

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

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.

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

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

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

C Name of organization: 1199 SEIU UNITED HEALTHCARE WORKERS EAST. % LUCY CHEN. Doing business as. Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 498 SEVENTH AVENUE FL 24. 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 \$ 203,792,716

F Name and address of principal officer: LUCY CHEN, 498 SEVENTH AVENUE FL 24, 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) 501(c)(5) 4947(a)(1) or 527

J Website: WWW.1199SEIU.ORG

K Form of organization: Other UNION

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

Part I Summary

Table with 3 main sections: 1. Briefly describe the organization's mission (1199SEIU - TO ORGANIZE AND UNITE EMPLOYEES IN THE HEALTH CARE INDUSTRY). 2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3. Revenue (lines 8-12) and Expenses (lines 13-19) comparison table. 4. Net Assets or Fund Balances (lines 20-22) comparison table.

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 LUCY CHEN CFO, Date 2024-10-07. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P00234075, Firm's name WITHUMSMITHBROWNPC, Firm's EIN, Firm's address 4600 EAST WEST HWY 900, BETHESDA, MD 208143423, Phone no. (301) 272-6000

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Table with 17 main rows and multiple sub-rows (a-e). Columns include question text, sub-row identifier (e.g., 2a, 2b), and response area. Includes questions about employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and various organizational requirements.

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 (86), 1b (0), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 FL 24 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARIA CASTANEDA SR. EXEC. V.P. UNTIL 12/23	35.0 5.0	X		X				380,563	0	119,241
(2) GEORGE GRESHAM PRESIDENT	35.0 5.0	X		X				278,589	0	123,638
(3) Lucy Chen CFO	35.0 5.0			X				259,424	0	131,175
(4) HELEN SCHAUB VICE PRESIDENT	35.0 0.0	X		X				227,140	0	111,015
(5) MILAGROS SILVA-BERMUDEZ SECY/TREASURER	35.0 5.0			X				216,104	0	100,317
(6) Samantha Morales DIRECTOR	35.0 0.0					X		190,069	0	90,748
(7) YVONNE ARMSTRONG SR. EXEC VICE PRESIDENT	35.0 5.0	X		X				192,516	0	88,284
(8) Sandra Morales VICE PRESIDENT	35.0 0.0	X		X				185,541	0	90,936
(9) Raul R Hocson DIRECTOR	35.0 0.0					X		176,634	0	91,072
(10) Brynley Lloyd-Bollard DIRECTOR	35.0 0.0	X		X				175,407	0	82,949
(11) Teresa Tripodi DIRECTOR	35.0 5.0					X		170,155	0	85,913
(12) JAY JAFFE SR. MANAGING COUNSEL	35.0 0.0					X		166,062	0	85,818
(13) Sudip N Mukherjee Sr. Associate Counsel	35.0 0.0					X		164,808	0	79,221
(14) RHINA MOLINA-MUNCK EXECUTIVE V.P.	35.0 0.0	X		X				156,519	0	70,386
(15) LISA BROWN EXECUTIVE V.P.	35.0 0.0	X		X				156,104	0	70,508
(16) GREGORY SPELLER EXECUTIVE V.P.	35.0 0.0	X		X				156,015	0	70,386
(17) DAINE E WILLIAMS EXECUTIVE V.P.	35.0 0.0	X		X				156,015	0	70,386

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows list individuals from (18) Roger C Cumberbatch to (94) CARIDAD D MEDINA.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets, 1d Total (add lines 1b and 1c). Values: 4,630,975 and 2,114,855.

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 107

Table with 3 columns: Question, Yes, No. Row 3: Did the organization list any former officer, director or trustee... Row 4: For any individual listed on line 1a, is the sum of reportable compensation and other compensation... Row 5: Did any person listed on line 1a receive or accrue compensation from any unrelated organization...

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows include LEVY RATNER PC, SCHEINMAN ARBITRATION MEDIATION S, Gladstein Reif Meginniss LLP, Warshaw Group Inc Intellis, Betty And Smith LLC.

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 34

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 Amt 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	2,500,000	
g Noncash contributions included in lines 1a - 1f:\$		1g		
h Total. Add lines 1a-1f				2,500,000

Program Service Revenue		Business Code	(A)	(B)	(C)	(D)
		900099	191,746,152	191,746,152		
2a MEMBERSHIP DUES						
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.		191,746,152				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,894,164			2,894,164	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	(ii) Personal					
		6a		1,843,527				
		b Less: rental expenses						
		6b						
	c Rental income or (loss)			1,843,527	0			
	d Net rental income or (loss)			1,843,527				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		7a						
		b Less: cost or other basis and sales expenses						
		7b						
	c Gain or (loss)							
	7c							
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								
	8a		0					
	b Less: direct expenses			0				
c Net income or (loss) from fundraising events			0					
9a Gross income from gaming activities. See Part IV, line 19								
	9a		0					
	b Less: direct expenses			0				
c Net income or (loss) from gaming activities			0					
10a Gross sales of inventory, less returns and allowances								
	10a		2,612,828					
	b Less: cost of goods sold			0				
c Net income or (loss) from sales of inventory			2,612,828	2,612,828		0		

Other Revenue Misc Amt	11a MISCELLANEOUS REVENUE	Business Code				
		900099	2,196,045			2,196,045
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			2,196,045		
12 Total revenue. See instructions			203,792,716	194,358,980	0	5,090,209

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	548,372			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	50,000			
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	16,943,192			
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	60,131,538			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,972,296			
9 Other employee benefits	22,627,354			
10 Payroll taxes	5,711,785			
11 Fees for services (non-employees):				
a Management	0			
b Legal	6,941,386			
c Accounting	367,030			
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)	2,767,440			
12 Advertising and promotion	1,423,881			
13 Office expenses	5,025,892			
14 Information technology	1,589,423			
15 Royalties	0			
16 Occupancy	23,002,520			
17 Travel	3,969,374			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,021,088			
20 Interest	3,113,898			
21 Payments to affiliates	26,594,858			
22 Depreciation, depletion, and amortization	6,944,244			
23 Insurance	3,494,027			
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 EQUIPMENT LEASING EXPENSE	1,328,078			
b PRINTING	903,064			
c ARBITRATION	460,026			
d VEHICLE LEASE & MAINTENANCE	397,278			
e All other expenses	950,915			
25 Total functional expenses. Add lines 1 through 24e	203,278,959			
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) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	58,945,231	1	54,551,999
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	15,506,274	4	27,749,188
	5 Loans and other receivables from 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	0	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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	2,196,365	9	2,650,433
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 79,416,997		
	b Less: accumulated depreciation	10b 33,200,438	10c	46,216,559
	11 Investments—publicly traded securities	18,735,385	11	34,904,903
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	16,245,796	13	24,056,365
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	346,431,425	15	332,168,580
16 Total assets: Add lines 1 through 15 (must equal line 33)	508,565,167	16	522,298,027	
Liabilities	17 Accounts payable and accrued expenses	23,960,538	17	24,988,347
	18 Grants payable	0	18	0
	19 Deferred revenue	986,993	19	1,052,685
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	50,000,000	23	50,000,000
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	352,591,528	25	356,379,438
	26 Total liabilities. Add lines 17 through 25	427,539,059	26	432,420,470
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	64,931,623	27	73,036,254
	28 Net assets with donor restrictions	16,094,485	28	16,841,303
	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	81,026,108	32	89,877,557
33 Total liabilities and net assets/fund balances	508,565,167	33	522,298,027	

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	203,792,716
2	Total expenses (must equal Part IX, column (A), line 25)	2	203,278,959
3	Revenue less expenses. Subtract line 2 from line 1	3	513,757
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	81,026,108
5	Net unrealized gains (losses) on investments	5	527,123
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	7,810,569
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	89,877,557

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)
Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ Go to www.irs.gov/Form990 for the latest information.

2023

Name of the organization 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Employer identification number 13-1510821
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)() (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
1199 SEIU UNITED HEALTHCARE WORKERS EAST

Employer identification number
13-1510821

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
1199 SEIU UNITED HEALTHCARE WORKERS EAST

Employer identification number

13-1510821

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Employer identification number 13-1510821
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	

Additional Data

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Software ID:

Software Version:

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.**

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 1199 SEIU 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 ▶ \$ 969,733

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 \$ _____

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..... \$ _____

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.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1) 1199SEIU NYS POL ACTION FUND	498 SEVENTH AVE FL 24 NEW YORK, NY 10018	13-4128203	0	199,963
(2) 1199SEIU FEDERAL POL ACTION FUND	498 SEVENTH AVE FL 24 NEW YORK, NY 10018	30-0123610	0	82,418
(3) 1199SEIU POLITICAL ACTION FUND MASS	498 SEVENTH AVE FL 24 NEW YORK, NY 10018	20-3288982	0	4,619
(4) 1199 32BJ144 SEIU HOME CARE PAF	498 SEVENTH AVE FL24 NEW YORK, NY 10018	13-4052719	0	17,295
5				
6				

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%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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) 2019	(b) 2020	(c) 2021	(d) 2022	(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

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Software ID:

Software Version:

Supplemental Financial Statements

2022

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 1199 SEIU 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 informed status.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of conservation easements, number of easements, and monitoring details.

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.

Table with 2 columns: Description, Amount. Rows include art collection reporting requirements and revenue/assets for art collections.

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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	1,211,362	683,699
c Leasehold improvements		57,380,859	16,922,248	40,458,611
d Equipment		12,234,365	11,586,877	647,488
e Other		7,864,600	3,479,951	4,384,649
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				46,216,559

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and rows (A) through (H). Total row at the bottom.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9). Total row at the bottom.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Row (1) RIGHT OF USE ASSET with value 332,168,580. Total row at the bottom with value 332,168,580.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include (1) Federal income taxes, LEASE LIABILITY, DUE TO AFFILIATES, OTHER PAYABLES. Total row at the bottom with value 356,379,438.

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, LINE 2 - FIN 48 STATEMENT	U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE INCOME TAX POSITIONS TAKEN AND ACCRUE AN INCOME TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS EVALUATED THE INCOME TAX POSITIONS TAKEN AND CONCLUDED THAT AS OF DECEMBER 31, 2023 AND 2022, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ARDEON, DHU, PAC, SEIU-CC, LLC, AND 1199 ARE SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY TAX PERIODS. IN ADDITION, THERE HAVE BEEN NO TAX RELATED INTEREST OR PENALTIES FOR THE PERIODS PRESENTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS. SHOULD SUCH PENALTIES AND INTEREST BE INCURRED, MANAGEMENT'S POLICY WOULD BE TO RECOGNIZE THEM AS ADMINISTRATIVE EXPENSES.

Additional Data

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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.

Name of the organization
1199 SEIU 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) National Action Network 106 W 145th St New York City, NY 10039	11-3269182	501(c)(4)	50,000				SOLIDARITY
(2) NAACP Empowerment Programs Inc 4805 Mount Hope Dr Baltimore, MD 21215	13-1084135	501(c)(3)	50,000				GENERAL
(3) National Puerto Rican Day Parade PO Box 975 New York, NY 10272	13-3869493	501(c)(3)	50,000				SOLIDARITY
(4) CHILDREN'S DEFENSE FUND-NY 840 First ST NE STE 300 Washington, DC 20002	52-0895622	501(c)(3)	50,000				GENERAL
(5) 1199SEIU Employer ChildCare Corp PO BOX 840 NEW YORK, NY 10108	13-4063281	501(c)(3)	25,000				GENERAL
(6) Riverkeeper Annual support 20 Secor Road Ossining, NY 10562	13-3204621	501(c)(3)	25,000				GENERAL
(7) Amnews Corporation 2340 Fr Douglass Blvd New York, NY 10027	13-2677838	C-Corp	37,000				GENERAL
(8) Dominican Day Parade 1872 LEXINGTON AVE BOX 265 New York, NY 10035	47-3537708	501(C)(3)	18,000				GENERAL
(9) West Indian American Day 1561 BEDFORD AVE BROOKLYN, NY 11225	23-7176396	C CORP	17,000				GENERAL
(10) Herbert Daughtry Global Ministries 52 S 6th Ave Mt Vernon, NY 10550	23-7176396	501(c)(3)	15,000				Solidarity
(11) United Farm Workers PO Box 62 Keene, CA 93531	84-2280951	501(c)(5)	15,000				GENERAL
(12) Ujamaa Community Development 52 S 6th Avenue Mt Vernon, NY 10550	13-3940622	501(C)(3)	10,000				GENERAL
(13) Value for Life Foundation 3041 GUNTHER AVE BRONX, NY 10469	82-3077340	501(c)(3)	9,831				GENERAL
(14) Chinatown Manpower Project Inc 55 Chrystie Street 2nd floor new york, NY 10002	82-3077340	501(c)(3)	8,000				GENERAL
(15) National African American Caucus 1673 COLUMBIA RD NW SUITE 101 WASHINGTON, DC 20009	02-0575979	527	8,000				GENERAL
(16) Visiting Nurse Service of NY 220 E 42ND ST 5TH FLOOR NEW YORK, NY 10017	13-3189926	501(C)(3)	7,500				GENERAL
(17) LCLAA- NYC CENTRAL CHAPTER 55 BROAD STREET 11TH FLOOR NEW YORK, NY 10004	52-1002207	501(C)(3)	5,250				SOLIDARITY

- 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 11

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) Jessie Jackson	1	50,000			
(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

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Software ID:
Software Version:

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.**

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
1199 SEIU 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
1b		
2		
4a	Yes	
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)-(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, 1099-MISC compensation, and/or 1099-NEC			(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 GEORGE GRESHAM PRESIDENT	(i)	278,589	0	0	27,593	96,045	402,227	0
	(ii)	0	0	0	0	-	-	0
2 Lucy Chen CFO	(i)	259,424	0	0	29,270	101,905	390,599	0
	(ii)	0	0	0	0	-	-	0
3 MARIA CASTANEDA SR. EXEC. V.P. UNTIL 12/23	(i)	232,363	0	148,200	26,514	92,727	499,804	0
	(ii)	0	0	0	0	-	-	0
4 HELEN SCHAUB VICE PRESIDENT	(i)	227,140	0	0	24,772	86,243	338,155	0
	(ii)	0	0	0	0	-	-	0
5 MILAGROS SILVA-BERMEDEZ SECY/TREASURER	(i)	216,104	0	0	22,387	77,930	316,421	0
	(ii)	0	0	0	0	-	-	0
6 Samantha Morales DIRECTOR	(i)	190,069	0	0	20,249	70,499	280,817	0
	(ii)	0	0	0	0	-	-	0
7 YVONNE ARMSTRONG SR. EXEC VICE PRESIDENT	(i)	192,516	0	0	19,703	68,581	280,800	0
	(ii)	0	0	0	0	-	-	0
8 Sandra Morales VICE PRESIDENT	(i)	185,541	0	0	20,348	70,588	276,477	0
	(ii)	0	0	0	0	-	-	0
9 Raul R. Hocson DIRECTOR	(i)	176,634	0	0	20,322	70,750	267,706	0
	(ii)	0	0	0	0	-	-	0
10 Brynley Lloyd-Bollard DIRECTOR	(i)	175,407	0	0	18,514	64,435	258,356	0
	(ii)	0	0	0	0	-	-	0
11 Teresa Tripodi DIRECTOR	(i)	170,155	0	0	19,183	66,730	256,068	0
	(ii)	0	0	0	0	-	-	0
12 JAY JAFFE SR. MANAGING COUNSEL	(i)	166,062	0	0	19,149	66,669	251,880	0
	(ii)	0	0	0	0	-	-	0
13 Sudip N Mukherjee Sr. Associate Counsel	(i)	164,808	0	0	17,677	61,544	244,029	0
	(ii)	0	0	0	0	-	-	0
14 RHINA MOLINA-MUNCK EXECUTIVE V.P.	(i)	156,519	0	0	15,708	54,678	226,905	0
	(ii)	0	0	0	0	-	-	0
15 LISA BROWN EXECUTIVE V.P.	(i)	156,104	0	0	15,735	54,773	226,612	0
	(ii)	0	0	0	0	-	-	0
16 GREGORY SPELLER EXECUTIVE V.P.	(i)	156,015	0	0	15,708	54,678	226,401	0
	(ii)	0	0	0	0	-	-	0
17 DAINE E WILLIAMS EXECUTIVE V.P.	(i)	156,015	0	0	15,708	54,678	226,401	0
	(ii)	0	0	0	0	-	-	0
18 Roger C Cumberbatch EXECUTIVE V.P.	(i)	155,895	0	0	15,708	54,678	226,281	0
	(ii)	0	0	0	0	-	-	0
19 TODD HOBLER EXECUTIVE V.P.	(i)	154,704	0	0	15,717	54,711	225,132	0
	(ii)	0	0	0	0	-	-	0
20 RONA SHAPIRO EXECUTIVE V.P.	(i)	154,393	0	0	15,685	54,601	224,679	0
	(ii)	0	0	0	0	-	-	0
21 Nadine Williamson EXECUTIVE V.P.	(i)	154,082	0	0	15,721	54,722	224,525	0
	(ii)	0	0	0	0	-	-	0
22 JACQUELINE ALLEYNE EXECUTIVE V.P.	(i)	153,553	0	0	15,685	54,601	223,839	0
	(ii)	0	0	0	0	-	-	0
23 Brian L Morse EXECUTIVE V.P.	(i)	147,583	0	0	15,752	54,832	218,167	0
	(ii)	0	0	0	0	-	-	0
24 JOYCELYN NEIL VICE PRESIDENT	(i)	147,253	0	0	15,620	54,378	217,251	0
	(ii)	0	0	0	0	-	-	0
25 TIMOTHY C FOLEY EXECUTIVE V.P.	(i)	155,847	0	0	15,544	44,907	216,298	0
	(ii)	0	0	0	0	-	-	0
26 Roxey Nelson EXECUTIVE V.P.	(i)	155,847	0	0	0	54,678	210,525	0
	(ii)	0	0	0	0	-	-	0
27 Veronica Turner-Biggs SR. EXEC VICE PRESIDENT	(i)	191,505	0	0	0	16,611	208,116	0
	(ii)	0	0	0	0	-	-	0
28 PATRICIA MARTHONE EXECUTIVE V.P.	(i)	141,171	0	0	13,967	48,711	203,849	0
	(ii)	0	0	0	0	-	-	0
29 Adekemi Gray VICE PRESIDENT	(i)	137,966	0	0	13,771	47,989	199,726	0
	(ii)	0	0	0	0	-	-	0
30 ALLAN SHERMAN ASST. DIV. DIR.	(i)	135,079	0	0	14,245	49,591	198,915	0
	(ii)	0	0	0	0	-	-	0
31 VICTOR ANTHONY RIVERA VICE PRESIDENT	(i)	133,945	0	0	13,186	45,894	193,025	0
	(ii)	0	0	0	0	-	-	0
32 SHAYWAAL AMIN VICE PRESIDENT	(i)	133,856	0	0	13,103	45,593	192,552	0
	(ii)	0	0	0	0	-	-	0
33 BERTA SILVA VICE PRESIDENT	(i)	132,199	0	0	13,379	46,540	192,118	0
	(ii)	0	0	0	0	-	-	0
34 DONITA M MARSHALL VICE PRESIDENT	(i)	133,141	0	0	13,142	45,763	192,046	0
	(ii)	0	0	0	0	-	-	0
35 MICHAEL ASHBY VICE PRESIDENT	(i)	133,163	0	0	12,979	45,170	191,312	0
	(ii)	0	0	0	0	-	-	0
36 SUI LING XU VICE PRESIDENT	(i)	132,316	0	0	13,085	45,533	190,934	0
	(ii)	0	0	0	0	-	-	0
37 CLAUVICE SAINT-HILAIRE VICE PRESIDENT	(i)	131,898	0	0	12,926	44,985	189,809	0
	(ii)	0	0	0	0	-	-	0
38 RENE R RUIZ VICE PRESIDENT	(i)	131,898	0	0	12,926	44,985	189,809	0
	(ii)	0	0	0	0	-	-	0
39 Angela Lane VICE PRESIDENT	(i)	131,527	0	0	13,003	45,250	189,780	0
	(ii)	0	0	0	0	-	-	0
40 KEITH JOSEPH VICE PRESIDENT	(i)	130,550	0	0	13,149	45,752	189,451	0
	(ii)	0	0	0	0	-	-	0
41 JOSEPH CHINEA VICE PRESIDENT	(i)	131,274	0	0	12,926	44,985	189,185	0
	(ii)	0	0	0	0	-	-	0
42 Taren L Peterson VICE PRESIDENT	(i)	131,190	0	0	12,926	44,985	189,101	0
	(ii)	0	0	0	0	-	-	0
43 RAYMONT D DORSEY VICE PRESIDENT	(i)	131,190	0	0	12,926	44,985	189,101	0
	(ii)	0	0	0	0	-	-	0
44 Kerry Johnston VICE PRESIDENT	(i)	131,094	0	0	12,921	44,969	188,984	0
	(ii)	0	0	0	0	-	-	0
45 JUDE DERISME VICE PRESIDENT	(i)	130,611	0	0	12,860	44,758	188,229	0
	(ii)	0	0	0	0	-	-	0
46 Robert Morris VICE PRESIDENT	(i)	130,617	0	0	12,851	44,730	188,198	0
	(ii)	0	0	0	0	-	-	0
47 Brenda Spry VICE PRESIDENT	(i)	130,728	0	0	12,793	44,532	188,053	0
	(ii)	0	0	0	0	-	-	0
48 Anthony E Peterson VICE PRESIDENT	(i)	130,319	0	0	12,837	44,720	187,876	0
	(ii)	0	0	0	0	-	-	0
49 Carrietta D Hiers ACTING VICE PRESIDENT	(i)	130,312	0	0	12,821	44,634	187,767	0
	(ii)	0	0	0	0	-	-	0
50 Zenaida Colon VICE PRESIDENT	(i)	130,362	0	0	12,793	44,532	187,687	0
	(ii)	0	0	0	0	-	-	0
51 Mary Wilsie VICE PRESIDENT	(i)	130,362	0	0	12,793	44,532	187,687	0
	(ii)	0	0	0	0	-	-	0
52 DAVID J GREENBERG VICE PRESIDENT	(i)	130,174	0	0	12,821	44,626	187,621	0
	(ii)	0	0	0	0	-	-	0
53 JAMES SCORDATO VICE PRESIDENT	(i)	130,224	0	0	12,793	44,532	187,549	0
	(ii)	0	0	0	0	-	-	0
54 Kevin M Lockhart VICE PRESIDENT	(i)	130,224	0	0	12,793	44,532	187,549	0
	(ii)	0	0	0	0	-	-	0
55 WILLIAM KEE VICE PRESIDENT	(i)	130,224	0	0	12,793	44,532	187,549	0
	(ii)	0	0	0	0	-	-	0
56 Maureen L Tomlinson VICE PRESIDENT	(i)	130,054	0	0	12,821	44,626	187,501	0
	(ii)	0	0	0	0	-	-	0
57 Eunla Destine-Latinwo VICE PRESIDENT	(i)	130,006	0	0	12,821	44,626	187,453	0
	(ii)	0	0	0	0	-	-	0
58 Lystra C Sawney VICE PRESIDENT	(i)	130,056	0	0	12,793	44,532	187,381	0
	(ii)	0	0	0	0	-	-	0
59 Lorraine A Brown-Zanders VICE PRESIDENT	(i)	129,674	0	0	12,814	44,604	187,092	0
	(ii)	0	0	0	0	-	-	0
60 Clara Smith ACTING VICE PRESIDENT	(i)	129,192	0	0	12,897	44,887	186,976	0
	(ii)	0	0	0	0	-	-	0
61 Lellani C Montes VICE PRESIDENT	(i)	129,476	0	0	12,814	44,604	186,894	0
	(ii)	0	0	0	0	-	-	0
62 Kwai K Ho VICE PRESIDENT	(i)	129,564	0	0	12,771	44,454	186,789	0
	(ii)	0	0	0	0	-	-	0
63 JULIO VIVES VICE PRESIDENT	(i)	128,957	0	0	12,803	44,566	186,326	0
	(ii)	0	0	0	0	-	-	0
64 STEPHANIE SHAW VICE PRESIDENT	(i)	128,722	0	0	12,793	44,532	186,047	0
	(ii)	0	0	0	0	-	-	0
65 Stacylea R Gray VICE PRESIDENT	(i)	128,646	0	0	12,778	44,481	185,905	0
	(ii)	0	0	0	0	-	-	0
66 Nicholas Franklyn VICE PRESIDENT	(i)	128,458	0	0	12,806	44,575	185,839	0
	(ii)	0	0	0	0	-	-	0
67 Grace Bogdanove VICE PRESIDENT	(i)	130,515	0	0	11,913	41,512	183,940	0
	(ii)	0	0	0	0	-	-	0
68 Euriene Rodriguez VICE PRESIDENT	(i)	130,312	0	0	11,949	41,270	183,531	0
	(ii)	0	0	0	0	-	-	0
69 PATRICIA SMITH VICE PRESIDENT	(i)	126,417	0	0	12,611	43,905	182,933	0
	(ii)	0	0	0	0	-	-	0
70 Benson Mathew VICE PRESIDENT	(i)	124,977	0	0	12,443	43,329	180,749	0
	(ii)	0	0	0	0	-	-	0
71 Katia Guillaume VICE PRESIDENT	(i)	122,107	0	0	12,903	44,907	179,917	0
	(ii)	0	0	0	0			

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4A - SEVERANCE COMPENSATION PAID	THE FOLLOWING OFFICERS RECIEVED SEVERENCE COMPENSATION DURING 2022: Maria Castenada \$148,201 Jerry Fishbein \$ 43,885 Noreen Wray \$ 46,898

Additional Data

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Software ID:

Software Version:

SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2023

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Department of the Treasury
Internal Revenue Service

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.

Name of the organization
1199 SEIU UNITED HEALTHCARE WORKERS EAST

Employer identification number

13-1510821

Return Reference	Explanation
PART VI, LINE 6 - CLASSES OF MEMBERS OR SHAREHOLDERS	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 ELGIBLE 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.
PART VI, LINE 7A - ELECTION OF GOVERNING BODY BY MEMBERS	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.
PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS	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.
PART VI, LINE 11B - FORM 990 REVIEW PROCESS	COPIES OF THE 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.
PART VI, LINE 12C - MONITORING AND ENFORCEMENT OF CONFLICTS	REQUEST ANNUAL DISCLOSURE FORMS FROM ALL STAFF AND FOLLOW UP ON ALL ISSUES IDENTIFIED THEREIN OR OTHERWISE.
PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS	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.
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.
PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES	EQUITY IN UNDISTRIBUTED GAIN - \$ 7,810,569 ----- TOTAL OTHER CHANGES IN NET ASSETS - \$ 7,810,569
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

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Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

**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
1199 SEIU 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 FL 24 NEW YORK, NY 10018 26-3708347	CALL CENTER	NY	2,928,858	1,144,169	1199SEIU

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 FL 24 NEW YORK, NY 10018 13-1822756	1199SEIU	NY	501(c)(2)		NA		No
(2) DHU REALTY CORP 498 SEVENTH AVE FL 24 NEW YORK, NY 10018 13-3687074	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		
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
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) DHU REALTY CORPORATION	K	1,273,336	ACTUAL AMOUNT

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2023

Additional Data[Return to Form](#)**Software ID:****Software Version:**