DO NOT ANTICIPATE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENT. PERIODS ENDING DECEMBER 31, 2017 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES.

Additional Data

[Return to Form](#)

Software ID: 20011551

Software Version: 2020v4.0

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization
1199Seiu United Healthcare Workers East

Employer identification number
13-1510821

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) bedford stuyvesant restoratio 1368 fulton street brooklyn, NY 11216	11-6083182	501(c)(3)	20,000	0			solidarity contribution
(2) childrens defense fund ny 25 e street nw washington, DC 20001	52-0895622	501(c)(3)	50,000	0			Solidarity contribution
(3) chinatown manpower project in 70 mulberry street new york, NY 10013	13-2755214	501(c)(3)	30,000	0			solidarity contribution
(4) DownTown Brooklyn Neighborhood 415 Atlantic ave brooklyn, NY 11217	13-4303348	501(c)(3)	15,000	0			solidarity contribution
(5) medicare rights center inc 266 west 37th street new york, NY 10018	13-3505372	501(C)(3)	6,000	0			solidarity contribution
(6) montefiore medical center 111 east 210th street bronx, NY 10467	13-1740114	501(c)(3)	15,000	0			solidarity contribution
(7) NYS Nurses Association 131 west 33rd street new york, NY 10001	14-0923749	501(c)(5)	6,943	0			Solidarity contribution
(8) riverkeeper ny 20 secor road ossining, NY 10562	13-3204621	501(c)(3)	25,000	0			Solidarity contribution
(9) Rize Massachussts Foundation 101 huntington ave boston, MA 02199	83-0989395	501(c)(3)	300,000	0			Solidarity contribution
(10) seiu healthcare 1199 nw 15 south grady way renton, WA 98057	91-1275780	501(c)(5)	25,000	0			Solidarity contribution
(11) United Farm Workers PO Box 62 keene, CA 93531	94-1448579	501(c)(5)	20,000	0			solidarity contribution
(12) United Hospital Fund of NY 1411 broadway new york, NY 10018	13-1562656	501(c)(3)	15,000	0			solidarity contribution
(13) visiting nurse service of ny 220 east 42nd street new york, NY 10017	13-3189926	501(c)(3)	20,000	0			Solidarity contribution
(14) Voice for a sustainable futur 6909 laurel avenue takoma park, MD 20913	27-1940927	501(c)(3)	10,000	0			Solidarity contribution

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10
- 3** Enter total number of other organizations listed in the line 1 table 4

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Additional Data

[Return to Form](#)

Software ID: 20011551

Software Version: 2020v4.0

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
1199Seiu United Healthcare Workers East

Employer identification number

13-1510821

Part I Questions Regarding Compensation

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.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on 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

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 on Line 1a?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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?
 - b** Any related organization?
- 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?
 - b** Any related organization?
- 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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		
5b		
6a		
6b		
7		
8		
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				
1 Adekemi Gray Vice President	(i)	121,131			8,463	36,232	165,826	
	(ii)							
2 Allan Sherman Asst. Div. Dir.	(i)	125,624			4,390	40,806	170,820	
	(ii)							
3 Anthony E Peterson Vice President	(i)	115,165			7,712	34,860	157,737	
	(ii)							
4 Antonio Howell Vice President	(i)	139,140			10,416	44,549	194,105	
	(ii)							
5 Berta Silva Vice President	(i)	117,671			8,463	36,436	162,570	
	(ii)							
6 Brenda Spry Vice President	(i)	122,681			8,463	36,623	167,767	
	(ii)							
7 Brian Joseph Vice President	(i)	118,338			3,964	36,436	158,738	
	(ii)							
8 Brian L Morse Acting VP	(i)	106,077			8,386	35,965	150,428	
	(ii)							
9 Clauvise Saint-Hilaire Vice President	(i)	120,468			8,124	35,704	164,296	
	(ii)							
10 Coraminita Mahr Vice President	(i)	119,028			8,463	36,289	163,780	
	(ii)							
11 Daine E Williams Asst. div. dir.	(i)	132,631			4,390	40,316	177,337	
	(ii)							
12 Dale Ewart Acting Exec. VP	(i)	142,320			10,416	44,643	197,379	
	(ii)							
13 David J Greenberg Vice President	(i)	121,110			8,463	36,436	166,009	
	(ii)							
14 Debra Pucci Chief of Staff	(i)	215,318			75,452	27,194	317,964	
	(ii)							
15 Dequasiasharah R Canales Vice President	(i)	118,326				36,400	154,726	
	(ii)							
16 Donta M Marshall Vice President	(i)	121,512			8,463	36,545	166,520	
	(ii)							
17 Filaine Deronnette Vice President	(i)	124,220			12,976	38,714	175,910	
	(ii)							
18 Frances O Gentle Vice President	(i)	119,502			8,463	36,160	164,125	
	(ii)							
19 Gabrielle Seay Political Director	(i)	215,884			26,092	72,602	314,578	
	(ii)							
20 George Gresham President	(i)	262,286			27,821	77,297	367,404	
	(ii)							
21 Gerard Cadet Vice President	(i)	137,508			8,571	41,600	187,679	
	(ii)							
22 Gregory Speller Executive VP	(i)	146,318			10,416	44,735	201,469	
	(ii)							
23 Helen Schaub Vice President	(i)	182,231			13,493	75,672	271,396	
	(ii)							
24 Herbert Jean-Baptiste Vice President	(i)	123,152				37,171	160,323	
	(ii)							
25 Jacqueline Alleyne Executive VP	(i)	142,281			10,416	26,954	179,651	
	(ii)							
26 James Scordato Vice President	(i)	121,174			8,463	79,932	209,569	
	(ii)							
27 Jay Jaffe Sr. Managing Council	(i)	160,060			19,585	54,893	234,538	
	(ii)							
28 Jerry Fishbein Vice President	(i)	119,558				37,171	156,729	
	(ii)							
29 Joseph Chinea Vice President	(i)	122,125			8,463	36,436	167,024	
	(ii)							
30 Jocelyn Neil Executive VP	(i)	130,582			9,821	42,986	183,389	
	(ii)							
31 Jude Derisme Vice President	(i)	122,047			8,463	36,400	166,910	
	(ii)							
32 Julio Vives Vice President	(i)	119,892			8,463	36,364	164,719	
	(ii)							
33 Keith Joseph Vice President	(i)	118,840			8,463	36,436	163,739	
	(ii)							
34 Kevin M Lockhart Vice President	(i)	121,174			8,463	36,436	166,073	
	(ii)							
35 Kwai K Ho Vice President	(i)	118,473			8,463	36,436	163,372	
	(ii)							
36 Leilani C Montes Vice President	(i)	120,560				36,264	156,824	
	(ii)							
37 Lisa Brown Executive VP	(i)	150,129			15,898	44,499	210,526	
	(ii)							
38 Lorraine A Brown-Zanders Acting VP	(i)	121,234			8,416	35,145	164,795	
	(ii)							
39 Lucy Chen CFO	(i)	236,000			29,937	83,068	349,005	
	(ii)							
40 Lystra C Sawney Vice President	(i)	120,976			8,463	44,149	173,588	
	(ii)							
41 Margaret West-Allen Vice President	(i)	119,788			8,463	36,436	164,687	
	(ii)							
42 Margarette Nerette Vice President	(i)	116,657				35,843	152,500	
	(ii)							
43 Maria Castaneda Secretary/treas	(i)	192,971			22,426	62,612	278,009	
	(ii)							
44 Maria Kercado Executive VP	(i)	145,069			10,416	44,735	200,220	
	(ii)							
45 Maryellen Leveille Vice President	(i)	165,385				3,810	169,195	
	(ii)							
46 Maureen L Tomlinson Vice President	(i)	121,153			8,463	36,436	166,052	
	(ii)							
47 Michael Ashby Vice President	(i)	124,572			8,463	36,913	169,948	
	(ii)							
48 Milagros Silva-Bermudez Executive VP	(i)	154,028			10,869	46,834	211,731	
	(ii)							
49 Nadine Williamson Acting Exec. VP	(i)	144,417			10,327	43,636	198,380	
	(ii)							
50 Noreen Wray-Roach Vice President	(i)	121,312			8,463	36,436	166,211	
	(ii)							
51 Patricia Marthone Vice President	(i)	118,284			8,415	35,881	162,580	
	(ii)							
52 Patrick Forde Vice President	(i)	144,970			10,416	44,524	199,910	
	(ii)							
53 Raul R Hocson Director MIS	(i)	163,732			20,784	58,157	242,673	
	(ii)							
54 Raymond D Dorsey Vice President	(i)	120,365			8,277	35,974	164,616	
	(ii)							
55 Rene R Ruiz Vice President	(i)	122,471			8,463	36,678	167,612	
	(ii)							
56 Rhina Molina-Munck Vice President	(i)	120,793			12,917	36,601	170,311	
	(ii)							
57 Roger C Cumberbatch Vice President	(i)	122,568			8,519	36,368	167,455	
	(ii)							
58 Rona Shapiro Executive VP	(i)	142,686			10,416	44,583	197,685	
	(ii)							
59 Ruth Karen Heller Executive VP	(i)	118,970				44,847	163,817	
	(ii)							
60 Samantha Morales Director	(i)	175,586			20,711	56,484	252,781	
	(ii)							
61 Shaywaal Amin Vice President	(i)	122,962			8,463	36,436	167,861	
	(ii)							
62 Stephanie Shaw Vice President	(i)	121,054			8,463	36,400	165,917	
	(ii)							
63 Steven Kramer Executive VP	(i)	145,399			10,416	44,411	200,226	
	(ii)							
64 Sul Ling Xu Vice President	(i)	123,217			8,463	36,436	168,116	
	(ii)							
65 Taren L Peterson Vice President	(i)	122,041			8,463	36,545	167,049	
	(ii)							
66 Timothy C Foley Executive VP	(i)	147,894			15,904	38,076	201,874	
	(ii)							
67 Timothy Rodgers Vice President	(i)	122,975			8,463	36,436	167,874	
	(ii)							
68 Todd Hobler Vice President	(i)	119,847			8,463	36,436	164,746	
	(ii)							
69 Veronica Turner-Biggs Sr. Exec. VP	(i)	169,971				15,264	185,235	
	(ii)							
70 Victor Anthony Vice President	(i)	123,558			8,650	37,242	169,450	
	(ii)							
71 Vladimir Fortunny Vice President	(i)	118,404			8,463	36,436	163,303	
	(ii)							
72 William Kee Vice President	(i)	121,174			8,463	36,436	166,073	
	(ii)							
73 Winslow J Luna Vice President	(i)	127,848			9,024	38,828	175,700	
	(ii)							
74 Yahnae M Barner Vice President	(i)	119,643			8,463	36,545	164,651	
	(ii)							
75 Yvonne Armstrong Sr.Exec VP	(i)	177,174			13,011	55,638	245,823	
	(ii)							
76 Zenaida Colon Vice President	(i)	122,169			8,571	36,508	167,248	
	(ii)							

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
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Additional Data

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Software Version: 2020v4.0

SCHEDULE O
(Form 990 or 990-
EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.**2020****Open to Public
Inspection**

Department of the Treasury

Name of the organization

1199Seiu United Healthcare Workers East

Employer identification number

13-1510821

Return Reference	Explanation
Form 990, Part VI, Line 6: Explanation of Classes of Members or Shareholder	All persons working as employees in bargaining units in the trades, crafts, occupations, industries or establishments within the jurisdiction of the union as defined in this constitution shall be eligible for membership in the union. Persons employed by the union and other related organizations shall also be eligible for membership. The jurisdiction of the union shall extend to employees of medical centers, hospitals, nursing homes, clinics, home care agencies, drug stores, surgical stores, cosmetic shops and similar, related or comparable institutions and shall embrace all professional, technical, clerical, service and maintenance and all other employees in the health care and human services fields.
Form 990, Part VI, Line 7a: How Members or Shareholders Elect Governing Body	The union's constitution provides that each member in good standing is entitled to vote in the election of union officers, rank-and-file representatives and, in the case of retired members in good standing, a retired members division representative to serve on the union's governing body, the executive council.
Form 990, Part VI, Line 7b: Describe Decisions of Governing Body Approval by Members or Shareholders	The constitution provides that the members shall have the right to reverse any policy or action of the executive council by a majority vote of the members participating in a referendum. Such a referendum may be initiated by a petition signed by 15% of the members of the union who are in good standing.
Form 990, Part VI, Line 11b: Form 990 Review Process	Copies of the form 990 are provided to the members of the executive committee, A standing committee of the executive council, the organizations' governing body, who are given the opportunity to comment prior to filing.
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	Request annual disclosure forms from all staff and follow up on all issues identified therein or otherwise.
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	Compensation for officers and other key employees is based on market data from comparable unions using information from LM2 filings and other available sources, including recruiting experts. Wage increases for all positions are the same as the contractual increases negotiated by the union for its members who are employed by institutions that are part of voluntary hospitals and homes.
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	All governing documents, conflict of interest policy and financial statements are available to the public upon request.
Other Changes In Net Assets Or Fund Balances - Other Increases	Intercompany write off from due to related party = \$10450690
Other Changes In Net Assets Or Fund Balances - Other Increases	Investment in SEIU-CC = \$552075
Form 990, Part XII, Line 2: Change of Oversight or Selection Process	The Organization's financial statements were audited on a consolidated basis and we do have a committee that assumes responsibility for oversight of the audit and selection of an independent accountant.

Additional Data

Return to Form

Software ID: 20011551

Software Version: 2020v4.0

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047
2020
Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
1199Seiu United Healthcare Workers East

Employer identification number
13-1510821

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
(1) Seiu CC LLC 498 Seventh Ave 24th FL New York, NY 10018 26-3708347	Call Center	NY			1199Seiu United Healthcare Workers East

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
(1) Ardeon Realty Corp 498 Seventh Ave 24th FL New York, NY 10018 13-1822756	Property operations for 1199SEIU	NY	501(c)(2)		NA		No
(2) Dhu Realty Corp 498 Seventh Ave 24th FL New York, NY 10018 13-3687074	Property Operations for 1199SEIU	NY	501(c)(2)		NA		No

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

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		No
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Ardeon Realty Corp	d	1,450,000	Actual Amount
(2) Ardeon Realty Corp	k	930,150	Lease Agreement
(3) Ardeon Realty Corp	n	34,090	Employee time
(4) Ardeon Realty Corp	o	96,769	Employee time
(5) Ardeon Realty Corp	q	169,494	Actual Expense
(6) Dhu Realty Corp	d	400,000	Actual Amount
(7) Dhu Realty Corp	k	5,479,274	Lease agreement
(8) Dhu Realty Corp	n	227,270	Employee time
(9) Dhu Realty Corp	o	510,269	Employee time
(10) Dhu Realty Corp	q	64,134	Actual expense

Part VII Supplemental Information

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

Return Reference

Explanation

Schedule R (Form 990) 2020

Additional Data[Return to Form](#)**Software ID:** 20011551**Software Version:** 2020v4.0