

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

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.

Form 990 Department of the Treasury Internal Revenue Service

For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

Form 990 header section containing organization name (1199 SEIU UNITED HEALTHCARE WORKERS EAST), principal officer (LUCY CHEN), and tax-exempt status (501(c)(5)).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, and financial data for 2024 and 2023.

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.

Signature block form with fields for officer signature (LUCY CHEN CFO), date (2025-11-07), and preparer information (WITHUMSMITHBROWNPC).

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 ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Each row has a corresponding 'Yes' and 'No' checkbox column.

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 organizational reporting, compensation, bond issues, and related entity 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 sub-rows (a-e). Includes questions about employee reporting, foreign accounts, prohibited transactions, and contributions. Includes a table for 'Organizations that may receive deductible contributions under section 170(c)' with sub-rows 7a-7d. Includes a table for 'Section 501(c)(7) organizations' with sub-rows 10a-10b. Includes a table for 'Section 501(c)(12) organizations' with sub-rows 11a-11b. Includes a table for 'Section 4947(a)(1) non-exempt charitable trusts' with sub-rows 12a-12b. Includes a table for 'Section 501(c)(29) qualified nonprofit health insurance issuers' with sub-rows 13a-13c. Includes a table for 'Section 501(c)(21) organizations' with sub-rows 14a-14b. Includes a table for 'Section 4968 excise tax on net investment income' with sub-rows 15-17.

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 (144), 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, 15, 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			
(1) GEORGE GRESHAM President	35.0 5.0	X		X			284,999	0	131,634
(2) Lucy Chen CFO	35.0 5.0				X		272,200	0	141,703
(3) Teresa Tripodi DIRECTOR OF FINANCE	35.0 5.0					X	266,049	0	115,029
(4) HELEN SCHAUB Vice President	35.0 0.0	X		X			238,591	0	120,100
(5) MILAGROS SILVA-BERMUDEZ Secretary Treasurer	35.0 5.0			X			224,957	0	106,493
(6) Samantha Morales Director	35.0 0.0				X		198,907	0	95,859
(7) YVONNE ARMSTRONG Sr. Exec Vice President	35.0 5.0	X		X			198,496	0	94,310
(8) Raul R Hocson Director	35.0 0.0					X	185,690	0	96,201
(9) JOYCELYN NEIL Executive V.P.	35.0 0.0	X		X			203,998	0	75,568
(10) JAY JAFFE Sr. Managing Counsel	35.0 0.0					X	182,971	0	92,015
(11) Brynley Lloyd-Bollard Vice-President	35.0 0.0	X		X			182,869	0	88,271
(12) Sudip N Mukherjee Sr. Associate Counsel	35.0 0.0					X	172,594	0	85,046
(13) Veronica Turner-Biggs Sr. Exec Vice President	35.0 0.0	X		X			195,128	0	57,410
(14) Roxey Nelson Executive V.P.	35.0 0.0	X		X			162,632	0	89,878
(15) DAINE E WILLIAMS Executive V.P.	35.0 0.0	X		X			163,073	0	76,018
(16) RHINA MOLINA-MUNCK Executive V.P.	35.0 0.0	X		X			163,304	0	75,726
(17) LISA BROWN Executive V.P.	35.0 0.0	X		X			162,888	0	75,808

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/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			
(18) GREGORY SPELLER Executive V.P.	35.00.0	X					162,800	0	75,877
(19) Roger C Cumberbatch Executive V.P.	35.00.0	X		X			162,800	0	75,786
(20) Adekemi Gray Executive V.P.	35.00.0	X		X			162,130	0	75,619
(21) TODD HOBLER Executive V.P.	35.00.0	X		X			161,488	0	75,877
(22) RONA SHAPIRO Executive V.P.	35.00.0	X		X			161,178	0	75,596
(23) JACQUELINE ALLEYNE Executive V.P.	35.00.0	X		X			160,338	0	75,877
(24) PATRICIA MARTHONE Executive V.P.	35.00.0	X		X			160,238	0	75,795
(25) TIMOTHY C FOLEY Executive V.P.	35.00.0	X		X			165,645	0	67,998
(26) Nadine Williamson Executive V.P.	35.00.0	X		X			157,932	0	73,442
(27) Brian L Morse Executive V.P.	35.00.0	X		X			154,403	0	75,769
(28) Sandra Morales Vice President	35.00.0	X		X			151,957	0	74,375
(29) WILLIAM KEE Executive V.P.	35.00.0	X		X			146,187	0	67,016
(30) Marie Elder Acting Vice President	35.00.0	X		X			135,569	0	75,895
(31) ALLAN SHERMAN Asst. Div. Dir.	35.00.0	X		X			139,770	0	68,094
(32) Dequashaharah R Canales Vice President	35.00.0	X		X			132,969	0	73,108
(33) MARGARETTE NERETTE Vice President	35.00.0	X		X			132,269	0	72,315
(34) DONTA M MARSHALL Vice President	35.00.0	X		X			138,869	0	63,434
(35) FILAINE DERONNETTE Vice President	35.00.0	X		X			137,454	0	64,443
(36) SHAYWAAL AMIN Vice President	35.00.0	X		X			139,439	0	61,571
(37) MICHAEL ASHBY Vice President	35.00.0	X		X			138,455	0	62,307
(38) Euriene Rodriguez Vice President	35.00.0	X		X			135,825	0	64,551
(39) Brenda Spry Vice President	35.00.0	X		X			137,871	0	62,319
(40) SUILING XU Vice President	35.00.0	X		X			137,899	0	61,718
(41) CLAUVICE SAINT-HILAIRE Vice President	35.00.0	X		X			137,446	0	61,571
(42) RENE R RUIZ Vice President	35.00.0	X		X			137,446	0	61,571
(43) Taren L Peterson Vice President	35.00.0	X		X			136,952	0	61,731
(44) JOSEPH CHINEA Vice President	35.00.0	X		X			136,822	0	61,718
(45) Tracey S Harrison Vice President	35.00.0	X		X			136,822	0	61,623
(46) DAVID J GREENBERG Vice President	35.00.0	X		X			136,260	0	61,936
(47) Lystra C Sawney Vice President	35.00.0	X		X			136,239	0	61,797
(48) JUDE DERISME Vice President	35.00.0	X		X			136,172	0	61,718
(49) RAYMONT D DORSEY Vice President	35.00.0	X		X			136,136	0	61,731
(50) Mary Wilsie Vice President	35.00.0	X		X			136,241	0	61,614
(51) Kevin M Lockhart Vice President	35.00.0	X		X			135,875	0	61,732
(52) Zenaida Colon Vice President	35.00.0	X		X			135,875	0	61,640
(53) JAMES SCORDATO Vice President	35.00.0	X		X			135,737	0	61,731
(54) Maureen L Tomlinson Vice President	35.00.0	X		X			135,567	0	61,731
(55) STEPHANIE SHAW Vice President	35.00.0	X		X			135,400	0	61,731
(56) Stacylea R Gray Vice President	35.00.0	X		X			135,140	0	61,962
(57) Eunia Destine-Latinwo Vice President	35.00.0	X		X			135,519	0	61,566
(58) KEITH JOSEPH Vice President	35.00.0	X		X			135,356	0	61,718
(59) Grace Bogdanove Vice President	35.00.0	X		X			135,515	0	61,558
(60) Lorraine A Brown-Zanders Vice President	35.00.0	X		X			135,187	0	61,592
(61) Leilani C Montes Vice President	35.00.0	X		X			134,989	0	61,731
(62) Angela Lane Vice President	35.00.0	X		X			136,032	0	60,554
(63) VELORIA NEPAIR ACTING VICE PRESIDENT	35.00.0	X		X			135,875	0	60,553
(64) Robert Morris Vice President	35.00.0	X		X			135,617	0	60,554
(65) JULIO VIVES Vice President	35.00.0	X		X			134,470	0	61,692
(66) Nicholas Franklyn Vice President	35.00.0	X		X			133,971	0	61,592
(67) Clara Smith Acting Vice President	35.00.0	X		X			133,850	0	61,466
(68) Ray Wilson Vice President	35.00.0	X		X			133,177	0	62,074
(69) BERTA SILVA Vice President	35.00.0	X		X			133,056	0	61,893
(70) PATRICIA Wilson Acting Vice President	35.00.0	X		X			134,205	0	59,996
(71) Anthony E Peterson Vice President	35.00.0	X		X			133,171	0	59,862
(72) REBECCA A GUTMAN Vice President	35.00.0	X		X			136,220	0	56,798
(73) MARLON WASHINGTON VICE PRESIDENT	35.00.0	X		X			132,622	0	57,599
(74) Katia Guillaume Vice President	35.00.0	X		X			127,107	0	62,374
(75) Dreana Bellamy Vice President	35.00.0	X		X			127,160	0	62,266
(76) PATRICIA SMITH Vice President	35.00.0	X		X			130,245	0	59,049
(77) Carrietta D Hiers Acting Vice President	35.00.0	X		X			130,338	0	57,614
(78) Sheron Whitter Vice President	35.00.0	X		X			126,135	0	61,731
(79) VLADIMIR FORTUNNY Vice President	35.00.0	X		X			125,877	0	61,731
(80) Kareem Cooper Vice President	35.00.0	X		X			125,739	0	60,554
(81) Benson Mathew Vice President	35.00.0	X		X			127,330	0	58,362
(82) ORVILLE James Vice President	35.00.0	X		X			126,488	0	57,549
(83) Caridad Rivera Vice President	35.00.0	X		X			136,942	0	44,960
(84) Isabel A Rodriguez-Simpson Vice President	35.00.0	X		X			118,204	0	54,064
(85) Kwai K Ho Vice President	35.00.0	X		X			117,448	0	54,188
(86) MARK Lindsey Vice President	35.00.0	X		X			110,326	0	50,960
(87) Leigh Howard Vice President	35.00.0	X		X			106,122	0	52,056
(88) Dana Alas Vice President	35.00.0	X		X			125,729	0	32,350
(89) Kerry Johnston Vice President	35.00.0	X		X			95,527	0	38,070
(90) VICTOR ANTHONY RIVERA Vice President	35.00.0	X		X			81,056	0	41,617
(91) TIMOTHY RODGERS Vice President	35.00.0	X		X			42,923	0	21,561
(92) MariaLourdes Victor-Ramos EXECUTIVE COUNCIL	8.00.0	X					16,754	0	0
(93) Allison Jumett EXECUTIVE COUNCIL	8.00.0	X					11,238	0	0
(94) Maurice DePalo EXECUTIVE COUNCIL	8.00.0	X					11,142	0	0
(95) Juliette Negron Naples EXECUTIVE COUNCIL	8.00.0	X					9,209	0	0
(96) Elizabeth Jazon EXECUTIVE COUNCIL	8.00.0	X					8,102	0	0
(97) Janice Guzman EXECUTIVE COUNCIL	8.00.0	X					6,815	0	0
(98) Jane Gerencser EXECUTIVE COUNCIL	8.00.0	X					6,375	0	0
(99) Barbara Jean Moody EXECUTIVE COUNCIL	8.00.0	X					5,680	0	0
(100) Marguerite Clarkson EXECUTIVE COUNCIL	8.00.0	X					5,462	0	0
(101) Beatrice Coty EXECUTIVE COUNCIL	8.00.0	X					5,249	0	0
(102) Thomas Cloutier EXECUTIVE COUNCIL	8.00.0	X					5,211	0	0
(103) Sophia Colley EXECUTIVE COUNCIL	8.00.0	X					5,170	0	0
(104) Edward Ferguson EXECUTIVE COUNCIL	8.00.0	X					5,114	0	0
(105) Adrienne Frye EXECUTIVE COUNCIL	8.00.0	X					5,049	0	0
(106) Jacquelyn Saunders EXECUTIVE COUNCIL	8.00.0	X					5,005	0	0
(107) Prince Pennington EXECUTIVE COUNCIL	8.00.0	X					4,585	0	0
(108) Shauna Johnstone Smalls EXECUTIVE COUNCIL	8.00.0	X					4,365	0	0
(109) Jeanie Oliver EXECUTIVE COUNCIL	8.00.0	X					4,155	0	0
(110) Sajjan Kurlan EXECUTIVE COUNCIL	8.00.0	X					4,138	0	0
(111) Roseyvel Reid EXECUTIVE COUNCIL	8.00.0	X					3,974	0	0
(112) Yajaira Carguill EXECUTIVE COUNCIL	8.00.0	X					3,941	0	0
(113) Marcia Matheson Adams EXECUTIVE COUNCIL	8.00.0	X					3,920	0	0
(114) Hilda Haye EXECUTIVE COUNCIL	8.00.0	X					3,918	0	0
(115) Clifton Barker EXECUTIVE COUNCIL	8.00.0	X					3,694	0	0
(116) David Telfer EXECUTIVE COUNCIL	8.00.0	X					3,309	0	0
(117) Tina Bender EXECUTIVE COUNCIL	8.00.0	X					3,304	0	0
(118) Pauline Bailey EXECUTIVE COUNCIL	8.00.0	X					3,250	0	0
(119) Mary Samaroo Ali EXECUTIVE COUNCIL	8.00.0	X					3,116	0	0
(120) Yamileth Torres EXECUTIVE COUNCIL	8.00.0	X					3,113	0	0
(121) Kelli Jenkins EXECUTIVE COUNCIL	8.00.0	X					2,941	0	0
(122) Karl Odom EXECUTIVE COUNCIL	8.00.0	X					2,924	0	0
(123) Fatima Smalls EXECUTIVE COUNCIL	8.00.0	X					2,911	0	0
(124) Lucy Caulker Nelson EXECUTIVE COUNCIL	8.00.0	X					2,407	0	0
(125) Gary Hillard EXECUTIVE COUNCIL	8.00.0	X					2,255	0	0
(126) Margaret Boyce EXECUTIVE COUNCIL	8.00.0	X					2,188	0	0
(127) Anayansi Clarke EXECUTIVE COUNCIL	8.00.0	X					2,114	0	0
(128) Owen Samuda EXECUTIVE COUNCIL	8.00.0	X					2,105	0	0
(129) Traceyann Paterson EXECUTIVE COUNCIL	8.00.0	X					2,079	0	0
(130) Patricia Thomas EXECUTIVE COUNCIL	8.00.0	X					2,013	0	0
(131) Kimberly Joos EXECUTIVE COUNCIL	8.00.0	X					1,824	0	0
(132) Bibi Tuli EXECUTIVE COUNCIL	8.00.0	X					1,707	0	0
(133) Edwin Torres EXECUTIVE COUNCIL	8.00.0	X					1,612	0	0
(134) Nina Scroggins EXECUTIVE COUNCIL	8.00.0	X					1,544	0	0
(135) Richard Romero EXECUTIVE COUNCIL	8.00.0	X					1,511	0	0
(136) Kim Thompson-Wereko EXECUTIVE COUNCIL	8.00.0	X					1,260	0	0
(137) Jeanette Rios EXECUTIVE COUNCIL	8.00.0	X					769	0	0
(138) Joel Roque EXECUTIVE COUNCIL	8.00.0	X					661	0	0
(139) Takisha Jenkins EXECUTIVE COUNCIL	8.00.0	X					256	0	0
(140) Anamaria Bosch-Rosado EXECUTIVE COUNCIL	8.00.0	X					0	0	0
(141) Cassandra Anderson EXECUTIVE COUNCIL	8.00.0	X					0	0	0
(142) Elbaldeliz Suazo EXECUTIVE COUNCIL	8.00.0	X					0	0	0
(143) Ezra Charles EXECUTIVE COUNCIL	8.00.0	X					0	0	0
(144) Iris Smith EXECUTIVE COUNCIL	8.00.0	X					0	0	0
(145) Olena Owen EXECUTIVE COUNCIL	8.00.0	X					0	0	0
(146) Tashia Campbell EXECUTIVE COUNCIL	8.00.0	X					0	0	0
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						4,755,963	0	2,215,494	
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								106	
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 1									

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	2,250,000	
g Noncash contributions included in lines 1a - 1f:\$		1g		
h Total. Add lines 1a-1f				2,250,000

Program Service Revenue		Business Code				
2a MEMBERSHIP DUES		900099	205,750,789	205,750,789		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			205,750,789			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,215,720			4,215,720	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a	1,822,196				
		b Less: rental expenses	6b				
	c Rental income or (loss)	6c	1,822,196	0			
	d Net rental income or (loss)			1,822,196			
	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	8b		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	9b		0			
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances							
	10a		3,029,891				
	b Less: cost of goods sold	10b		0			
c Net income or (loss) from sales of inventory			3,029,891				

Other Revenue Misc Amt	11a MISCELLANEOUS REVENUE	Business Code				
		900099	1,039,847			1,039,847
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d			1,039,847			
12 Total revenue. See instructions			218,108,443	205,750,789	0	5,255,567

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	494,211			
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	17,489,987			
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	65,547,376			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,359,124			
9 Other employee benefits	25,064,017			
10 Payroll taxes	6,285,499			
11 Fees for services (non-employees):				
a Management	0			
b Legal	12,376,832			
c Accounting	536,649			
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)	2,939,452			
12 Advertising and promotion	1,116,869			
13 Office expenses	5,811,640			
14 Information technology	935,048			
15 Royalties	0			
16 Occupancy	21,214,615			
17 Travel	4,171,810			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,755,594			
20 Interest	3,304,992			
21 Payments to affiliates	31,264,891			
22 Depreciation, depletion, and amortization	7,277,817			
23 Insurance	3,931,763			
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	1,673,687			
b PRINTING	1,085,751			
c ARBITRATION	598,934			
d TRANSLATION POLITICAL ACTION	237,296			
e All other expenses	825,816			
25 Total functional expenses. Add lines 1 through 24e	222,299,670			
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	54,551,999	1	54,980,221
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	27,749,188	4	26,414,222
	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	2,650,433	9	2,207,476
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 85,098,466		
	b Less: accumulated depreciation	10b 40,475,406	46,216,559	10c 44,623,060
	11 Investments—publicly traded securities	34,904,903	11	36,359,271
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	24,056,365	13	29,265,554
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	332,168,580	15	323,876,998
16 Total assets: Add lines 1 through 15 (must equal line 33)	522,298,027	16	517,726,802	
Liabilities	17 Accounts payable and accrued expenses	24,988,347	17	20,529,795
	18 Grants payable	0	18	0
	19 Deferred revenue	1,052,685	19	1,128,156
	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	49,208,140
	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	356,379,438	25	356,877,280	
26 Total liabilities. Add lines 17 through 25	432,420,470	26	427,743,371	
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	73,036,254	27	72,967,242
	28 Net assets with donor restrictions	16,841,303	28	17,016,189
	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	89,877,557	32	89,983,431
33 Total liabilities and net assets/fund balances	522,298,027	33	517,726,802	

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	218,108,443
2	Total expenses (must equal Part IX, column (A), line 25)	2	222,299,670
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,191,227
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	89,877,557
5	Net unrealized gains (losses) on investments	5	-912,088
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	5,209,189
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	89,983,431

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

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
 ▶ 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
--	---

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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<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 ▶ \$ 1,217,813

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	220,952
(2) 1199SEIU FEDERAL POL ACTION FUND	498 SEVENTH AVE FL 24 NEW YORK, NY 10018	30-0123610	0	27,663
(3) 1199SEIU POLITICAL ACTION FUND MASS	498 SEVENTH AVE FL 24 NEW YORK, NY 10018	20-3288982	0	3,267
(4) 1199 32BJ144 SEIU HOME CARE PAF	498 SEVENTH AVE FL24 NEW YORK, NY 10018	13-4052719	0	350
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%; 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

▶ **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.**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes** **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Yes** **No**

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
 - a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
 - b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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
3a(i) Unrelated organizations		
3a(ii) Related organizations		
3b 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	1,287,164	607,897
c Leasehold improvements		61,522,200	22,446,204	39,075,996
d Equipment		13,333,140	12,915,421	534,972
e Other		8,188,700	3,826,617	4,362,083
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				44,623,060

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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 SUBSIDIARY	29,265,554	F
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	29,265,554	

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
(1) RIGHT OF USE ASSET	323,876,998
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	323,876,998

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	0
LEASE LIABILITY	354,766,174
DUE TO AFFILIATES	1,617,812
OTHER PAYABLES	493,294
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	356,877,280

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, 2024 AND 2023, 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

[**Return to Form**](#)

Software ID:

Software Version:

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

OMB No. 1545-0047

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 instructions and the latest information.

**Open to Public
Inspection**

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) 1199SEIU Employer Child Care 330 West 42nd Ste New York, NY 10036	13-4063281	501(c)(3)	25,000				GENERAL
(2) A Philip Randolph Institute 815 BLM Plaza NW Washington, DC 20006	13-5180232	501(c)(4)	16,000				GENERAL
(3) Amnews Corporation 2340 Fred DGLS BLVD New York, NY 10027	13-2677838	C-Corp	12,000				GENERAL
(4) Center For Independence of the Disabled NY Inc 1010 Ave of the Americas New York, NY 10018	13-2984549	501 (c)(3)	5,500				GENERAL
(5) Chinese-Ameri Planning Council 45 Suffolk Street New york, NY 10002	13-6202692	501 (c)(3)	12,500				GENERAL
(6) Coalition of Black Trade Unionists 1155 Conn Ave NW Washington, DC 20035	52-1128179	501(C)(5)	15,000				GENERAL
(7) Dominican Day Parade PO Box 265 New York, NY 10035	47-3537708	501(c)(3)	20,000				GENERAL
(8) LCLAA - NYC CENTRAL CHAPTER 2833 Brighton 6th ST Brooklyn, NY 11235	47-3922069	501(c)(3)	6,250				SOLIDARITY
(9) Medicare Rights Center 266 West 37th St New York, NY 10018	13-3505372	501 (c)(3)	10,000				GENERAL
(10) NATIONAL ACTION NETWORK Inc 106 W 145th Street New York, NY 10039	11-3269182	501 (C)(4)	25,000				SOLIDARITY
(11) National Puerto Rican Day Parade PO Box 975 New York, NY 10272	13-3869493	501(c)(3)	39,000				GENERAL
(12) New York Urban League 675 3rd Ave New YORK, NY 10017	13-1671035	501(c)(3)	25,000				GENERAL
(13) Northwest Bronx Community 103 East 196th Street Bronx, NY 10468	13-2806160	501(c)(3)	25,000				GENERAL
(14) Pacifica Foundation 3729 Cahuenga BLVD Studio City, CA 91604	94-1347046	501 (c)(3)	6,500				GENERAL
(15) RiverKeeper Inc 20 Secor Road Ossining, NY 10562	13-3204621	501 (c)(3)	25,000				GENERAL
(16) Robert F Kennedy Ctr for Justice&Human Rights 1300 19th Street NW Washington, DC 20036	13-2522784	501 (c)(3)	20,000				GENERAL
(17) The Miami Foundation Inc 40 NW 3rd Street Miami, FL 32128	65-0350357	501 (c)(3)	10,000				GENERAL
(18) Visiting Nurse Service of NY 5 Penn Plaza New York, NY 10001	13-3189926	501 (c)(3)	6,250				GENERAL
(19) Work-Bites Inc 38 Stratford Rd Brooklyn, NY 11218	92-3673139	501 (c)(3)	43,500				GENERAL

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 15
- 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
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Additional Data

[Return to Form](#)

Software ID:
Software Version:

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

Open to Public Inspection

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"/> Travel for companions
<input type="checkbox"/> Tax idemnification and gross-up payments
<input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Health or social club dues or initiation fees
<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"/> Independent compensation consultant
<input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Compensation survey or study
<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)(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, 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 Lucy Chen CFO	(i)	272,200	0	0	30,714	110,989	413,903	0
	(ii)	0	0	0	0	0	0	0
2 GEORGE GRESHAM President	(i)	253,359	0	31,640	28,543	103,091	416,633	0
	(ii)	0	0	0	0	-	0	0
3 HELEN SCHAUB Vice President	(i)	230,131	0	8,460	25,989	94,111	358,691	0
	(ii)	0	0	0	0	-	0	0
4 MILAGROS SILVA-BERMEUDEZ Secretary Treasurer	(i)	203,749	0	21,208	23,008	83,485	331,450	0
	(ii)	0	0	0	0	0	0	0
5 YVONNE ARMSTRONG Sr. Exec Vice President	(i)	178,320	0	20,176	20,375	73,935	292,806	0
	(ii)	0	0	0	0	-	0	0
6 Veronica Turner-Biggs Sr. Exec Vice President	(i)	176,243	0	18,885	36,982	20,428	252,538	0
	(ii)	0	0	0	0	-	0	0
7 Bryntey Lloyd-Bolland Vice-President	(i)	166,939	0	15,930	19,020	69,251	271,140	0
	(ii)	0	0	0	0	0	0	0
8 RONA SHAPIRO Executive V.P.	(i)	145,578	0	15,600	16,311	59,285	236,774	0
	(ii)	0	0	0	0	-	0	0
9 RHINA MOLINA-MUNCK Executive V.P.	(i)	145,104	0	18,200	16,311	59,415	239,030	0
	(ii)	0	0	0	0	0	0	0
10 Sandra Morales Vice President	(i)	144,937	0	7,020	16,278	58,097	226,332	0
	(ii)	0	0	0	0	0	0	0
11 DAINE E WILLIAMS Executive V.P.	(i)	144,873	0	18,200	16,341	59,677	239,091	0
	(ii)	0	0	0	0	-	0	0
12 TODD HOBLER Executive V.P.	(i)	144,738	0	16,750	16,311	59,566	237,365	0
	(ii)	0	0	0	0	-	0	0
13 JACQUELINE ALLEYNE Executive V.P.	(i)	144,738	0	15,600	16,311	59,566	236,215	0
	(ii)	0	0	0	0	-	0	0
14 Brian L Morse Executive V.P.	(i)	144,738	0	9,665	16,311	59,458	230,172	0
	(ii)	0	0	0	0	-	0	0
15 GREGORY SPELLER Executive V.P.	(i)	144,600	0	18,200	16,311	59,566	238,677	0
	(ii)	0	0	0	0	0	0	0
16 Roger C Cumberbatch Executive V.P.	(i)	144,600	0	18,200	16,311	59,475	238,586	0
	(ii)	0	0	0	0	0	0	0
17 Adekemi Gray Executive V.P.	(i)	144,480	0	17,650	16,311	59,308	237,749	0
	(ii)	0	0	0	0	-	0	0
18 PATRICIA MARTHONE Executive V.P.	(i)	144,480	0	15,758	16,311	59,484	236,033	0
	(ii)	0	0	0	0	-	0	0
19 TIMOTHY C FOLEY Executive V.P.	(i)	144,432	0	21,213	16,311	51,687	233,643	0
	(ii)	0	0	0	0	0	0	0
20 Roxey Nelson Executive V.P.	(i)	144,432	0	18,200	30,312	59,566	252,510	0
	(ii)	0	0	0	0	-	0	0
21 JOYCELYN NEIL Executive V.P.	(i)	143,386	0	60,612	16,121	59,447	279,566	0
	(ii)	0	0	0	0	0	0	0
22 Nadine Williamson Executive V.P.	(i)	139,690	0	18,242	15,775	57,667	231,374	0
	(ii)	0	0	0	0	0	0	0
23 ALLAN SHERMAN Asst. Div. Dir.	(i)	131,310	0	8,460	14,698	53,396	207,864	0
	(ii)	0	0	0	0	-	0	0
24 WILLIAM KEE Executive V.P.	(i)	127,987	0	18,200	14,433	52,583	213,203	0
	(ii)	0	0	0	0	0	0	0
25 DONTA M MARSHALL Vice President	(i)	120,669	0	18,200	13,625	49,809	202,303	0
	(ii)	0	0	0	0	0	0	0
26 Brenda Spry Vice President	(i)	119,671	0	18,200	13,437	48,882	200,190	0
	(ii)	0	0	0	0	-	0	0
27 Dreana Bellamy Vice President	(i)	118,700	0	8,460	13,368	48,898	189,426	0
	(ii)	0	0	0	0	0	0	0
28 BERTA SILVA Vice President	(i)	118,656	0	14,400	13,322	48,571	194,949	0
	(ii)	0	0	0	0	0	0	0
29 Stacylea R Gray Vice President	(i)	118,656	0	16,484	13,322	48,640	197,102	0
	(ii)	0	0	0	0	-	0	0
30 Katia Guillaume Vice President	(i)	118,647	0	8,460	13,392	48,982	189,481	0
	(ii)	0	0	0	0	0	0	0
31 MICHAEL ASHBY Vice President	(i)	118,497	0	19,958	13,380	48,927	200,762	0
	(ii)	0	0	0	0	0	0	0
32 Ray Wilson Vice President	(i)	118,324	0	14,853	13,360	48,714	195,251	0
	(ii)	0	0	0	0	-	0	0
33 Lystra C Sawney Vice President	(i)	118,129	0	18,110	13,264	48,533	198,036	0
	(ii)	0	0	0	0	0	0	0
34 DAVID J GREENBERG Vice President	(i)	118,110	0	18,150	13,302	48,634	198,196	0
	(ii)	0	0	0	0	0	0	0
35 CLAUVICE SAINT-HILAIRE Vice President	(i)	118,041	0	19,405	13,252	48,319	199,017	0
	(ii)	0	0	0	0	-	0	0
36 RENE R RUIZ Vice President	(i)	118,041	0	19,405	13,252	48,319	199,017	0
	(ii)	0	0	0	0	0	0	0
37 Mary Wilsie Vice President	(i)	118,041	0	18,200	13,252	48,362	197,855	0
	(ii)	0	0	0	0	0	0	0
38 Clara Smith Acting Vice President	(i)	118,040	0	15,810	13,252	48,214	195,316	0
	(ii)	0	0	0	0	-	0	0
39 Kevin M Lockhart Vice President	(i)	117,675	0	18,200	13,253	48,479	197,607	0
	(ii)	0	0	0	0	0	0	0
40 Euriene Rodriguez Vice President	(i)	117,675	0	18,150	13,252	51,299	200,376	0
	(ii)	0	0	0	0	0	0	0
41 Zenaida Colon Vice President	(i)	117,675	0	18,200	13,252	48,388	197,515	0
	(ii)	0	0	0	0	-	0	0
42 JULIO VIVES Vice President	(i)	117,675	0	16,795	13,252	48,440	196,162	0
	(ii)	0	0	0	0	0	0	0
43 Sharon Whitter Vice President	(i)	117,675	0	8,460	13,252	48,479	187,866	0
	(ii)	0	0	0	0	0	0	0
44 Taren L Peterson Vice President	(i)	117,547	0	19,405	13,252	48,479	198,683	0
	(ii)	0	0	0	0	-	0	0
45 Caridad Rivera Vice President	(i)	117,537	0	19,405	13,252	31,708	181,902	0
	(ii)	0	0	0	0	0	0	0
46 Lorraine A Brown-Zanders Vice President	(i)	117,537	0	17,650	13,252	48,340	196,779	0
	(ii)	0	0	0	0	0	0	0
47 JAMES SCORDATO Vice President	(i)	117,537	0	18,200	13,252	48,479	197,468	0
	(ii)	0	0	0	0	-	0	0
48 SHAYWAAL AMIN Vice President	(i)	117,537	0	21,902	13,252	48,319	201,010	0
	(ii)	0	0	0	0	0	0	0
49 STEPHANIE SHAW Vice President	(i)	117,537	0	17,863	13,252	48,479	197,131	0
	(ii)	0	0	0	0	-	0	0
50 Nicholas Franklyn Vice President	(i)	117,537	0	16,434	13,252	48,340	195,563	0
	(ii)	0	0	0	0	-	0	0
51 Maureen L Tomlinson Vice President	(i)	117,417	0	18,150	13,252	48,479	197,298	0
	(ii)	0	0	0	0	0	0	0
52 REBECCA A GUTMAN Vice President	(i)	117,417	0	18,803	24,629	32,169	193,018	0
	(ii)	0	0	0	0	0	0	0
53 JOSEPH CHINEA Vice President	(i)	117,417	0	19,405	13,252	48,466	198,540	0
	(ii)	0	0	0	0	-	0	0
54 Robert Morris Vice President	(i)	117,417	0	18,200	13,252	47,302	196,171	0
	(ii)	0	0	0	0	0	0	0
55 VLADIMIR FORTUNNY Vice President	(i)	117,417	0	8,460	13,252	48,479	187,608	0
	(ii)	0	0	0	0	-	0	0
56 Tracey S Harrison Vice President	(i)	117,417	0	19,405	13,252	48,371	198,445	0
	(ii)	0	0	0	0	-	0	0
57 KEITH JOSEPH Vice President	(i)	117,396	0	17,960	13,252	48,466	197,074	0
	(ii)	0	0	0	0	0	0	0
58 Eunla Destine-Latinwo Vice President	(i)	117,369	0	18,150	13,252	48,314	197,085	0
	(ii)	0	0	0	0	-	0	0
59 Marie Elder Acting Vice President	(i)	117,369	0	18,200	24,629	51,266	211,464	0
	(ii)	0	0	0	0	-	0	0
60 Dequasiasharah R Canales Vice President	(i)	117,369	0	15,600	24,629	48,479	206,077	0
	(ii)	0	0	0	0	0	0	0
61 JUDE DERISME Vice President	(i)	117,369	0	18,803	13,252	48,466	197,890	0
	(ii)	0	0	0	0	-	0	0
62 Lelani C Montes Vice President	(i)	117,339	0	17,650	13,252	48,479	196,720	0
	(ii)	0	0	0	0	-	0	0
63 SUJ LING XU Vice President	(i)	117,339	0	20,560	13,252	48,466	199,617	0
	(ii)	0	0	0	0	0	0	0
64 RAYMONT D DORSEY Vice President	(i)	117,333	0	18,803	13,252	48,479	197,867	0
	(ii)	0	0	0	0	-	0	0
65 Grace Bogdanove Vice President	(i)	117,315	0	18,200	13,252	48,306	197,073	0
	(ii)	0	0	0	0	-	0	0
66 Kareem Cooper Vice President	(i)	117,279	0	8,460	13,252	47,302	186,293	0
	(ii)	0	0	0	0	0	0	0
67 Angela Lane Vice President	(i)	117,279	0	18,753	13,252	47,302	196,586	0
	(ii)	0	0	0	0	-	0	0
68 FILAINE DERONNETTE Vice President	(i)	116,894	0	20,560	13,202	51,241	201,897	0
	(ii)	0	0	0	0	-	0	0
69 MARGARETTE NERETTE Vice President	(i)	116,759						

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 2024: TIMOTHY RODGERS \$32,960 SANDRA MORALES \$ 9,938 JOCELYN NEIL \$92,755 DANA ALAS \$49,264 Victor A. Rivera \$57,345

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**SCHEDULE O
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 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.
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 AVAILABE TO THE PUBLIC UPON REQUEST.
PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES	EQUITY IN UNDISTRIBUTED GAIN - \$ 5,209,189
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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**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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	3,255,197	908,097	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
(3) 1199 SEIU FLORIDA POLITICAL COMM 2881 CORPORATE WAY MIRAMAR, FL 33025 20-3138297	PAC	FL	527		N/A		No
(4) 1199 SEIU MASSACHUSETTS PAC 498 SEVENTH AVE FL 24 NEW YORK, NY 10018 20-3288982	PAC	NY	527		N/A		No
(5) TRUE MAJORITY NEW YORK 498 SEVENTH AVE FL 24 NEW YORK, NY 10018 27-3630739	PAC	NY	527		N/A		No
(6) 1199 SEIU UNITED HEALTHCARE WORKERS 498 SEVENTH AVE FL 24 NEW YORK, NY 10018 13-4052719	PAC	NY	527		N/A		No
(7) 1199 SEIU UNITED HEALTHCARE WORKERS 498 SEVENTH AVE FL 24 NEW YORK, NY 10018 30-0123610	PAC	NY	527		N/A		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	Yes	
1f		No
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	461,094	ACTUAL AMOUNT
(2) ARDEON REALTY CORPORATION	E	20,260,587	FMV

Part VII Supplemental Information

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

Return Reference

Explanation

Schedule R (Form 990) (Rev. 1-2025)

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