DLN: 93493309014110

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

Department of the Treasury

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	k ıf applıca	ricasc	C Name of organization UNION OF CALIFORNIA STATE WORKERS				
Addre	ess change	use IRS label or	SEIU LOCAL 1000 Doing Business As			68-047530 E Telephone n	
Name	e change	print or type. See	Doing business As			•	
Initial	l return	Specific	Number and street (or P O box if mail is not o	delivered to street address)	Room/suite	(916) 554-	
Tem	ination	Instruc- tions.	1808 14TH STREET			G Gross receipts	; \$ 66,343,619
Amen	nded returi	1	City or town, state or country, and ZIP + 4				
Applic	cation pen	ling	SACRAMENTO, CA 95814				
		F Nar	ne and address of principal officer		H(a) Is this	l s a group retur	n for
		Yvonne	· Walker		affiliat		⊤Yes ▼ No
			.4TH STREET MENTO,CA 95814				
				'		affiliates includ	led?
Tax-	exempt st	atus 🔽 501(c) (5) ◀ (insert no)	7		, attach a list p exemption nu	·
Wel	bsite: 🟲	http //www.se	u1000 org				
			ion Trust Association Other 🕨		L Year of for	rmation 2001	M State of legal domicile
art		ımmary	e organization's mission or most signific				
	2 Che 3 Nur	ck this box 叶	legislative advocacy in support of progr if the organization discontinued its ope members of the governing body (Part VI,	rations or disposed of line 1a)	f more than :	25% of its ass	ets 3
			nployees (Part V , line 2a)				 5
			olunteers (estimate if necessary)				5
			ted business revenue from Part VIII, lin			7	/a
			ness taxable income from Form 990-T, I			7	'b
					Prio	r Year	Current Year
	8 Co	ntributions an	d grants (Part VIII, line 1h)				
1	9 Pr	ogram service	revenue (Part VIII, line 2g)			49,283,878	63,597,7
1			me (Part VIII, column (A), lines 3, 4, and		547,859	325,5	
1			art VIII, column (A), lines 5, 6d, 8c, 9c,			47,329	2,420,3
1			dd lines 8 through 11 (must equal Part V 			49,879,066	66,343,6
			ar amounts paid (Part IX, column (A), line				
1	13 Gi		or for members (Part IX, column (A), line	4)		163,500	99,0
		nefits paid to o	in tol members (i are IX, column (A), inte	•			
1	14 Be 15 Sa	laries, other c	ompensation, employee benefits (Part IX	, column (A), lines 5–			
1	14 Be 15 Sa 10	laries, other co	ompensation, employee benefits (Part IX				
1	14 Be 15 Sa 10 16a Pr	laries, other co) ofessional fund	ompensation, employee benefits (Part IX				
	14 Be 15 Sa 10 16a Pr b To	laries, other co) ofessional func al fundraising exp	ompensation, employee benefits (Part IX raising fees (Part IX, column (A), line 11 enses (Part IX, column (D), line 25) ►	le)		50 980 635	59 361 4
	 14 Be 15 Sa 10 16a Pr b To 17 Ot 	laries, other co) ofessional func al fundraising exp her expenses	ompensation, employee benefits (Part IX raising fees (Part IX, column (A), line 11 enses (Part IX, column (D), line 25) •0 (Part IX, column (A), lines 11a-11d, 11f	f-24f)		50,980,635	· · ·
	14 Be 15 Sa 10 16a Pr b To 17 Ot 18 To	laries, other co) ofessional fund al fundraising exp her expenses tal expenses	ompensation, employee benefits (Part IX) raising fees (Part IX, column (A), line 11 enses (Part IX, column (D), line 25) (Part IX, column (A), lines 11a-11d, 11f Add lines 13-17 (must equal Part IX, co	f-24f)		51,144,135	59,460,4
11 11 11 11 11 11 11 11 11 11 11 11 11	14 Be 15 Sa 10 16a Pr b To 17 Ot 18 To	laries, other co) ofessional fund al fundraising exp her expenses tal expenses	ompensation, employee benefits (Part IX raising fees (Part IX, column (A), line 11 enses (Part IX, column (D), line 25) •0 (Part IX, column (A), lines 11a-11d, 11f	f-24f)	Beginnin	51,144,135	59,460,4
	14 Be 15 Sa 10 16a Pr b To 17 Ot 18 To 19 Re	laries, other co) ofessional fund al fundraising exp her expenses tal expenses venue less ex	ompensation, employee benefits (Part IX raising fees (Part IX, column (A), line 11 enses (Part IX, column (D), line 25) (Part IX, column (A), lines 11a-11d, 11f Add lines 13-17 (must equal Part IX, copenses Subtract line 18 from line 12.	f-24f)	Beginnin	51,144,135 -1,265,069 ng of Year	59,460,4 6,883,1 End of Year
	14 Be 15 Sa 10 16a Pr b To 17 Ot 18 To 19 Re	laries, other co) ofessional fund al fundraising exp her expenses tal expenses venue less ex tal assets (Pa	perpensation, employee benefits (Part IX) raising fees (Part IX, column (A), line 11 enses (Part IX, column (D), line 25) (Part IX, column (A), lines 11a-11d, 11f Add lines 13-17 (must equal Part IX, column enses Subtract line 18 from line 12.	f-24f)	Beginnii	51,144,135 -1,265,069 ng of Year 22,662,769	59,460,4 6,883,1 End of Year 23,251,6
	14 Be 15 Sa 10 16a Pr b To 17 Ot 18 To 19 Re 20 To 21 To	laries, other co) ofessional fund al fundraising exp her expenses tal expenses venue less ex tal assets (Pa tal liabilities (l	perpensation, employee benefits (Part IX) raising fees (Part IX, column (A), line 11 enses (Part IX, column (D), line 25) (Part IX, column (A), lines 11a-11d, 11f Add lines 13-17 (must equal Part IX, column (A), lines Subtract line 18 from line 12.	f-24f)	Beginnir	51,144,135 -1,265,069 ng of Year 22,662,769 12,011,487	59,460,4 6,883,1 End of Year 23,251,6 5,717,2
	14 Be 15 Sa 10 16a Pr b To 17 Ot 18 To 19 Re 20 To 21 To 22 Ne	laries, other co) ofessional fund al fundraising exp her expenses tal expenses venue less ex tal assets (Pa tal liabilities (I	per	f-24f)	Beginnir	51,144,135 -1,265,069 ng of Year 22,662,769	59,460,4 6,883,1 End of Year 23,251,6 5,717,2
earth and Basences	14 Be 15 Sa 10 16a Pr b To 17 Ot 18 To 19 Re 20 To 21 To 22 Ne 311 S	laries, other coloressional fundal fundraising expenses tal expenses venue less extal assets (Patal liabilities (It assets or furbeller, it is true, ****** Signature of office	propensation, employee benefits (Part IX raising fees (Part IX, column (A), line 11 enses (Part IX, column (D), line 25) (Part IX, column (D), line 25) (Part IX, column (A), lines 11a-11d, 11d Add lines 13-17 (must equal Part IX, column enses Subtract line 18 from line 12 enses Subtract line 18 from line 12 entert X, line 16) enses Subtract line 21 from line 20 enses Subtract line 21 enses	f-24f)	hedules and st	51,144,135 -1,265,069 ng of Year 22,662,769 12,011,487 10,651,282 attements, and to on of which prepa	59,460,4 6,883,1 End of Year 23,251,6 5,717,2 17,534,4 the best of my knowledg
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_	1 990 (2008)				Page 2
			ccomplishments (see instruc	ctions.)	
assi	epresent certain o stance in filing an	d pursuing employee grievances,	te of California in the following mati legal representation on both an inc in support of programs beneficial to	lividual and class basis, techi	nical assistance in
2	_	ation undertake any significant pr 190 or 990-EZ?	ogram services during the year which		es ✓ No
	If "Yes," describ	oe these new services on Schedul	e O		
3	services? .	ation cease conducting, or make s	significant changes in how it conduction.	ts, any program	es 🔽 No
4	Describe the ex Section 501(c)	empt purpose achievements for e (3) and 501(c)(4) organizations a	each of the organization's three larg nd section 4947(a)(1) trusts are re renue, if any, for each program serv	equired to report the amount o	
	(Code) (Expenses \$	ıncluding grants of \$) (Revenue \$)
	•		s of representing and maintaining desirable	, ,	employees of the State of
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4-1	O + h = n =		0.)		
4d	(Expenses \$	services (Describe in Schedule including	•	(Revenue \$)

(Must equal Part IX, Line 25, column (B).)

Total program service expenses▶\$

	art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		N o
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9		N o
10	complete Schedule D, Part $IV \otimes I$	10		N o
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		N o
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with			
b	a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person	25a		
	from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

	990 (2008)			Page
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country •			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75°	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

(916) 554-1200

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 63			
b	Enter the number of voting members that are independent 1b 63			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		 N o
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		N o
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Νο
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No
Se	ction B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14		Νο
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
Ь	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	Let the States with which a copy of this Form 000 is required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
	interest policy, and financial statements available to the public. See Additional Data Table			_
20	State the name, physical address, and telephone number of the person who possesses the books and records of the CORA OKUMURA 1808 14th Street sacramento, CA 95814	ie orga	nızatıor	. ►

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
 - ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee										
		(C) Position (check all that apply)						(D)	(E)	(F) Estimated
(A) Name and Title	(B) A verage hours		Institut		Ke) e	Highest i employe		Reportable compensation	Reportable compensation from related	amount of other compensation
	per week	x Individual	Institutional Trustee	Officei	employee	Highest compensated employee	Former	organization (W- 2/1099- MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
			w I			<u> </u>				
Jım Hard President/Vice President	40 00	X		х				0	0	0
Cathy Hackett Vice President/Secretary	40 00	Х		х				0	0	0
Marc Bautista Vice President	40 00	Х		х				0	0	0
Yvonne Walker Vice President/President	40 00	Х		х				0	0	0
Otis Tidwell Chapter President	10 00	Х						0	0	0
Rıta Salazar Chapter President	10 00	Х						0	0	0
BLANCA RODRIGUEZ Chapter President	10 00	X						0	0	0
CAROL HURLEY Chapter President	10 00	Х						0	0	0
Gene Buckhannan Chapter President	10 00	Х						0	0	0
DENISE VARA Chapter President	10 00	Х						0	0	0
DIANA MURILLO Chapter President	10 00	Х						0	0	0
Lisa Davis Chapter President	10 00	Х						0	0	0
Michael Shelton Chapter President	10 00	X						0	0	0
LINDA CURRY Chapter President	10 00	Х						0	0	0
Joe Chacon Chapter President	10 00	Х						0	0	0
Steven Aları Chapter President	10 00	X						0	0	0
Alan Constantino Chapter President	10 00	Х						0	0	0

		(C) Position (check all that apply)				(5)	(F)	(F) Estimated			
(A) Name and Title	(B) Average hours per		Institutio	₽	Ke) en	Highest co employee	Former	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimated amount of other compensation from the	
	week	x <u>I</u> ndividual	Institutional Trustee	Officei	emplo) ee	Highest compensated employee	mer	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
KEVIN CURTIS Chapter President	10 00	х						0	0		
JOYCE MINZEY Chapter President	10 00	х						0	0		
MARIA VILLEGAS Chapter President HOLLIE STOTTER	10 00	Х						0	0		
Chapter President Edward Funk	10 00		-					0	0		
Chapter President WENDY PARKER	10 00	x	+					0	0		
Chapter President Alan Charbonneau	10 00	x						0	0		
Chapter President BERT SANCHEZ Chapter President	10 00	X						0	0		
LARRY ROBERTS Chapter President	10 00	Х						0	0		
EUGENE SMITH Chapter President	10 00	Х						0	0		
Helen Griffin Chapter President	10 00	Х						0	0		
BERTHA CERNA Chapter President Olga Gutierrez	10 00	Х						0	0		
Chapter President BRANDI KANE	10 00		+					0	0		
Chapter President PHYLLIS JOHNSON	10 00	x						0	0		
Chapter President STEPHAN MCVEIGH	10 00		+					0	0		
Chapter President Modesto F Rios Jr Chapter President	10 00	×	+					0	0		
Chapter President DANA MEZA Chapter President	10 00	х	+				\vdash	0	0		
Michael Roskey Chapter President	10 00	Х						0	0		
Paul Smilanick Chapter President	10 00	Х						0	0		
CLAYTON SILVA Chapter President	10 00	Х	_					0	0		
Timothy Chaney Chapter President Jeffrey Fowler	10 00	X	-					0	0	(
Chapter President SHRHONDA WARD	10 00	x						0	0		
Chapter President SUSAN SMALL	10 00	X						0	0		
Chapter President WILLIAM O'RAFFERTY Chapter President	10 00	X						0	0		
Margarita Maldonando Bargaining Unit Chairper	10 00	X						0	0		
Cindie Fonseca Bargaining Unit Chairper	10 00	х						0	0		
Larry Perkins Bargaining Unit Chairper	10 00	х						0	0		
Connie Kabeary Bargaining Unit Chairper	10 00	Х						0	0		
Michael Lopez Bargaining Unit Chairper Robin Sherles	10 00	Х	-					0	0		
Bargaining Unit Chairper Nancy Lyerla	10 00	x						0	0		
Bargaining Unit Chairper Rionna Jones	10 00	x	+					0	0		
Bargaining Unit Chairper Audrey Dodds Bargaining Unit Chairper	10 00	x						0	0		
CORA OKUMURA VICE PRESIDENT/Secretary	40 00	Х		×				0	0		
KATHLEEN COLLINS VICE PRESident	40 00	Х		х				0	0		
YOLANDA VILLANUEVA CHAPter President	10 00	Х						0	0		
ANNA MAYO Chapter President	10 00	Х	_					0	0		
ROBERT SMITH Chapter President MICHAEL ALLEN	10 00		_					0	0		
Chapter President JULIO BASQUEZ	10 00	x	+					0	0		
Chapter President DARLENE ESTEY	10 00	x						0	0		
Chapter President JAMES BRIGGS CHapter President	10 00	х						0	0		
SOUROSH SEIFIKAR Chapter President	10 00	Х						0	0		
MICHAEL CLARK Chapter President	10 00	х						0	0		
THOMAS PERINE Chapter President	10 00	х	<u> </u>					0	0		
SANDRA LUKE Chapter President GAIL HANNON	10 00	X				_	_	0	0	-	
CHapter President RONALD BENGE	10 00	x	+					0	0		
Chapter President MICHELLE GREEN	10 00	x						0	0		
Chapter President ALFREDA WEAVER Chapter President	10 00	X						0	0		
Chapter President JAMES WILLIS Bargaining Unit Chairper	10 00	х	+					0	0		
ALBERT TROYER Bargaining Unit Chairper	10 00	х						0	0		
TERRY LAWHEAD Bargaining Unit Chairper	10 00	х						0	0		
MICHAEL BARATZ CHIEF OF STAFF	40 00					Х		0	0		
PAUL HARRIS III CHIEF COUNSEL DOUGLAS CROOKS	40 00					Х		0	0		
COMMUNICATIONS MANAGER	40 00			L		Х		0	0		
NIGEL BUILDER STATEWIDE MANAGER	40 00					Х		0	0		
ANNE GIESE LEAD ATTORNEY	40 00					Х		ol	0	(
1b Total									111		

on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services Section B. Independent Contractors

8		Νο
		NI -
1		Νo
5	Yes	

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CALIFORNIA STATE EMPLOYEES ASSOCIATION 1108 O STREET SACRAMENTO, CA 95816	ADMINISTRATIVE SERVICES	4,904,824
HR DOWDEN AND ASSOCIATES 1415 L STREET SUITE 870 SACRAMENTO, CA 95814	LOBBYING CONSULTING	157,102
PHIL GIARRIZZO CAMPAIGNS INC 1215 19TH STREET 2ND FLOOR SACRAMENTO, CA 958114154	CAMPAIGN AND COMMUNICATION CONSULTING	146,993
LINDQUIST LLP 5000 EXECUTIVE PARKWAY SUITE 400 SAN RAMON, CA 94583	ACCOUNTING AND AUDITING SERVICES	116,800
2 Total number of independent contractors (including those in 1) who received more than s from the organization ►4	100,000 in compensation	
		Form 990 (2008)

ا ۔. مد				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns 1a					
contributions, girts, grants and other similar amounts	Ь	Membership dues 1b					
	С	Fundraising events 1c					
<u> </u>	d	Related organizations 1d					
Œ,	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and 1f			j		
52	a	similar amounts not included above Noncash contributions included in					
	g	lines 1a-1f \$					
5 Ē	h	Total. Add lines 1a-1f	▶				
			Business Code				
<u>a</u>	2a	Member Dues and Assess		63,597,715	63,597,715		
9. 8.	ь			65,557,715	03,037,723		
or I	c						
Š							
<i>3</i> 3	d						
Ę	е						
Program Serwice Revenue	f	All other program service revenue					
Δ̈́	g	Total. Add lines 2a-2f		63,597,715			
	3	Investment income (including dividend	ds, interest				
		and other similar amounts)	▶	325,528			325,528
	4	Income from investment of tax-exempt bond p	oroceeds 🕨 🕨				
	5	Royalties	►				
		(ı) Real	(11) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income					
	d	or (loss) Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount	(,				
		from sales of assets other					
		than inventory Less cost or					
	b	other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
<u>•</u>		events (not including					
ਹ ੋਂ		\$ of contributions reported on line 1c)					
ě		See Part IV, line 18					
I		а					
Other Kevenue	b	Less direct expenses b					
j ر	С	Net income or (loss) from fundraising	events 🛏				
	9a	Gross income from gaming activities					
		See Part IV , line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activ	/ities▶				
	10a	Gross sales of inventory, less					
		returns and allowances .					
		а					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of inve	·				
	_	Miscellaneous Revenue	Business Code	2 2	2 27		
	11a	Int'l Union Subsidies		2,070,536	2,070,536		
	b	O ther Income		349,840	349,840		
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d		2,420,376			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 9c, 10c, and 11e	5,6d,7d,8c,	66,343,619	66,018,091	0	325,528

Part IX Statement of Functional Expenses

Do no	ll other organizations must complete column (A) but are not required to ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	<u> </u>	expenses	general expenses	expenses
2	Grants and other assistance to individuals in the				
	U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	99,000			
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	86,388			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	8,740,938			
2	Advertising and promotion	13,717			
3	Office expenses	145,408			
ŀ	Information technology	241,731			
5	Royalties				
5	Occupancy	1,397,122			
7	Travel	858,746			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	2,583,405			
)	Interest	59,367			
1	Payments to affiliates	15,273,415			
2	Depreciation, depletion, and amortization	458,283			
3	Insurance	120,730			
4	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а		19,116,010			
Ь	Union Leave Expense	3,328,425			
c	Negotiations and Arbitr	2,530,766			
d	DLC Admin Fees	734,967			
e	Campaigns	704,980			
f	All other expenses	2,967,062			
25	Total functional expenses. Add lines 1 through 24f	59,460,460			
26	Joint Costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet				<u> </u>	
	re A	barance once:		(A) Beginning of year		(B End of	-
	1	Cash—non-interest-bearing		8,953,022	1	-	7,553,701
	2	Savings and temporary cash investments		5,209,094	2	;	5,380,719
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		6,285,615	4	-	7,287,459
	5	Receivables from current and former officers, directors, trustees, ke other related parties Complete Part II of Schedule L			5		
	6	Receivables from other disqualified persons (as defined under section persons described in section 4958(c)(3)(B) Complete Part II of School	on 4958(f)(1)) and		6		
	7	Notes and loans receivable, net			7		244,824
ş	8						-
Assets	9	Prepaid expenses and deferred charges		144,798	9		156,362
4	10a	1	0a 3,212,224				
	b	Less accumulated depreciation Complete Part VI of	0b 799,350	1,819,294	10c	:	2,412,874
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		250,946			215,727
	16	Total assets. Add lines 1 through 15 (must equal line 34)		22,662,769		2.	3,251,666
				2,373,049			2,941,574
	17	Accounts payable and accrued expenses .		2,373,049			
	18	Grants payable		400 505	18		F24 44 4
	19	Deferred revenue		496,505			521,414
တ	20	Tax-exempt bond liabilities			20		
Ęi	21	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
		persons Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties .	•	418,915			397,723
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D		8,723,018	25		1,856,514
	26	Total liabilities. Add lines 17 through 25		12,011,487	26		5,717,225
ces		Organizations that follow SFAS 117, check here ▶ 🔽 and complete through 29, and lines 33 and 34.	e lines 27				
Balance	27	Unrestricted net assets		10,571,630	27	10	6,686,608
ရှိ	28	Temporarily restricted net assets		79,652	28		847,833
딛	29	Permanently restricted net assets			29		
or Fund		Organizations that do not follow SFAS 117, check here ► □ and collines 30 through 34.	omplet e				
ر ارب	30	Capital stock or trust principal, or current funds			30		
sets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
AS	32	Retained earnings, endowment, accumulated income, or other funds			32		
Net	33						
Z	34						3,251,666
Pa	rt XI	Financial Statements and Reporting		<u> </u>			
		<u> </u>				Yes	No
1		ounting method used to prepare the Form 990					
2a	Were	2a		No			
b	Were	the organization's financial statements audited by an independent a	ccountant?		2b		No
c		es" to 2a or 2b, does the organization have a committee that assume , review, or compilation of its financial statements and selection of a			2c		
3a		result of a federal award, was the organization required to undergo are Audit Act and OMB Circular A - 133?			3a		Νο
b	If "Ye	es," did the organization undergo the required audit or audits?			3b		_ _

DLN: 93493309014110

OMB No 1545-0047

(Form 990)

SCHEDULE D

Department of the Treasury

Supplemental Financial Statements

Open to Public Inspection

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service

Employer identification number Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 68-0475305 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

► \$

3	Organizations Maintaining Collections of	71 ty 1113		cacasa				
	Using the organization's accession and other records, check items (check all that apply)	any of th	ne foll	owing that ar	e a sıgnıfıcant ι	ıse of its collectio	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs	;		
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collections and e Part XIV	xplaın hov	w the	y further the o	organization's e	xempt purpose in		
5	During the year, did the organization solicit or receive donat assets to be sold to raise funds rather than to be maintained						Yes	┌ No
Par	Trust, Escrow and Custodial Arrangemen Part IV, line 9, or reported an amount on Form				ınızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other inte included on Form 990, Part X?	ermediary	for c	ontributions (or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following	table				T		
						A mot	ınt	
с	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X	, lıne 21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organiza							
_	(a)Current Yea	r (b)	Prior `	Year (c)Tw	o Years Back (d)	Three Years Back (Four Y	ears Back
1a	Beginning of year balance							
Ь	Contributions							
c	Investment earnings or 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 year end balance h							
		eld as						
а	Board designated or quasi-endowment 🕨	eld as						
a b	Board designated or quasi-endowment Permanent endowment	eld as						
_	·	eld as						
b	Permanent endowment 🕨		that a	are held and a	idministered for	the		
b c	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by		that a	are held and a	idministered for		Yes	No
b c	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization.		that a	are held and a	idministered for	3a(i)	Yes	No
b c 3a	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	anızatıon			idministered for	3a(i)	Yes	No
b c 3a b	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	anization · uired on S	iched		idministered for	3a(i)	Yes	No
b c 3a b	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as required bescribe in Part XIV the intended uses of the organization's	anization	ched	 ule R?		3a(i) 3a(ii)	Yes	No
b c 3a b	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	anization	ched ent fu ee F	ule R?	art X, line 10.	3a(i) 3a(ii)	Yes	No
b c 3a b	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as required bescribe in Part XIV the intended uses of the organization's	anization	ent fu	 ule R?		3a(i) 3a(ii)		No No No No No No No No
b c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	anization	ent fu	ule R?	art X, line 10.	3a(i) 3b		
b c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	anization	ent fu	ule R?	art X, line 10.	3a(i) 3a(ii) 3b		ook value
b c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	anization	ent fu	ule R?	art X, line 10. (b)Cost or other basis (other)	3a(i) 3a(ii) 3b		ook value
b c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	anization	ent fu	ule R?	art X, line 10. (b)Cost or other basis (other)	(c) Depreciation	(d) Bo	
b	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	anization	ent fu eee F (a) basi	ule R?	art X, line 10. (b)Cost or other basis (other) 1,145,146 2,067,078	(c) Depreciation	(d) Bo	ook value 964,390

Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
inancial derivatives and other financial products			,
losely-held equity interests			
ther			
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)			
art VIIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
		Cost or end-or-	year market value
otal. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, II			
(a) Descri			(b) Book value
(-)			(=, = = = = = = = = = = = = = = = = = =
otal. (Column (b) should equal Form 990, Part X, col.(B) line :	15)		
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
ederal Income Taxes			
apital Leases, Current Portion	66,252		
apital Leases, NON-CURRENT PORTION	125,022		
ue to CSEA	106,105		
er Capita taxes Payable	800,878		
ccrued Vacation	758,257		
	, 33,237		
otal. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,856,514		
	1 1,000,017		

Par	t XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial State</u>	ments	
1	Total revenue (Form 990, Part			1	
2	Total expenses (Form 990, Par	t IX, column (A), line 25)		2	
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) o	4			
5	Donated services and use of fa	5			
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lir	nes 4 - 8		9	
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10	
Part		evenue per Audited Financial		ue per Return	
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a		
b	Donated services and use of fa	acılıtıes	. 2b		
c	Recoveries of prior year grants	s	. 2c		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines 2a through 2d .			. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			. 3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines 4a and 4b			. 4c	
5		d 4c. (This should equal Form 990, Par			
		xpenses per Audited Financia			
1		r audited financial statements		. 1	
2		it not on Form 990, Part IX, line 25	1 - 1		
а		acılıtıes			
b			2b		
с		, Part IX, line 25	2c		
d	Other (Describe in Part XIV)		. 2d	 <u> </u>	
e ~	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1 .			. 3	
4		0, Part IX, line 25, but not on line 1:	4-		
a L		uded on Form 990, Part VIII, line 7b		 	
b	Other (Describe in Part XIV) Add lines 4a and 4b		. 4b	4c	
с 5		nd 4c. (This should equal Form 990, Pa	rt I line 10 \	. 5	
	t XIV Supplemental Inf		nt 1, iiiie 16)	. 3	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		4, Part XIV, lines 1b and	2b,
	Ident if ier	Return Reference	Ехр	lanat ion	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493309014110

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 Employer identification number

68-0475305

Pa	Part I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information			
	First class or charter travel Housing allowance or resid	lence for personal use		
	Travel for companions Payments for business use	of personal residence		
	Tax idemnification and gross-up payments Health or social club dues	or initiation fees		
	Discretionary spending account Personal services (e.g., ma	aid, chauffeur, chef)		
b	b If line 1a is checked, did the organization follow a written policy regarding payment or reprovision of all the expenses described above? If "No," complete Part III to explain	eımbursement or 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses inconficers, directors, trustees, and the CEO/Executive Director, regarding the items chec			
3	Indicate which, if any, of the following the organization uses to establish the compensat organization's CEO/Executive Director Check all that apply	ion of the		
	Compensation committee Written employment contra	act		
	Independent compensation consultant Compensation survey or st	•		
	Form 990 of other organizations Approval by the board or c	ompensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	a Receive a severance payment or change of control payment?	4a		Νo
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for ea	ch item in Part III		
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or compensation contingent on the revenues of	accrue any		
а	a The organization?	5a		<u> </u>
b	b Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or compensation contingent on the net earnings of	accrue any		
а	a The organization?	6a		L
b	b Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide payments not described in lines 5 and 6? If "Yes," describe in Part III	e any non-fixed 7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contra subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? I in Part III			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii))						
(i)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Ident if ier	Return	Explanation
Supplemental	Reference Part III	SCHEDULE J, PART I, LINE 3 THE TOP MANAGEMENT OFFICIAL'S COMPENSATION IS ESTABLISHED BY A COLLECTIVE BARGAINING AGREEMENT
Information		WITH THE STATE OF CALIFORNIA WHICH HAS BEEN APPROVED BY THE GOVERNING BODY AND MEMBERS OF THE ORGANIZATION SCHEDULE J. PART IIII, SIN RESPONSE TO FORM 199, PART VIII, SECTION A, LIME 5 THE LOCAL SO FFICERS ARE COMPRISATED THROUGH THE STATE OF CALIFORNIA, WHICH IS BASED ON THE LOCAL 1000 MASTER CONTRACT THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THE OFFICERS TIME SPENT PLUS 35% FOR ALL TIME SPENT ON UNION RELATED BUSINESS (UNION LEAVE) THE LOCAL REIMBURSES CSEA FOR SALARY AND RELATED EXPENSES ASSOCIATED WITH THESE EMPLOYEES ASSOCIATION (CSEA) THE LOCAL REIMBURSES CSEA FOR SALARY AND RELATED EXPENSES ASSOCIATED WITH THESE EMPLOYEES ASSOCIATION (CSEA) THE LOCAL REIMBURSES CSEA FOR SALARY AND RELATED EXPENSES ASSOCIATED WITH THESE EMPLOYEES SEE LISTING BELOW OF COMPENSATION ANDOR FRINGES BENEFITS PAID BY THE LOCAL TO THE STATE OF CALIFORNIA ANDOR CSEA FOR TIME SPENT PERFORMING OFFICIAL UNION BUSINESS SAME CATHY AND RELATED PERSIONAL PROPERTY OF THE STATE OF CALIFORNIA ANDOR CSEA FOR TIME SPENT PERFORMING OFFICIAL UNION BUSINESS SAME CATHY AND RELATED THE STATE OF CALIFORNIA ANDOR CSEA FOR TIME SPENT PERFORMING OFFICIAL UNION BUSINESS SAME CATHY OF THE STATE OF CALIFORNIA AND STATE OF THE STATE OF CALIFORNIA AND
Supplemental	Part III	Chapter President Hours Per Week Devoted to Position 0 5 Per State of CA Form W-2 for Official Union Business \$892 Name Modesto F Rios, Jr Title Chapter President Hours Per Week Devoted to Position 3 4 Per State of CA Form W-2 for Official Union Business \$3,364 Name Shrhonda Ward Title Chapter President Hours Per Week Devoted to Position 4 5 Per State of CA Form W-2 for Official Union Business \$4,513 Name
Information		Michael Roskey Title Chapter President Hours Per Week Devoted to Position 0.8 Per State of CA Form W-2 for Official Union Business. \$1,279 Name Paul Title Chapter President Hours Per Week Devoted to Position. 1 Per State of CA Form W-2 for Official Union Business. \$1,342 Name. William O'Rafforty. Title Chapter President Hours Per Week Devoted to Position. 18 Per State of CA Form W-2 for Official Union Business. \$1,342 Name. William O'Rafforty. Title Chapter President Hours Per Week Devoted to Position. 18 Per State of CA Form W-2 for Official Union Business. \$1,045 Name. Julian Michael Per Versident Hours Per Week Devoted to Position. 4 Per State of CA Form W-2 for Official Union Business. \$1,045 Name. Julian Per Versident Hours Per Week Devoted to Position. 19 Per State of CA Form W-2 for Official Union Business. \$1,045 Name. Julian Per Versident Hours Per Week Devoted to Position. 19 Per State of CA Form W-2 for Official Union Business. \$1,045 Name. Annæ Mayor Title Chapter President Hours Per Week Devoted to Position. 19 Per State of CA Form W-2 for Official Union Business. \$2,2,85 Name. Annæ Mayor Title Chapter President Hours Per Week Devoted to Position. 2 Per State of CA Form W-2 for Official Union Business. \$2,032 Name. Robert Similar Chapter President Hours Per Week Devoted to Position. 1 Per State of CA Form W-2 for Official Union Business. \$3,053 Name. Michael Allen Title Chapter President Hours Per Week Devoted to Position. 1 Per State of CA Form W-2 for Official Union Business. \$3,053 Name. Michael Allen Title Chapter President Hours Per Week Devoted to Position. 5 Per State of CA Form W-2 for Official Union Business. \$3,053 Name. Michael State of CA Form W-2 for Official Union Business. \$3,055 Name. Safekar Title Chapter President Hours Per Week Devoted to Position. 5 Per State of CA Form W-2 for Official Union Business. \$3,055 Name. Safekar Title Chapter President Hours Per Week Devoted to Position. 5 Per State of CA Form W-2 for Official Union Business. \$1,054 Name. Safekar Title Chapter Preside

OMB No 1545-0047

Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Employer identification number 68-0475305

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		THE LOCAL HAS CONTRACTED WITH CALIFORNIA STATE EMPLOYES ASSOCIATION (CSEA) TO PERFORM ADMINISTRATIVE SERVICES FOR THE ORGANIZATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE LOCAL REPRESENTS EMPLOYEES OF THE STATE OF CALIFORNIA WHO PAY MONTHLY DUES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE LOCAL'S MEMBERS ELECT THE GOVERNING BODY MEMBERS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		THE OPERATING DECISIONS OF THE LOCAL ARE SUBJECT TO APPROVAL BY THE GOVERNING BODY MEMBERS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 8b		MINUTES OF MEETINGS HELD BY OTHER COMMITTEES ARE NOT DOCUMENTED AS THESE COMMITTEES DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY ALL DECISIONS AND RECOMMENDATIONS MUST BE APPROVED BY THE GOVERNING BODY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE LOCAL'S FORM 990 WILL BE PROVIDED TO EACH MEMBER OF THE LOCAL'S GOVERNING BODY FOR REVIEW PRIOR TO FILING WITH THE IRS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE GOVERNING BODY MEMBERS, WHO ARE ELECTED BY THE MEMBERSHIP, REVIEW AND APPROVE COMPENSATION FOR ALL MANAGEMENT POSITIONS THAT HAVE COMPENSATION EQUAL TO OR EXCEEDS \$75,000 ANNUALLY, WHICH ARE DOCUMENTED IN THE LOCAL'S MINUTES THE LAST REVIEW OF COMPENSATION WAS COMPLETED IN DECEMBER 2007 THE LOCAL'S OFFICERS ARE COMPENSATED THROUGH THE STATE OF CALIFORNIA, WHICH IS BASED ON THE LOCAL 1000 MASTER CONTRACT THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THE OFFICFER'S TIME SPENT PLUS 35% FOR ALL TIME SPENT ON UNION RELATED BUSINESS (UNION LEAVE)

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization does not make their documents available to the public

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2C		The Executive Board is responsible for the oversight of the audit and the selection of the independent auditors

Identifier	Return Reference	Explanation
		FORM 990, PART VI, SECTION B, LINES 12, 13, & 14 THE LOCAL ADOPTED A WRITTEN CONFLECT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION AND DESTRUCTION POLICY IN MARCH 2009

Identifier Return Reference		Explanation
		FORM 990, Part IV, Line 12 The organization was included in a consolidated audited financial statement that was prepared in accordance with generally accepted accounting principles

Identifier	Return Reference	Explanation
		FORM 990, Part XI, Line 2B. The organization was included in a consolidated audited financial statement that was prepared in accordance with generally accepted accounting principles

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493309014110

2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Internal Revenue Service Name of the organization **Employer identification number** UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 68-0475305 Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	tions				

(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
SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE PAC 555 CAPITOL MALL SUITE 1425 SACRAMENTO, CA958144602 30-2032142	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527		UNION OF CALIFONRIA STATE WORKERS SEIU LOCAL 1000
SEIU LOCAL 1000 KEEPING CALIF HEALTHY SAFE AND STRONG 555 CAPITOL MALL SUITE 1425 SACRAMENTO, CA958144602 26-3463027	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527		UNION OF CALIFONRIA STATE WORKERS SEIU LOCAL 1000

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V Transactions with Related Organization

Schedule R (Form 990) 2008			Page 3
Part V Transactions with Related Organizations			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization 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 (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f	_	No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1 <u>j</u>	\vdash	No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	1	No
n Sharing of paid employees	1n		No
• Reimbursement paid to other organization for expenses	10	_	No
p Reimbursement paid by other organization for expenses	1p		No
q O ther transfer of cash or property to other organization(s)	1q	+	No
r Other transfer of cash or property from other organization(s)	1 r		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 transac	tion thresholds		
(B)	(0)		

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE PAC	В	464,199
(2)	SEIU LOCAL 1000 KEEPING CALIF HEALTH SAFE AND STRONG	В	200,000
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations	57	(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Additional Data

Software ID:

Software Version:

EIN: 68-0475305

Name: UNION OF CALIFORNIA STATE WORKERS

SEIU LOCAL 1000

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
reIMBURSEMENT TO CSEA F	19,116,010			
Union Leave Expense	3,328,425			
Negotiations and Arbitr	2,530,766			
DLC Admin Fees	734,967			
Campaigns	704,980			

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	or the	2009 ca <u>lendar ye</u>	ar, or tax year beginning 01	-01-2009 and ending 12-31-2009	9		
B Ch	eck ıf a	pplicable Please	C Name of organization UNION OF CALIFORNIA STATE	- WORKERS		D Employer id	entification number
┌ Ad	dress ch	nange use IRS label or	SEIU LOCAL 1000	- WORKERO		68-047530	
┌ Na	me cha	nge print or	Doing Business As			E Telephone n	umber
┌ Inı	tıal retu	type. See m Specific		ox if mail is not delivered to street addre	ss) Poom/suite	(916) 554-	1200
	mınate	Instruc-	1808 14TH STREET	ox ii maii is not delivered to street addres	SS) ROUIII/ Suite	G Gross receipts	\$ \$ 61,527,608
	nended		City or town, state or country	2 and 7ID + 4			
			SACRAMENTO, CA 95811713				
ј Ар	plication	n pending			ı	l	
			me and address of principal NE WALKER	officer		ıs a group retur	n for ✓ Yes 🔽 No
			14TH STREET		аппа	ates?	j tes je No
		SACR	AMENTO,CA 958117131		H(b) Are a	II affiliates inclu	ded?
			.,	F	If"N	o," attach a list	(see instructions)
I 18	ax-exen	npt status 🔽 501(d	c) (5) 4 (insert no)	(a)(1) or 527	H(c) Grou	up exemption ni	umber 🟲
J W	ebsit e	e: 🕨 http://www.se	e1u1000 org				
K For	m of or	ganization 🔽 Corpora	ation Trust Association C	Other ►	L Year of fo	rmation 2001	M State of legal domicile CA
	rt I	Summary			I		<u>-</u>
	1	Briefly describe th	he organization's mission or	most significant activities			
		•		of the State of California in salary	•	-	•
ቋ				al representation on an individual ipport of programs beneficial to st			ssistance in job
Governance			·		•		
Ē							
Š	_	Charlethia hav b		ntinued its operations or disposed	of mara than	DEW of the not	
ν Φ	3			oody (Part VI, line 1a)			
Activities &	4			e governing body (Part VI, line 1b))		
ੂ ਤੁ	5		mployees (Part V, line 2a)			5	
4	6		olunteers (estimate if neces			7	
				Part VIII, column (C), line 12 .	•		a 0
	₽ D	Net unrelated bus	Thess taxable income from	Form 990-T, line 34	n.i.		
		Cambushishiana	.d ====t= (D==t \/III 1	`	Pric	or Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)				62 507 715	
Revenue	9					63,597,715	60,656,483
Ě	10 11			lines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e)		325,528	108,486
	12	•	, , , , , , , , , , , , , , , , , , , ,	et equal Part VIII, column (A), line		2,420,376	740,622
	12			· · · · · · · · ·	-	66,343,619	61,505,591
	13			olumn (A), lines 1-3)			0
	14	Benefits paid to	or for members (Part IX, co	lumn (A), line 4)		99,000	128,750
r6	15		ompensation, employee be	nefits (Part IX, column (A), lines 5	5 –		
δ		10)					0
Expenses	16a			mn (A), line 11e)			0
표	Ь	= .	penses (Part IX, column (D), line	•			
	17			11a-11d, 11f-24f)		59,361,460	57,961,677
	18	•		ual Part IX, column (A), line 25)		59,460,460	58,090,427
	19	Revenue less ex	penses Subtract line 18 fr	om line 12		6,883,159	3,415,164
දී දී					_	g of Current Year	End of Year
Net Assets or Fund Balances	20	Total accets (Po	ırt X, line 16)		,	23,251,666	28,031,366
X B	21					5,717,225	7,081,761
25 25 25	22			21 from line 20		17,534,441	20,949,605
	rt III	Signature B		1 1101111111111111111111111111111111111		17,554,441	20,545,005
гa		_		nined this return, including accompanying	schedules and s	tatements and to	the hest of my knowledge
				on of preparer (other than officer) is base			
<u> </u>							
Sigı Her		***** Signature of office	rer		2010- Date	-11-09	
1101	_	1,			Date		
		YVONNE WALKER Type or print nar					
				D-t-	Sha ali of	Duc · ·	
		Preparer's signature		5	Check if self-	Preparer's ident (see instruction	
Paid		, , , , , , , , , , , , , , , , , , ,		€	empolyed 🕨 🦵		
•	arer's	Firm's name (or you if self-employed),	rs Lindquist LLP			EIN Þ	
use	Only	address, and ZIP + 4	5000 Executive Parkway Su	ute 400			
			San Ramon, CA 94583			Phone no 🕨 (925) 277-9100
May	the IR	S discuss this reti	· · · · · · · · · · · · · · · · · · ·	above? (see instructions)			✓ Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's missic	51011
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To represent certain civil service employees of the State of California in the following matters—salary, benefits and working conditions, assistance in filing and pursuing employee grievances, legal representation on both an individual and class basis, technical assistance in matters of job classification, and legislative advocacy in support of programs beneficial to state employees and retirees

2			program services during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these n	iew services on Sched	lule O		
3	Did the organization ceas services?			nducts, any program	☐ Yes ☑ No
4	Describe the exempt purp Section 501(c)(3) and 50	oose achievements fo O1(c)(4) organizations	r each of the organization's three and section 4947(a)(1) trusts a evenue, if any, for each program s	re required to report the am	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Expenses inucred for the Loc California	al for its tax exempt purpo	ses of representing and maintaining desi	rable working conditions for civil s	service employees of the State of
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services	(Describe in Schedu	le O)		
	(Expenses \$		g grants of \$) (Revenue \$)
4e	Total program service ex	kpenses ⊩ \$			

art IV	Checklist o	f Reauired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		N o
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

Part V Statements Regarding Other IRS Filings and Tax Comp	liance
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			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1808 14th Street sacramento, CA 95814 (916) 554-1200

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.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 63			
ь 2	Enter the number of voting members that are independent 1b 63 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
2	other officer, director, trustee, or key employee have a family relationship or a business relationship with any	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		N o
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
- 110	volue douci,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website V Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	ı -
	CORA OKUMURA			

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

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. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did r		sate any	/ curi	rent	or fo	rmer c	ffic e	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Ke) employee Officei Institutional Trustee		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total .									F	C	0	(

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -0

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CALIFORNIA STATE EMPLOYEES ASSOCIATION 1108 O STREET SACRAMENTO, CA 95816	ADMINISTRATIVE SERVICES	4,911,469
PHIL GIARRIZZO CAMPAIGNS INC 1215 19TH STREET 2ND FLOOR SACRAMENTO, CA 958114154	CAMPAIGN AND COMMUNICATION CONSULTING	238,183
HR DOWDEN AND ASSOCIATES 1415 L STREET SUITE 870 SACRAMENTO, CA 95814	LOBBYING CONSULTING	169,347
MARTIN & CHAPMAN COMPANY 1951 WRIGHT CIRCLE ANAHEIM, CA 92802	PRINTING	148,852
LINDQUIST LLP 5000 EXECUTIVE PARKWAY SUITE 400 SAN RAMON, CA 94583	ACCOUNTING AND AUDITING SERVICES	139,137
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►5) who received more than	

Page 8

Form 990 (2009) Part VIII Statement of Revenue										
Part		Statement	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514		
mts nts	1a	Federated camp								
Contributions, gifts, grants and other similar amounts	Ь		es 1b							
r Bager	c d		ents 1c							
<u>2</u>	e e	Government grants								
ion. Sir	f	All other contribution	ons, gifts, grants, and 1f	-						
e et	g	sımılar amounts no	ot included above butions included in							
A E		lines 1a-1f\$_								
လို မ	h	Total. Add lines	s 1a-1f							
<u> </u>				Business Code						
Program Service Revenue	2a	Member Dues and	Assess	900,099	60,656,483	60,656,483				
<u>æ</u>	b									
Š	c d									
38	e									
<u>Tan</u>	f	All other progra	am service revenue							
Š	_		s 2a – 2f		60,656,483					
	g 3		ome (including dividen		00,030,483					
			aramounts)	-	103,429	103,429				
	4		tment of tax-exempt bond	· · · ·						
	5	Royalties	(1) Pool							
	6a	Gross Rents	(ı) Real	(II) Personal						
	ь	Less rental expenses								
	С	Rental income								
	d	or (loss) Net rental incoi	me or (loss)	►						
			(ı) Securities	(II) O ther						
	7a	Gross amount from sales of		27,074						
		assets other than inventory								
	Ь	Less cost or other basis and		22,017						
	С	sales expenses Gaın or (loss)		5,057						
	d	Net gaın or (los	s)		5,057	5,057				
άu	8a	Gross income for events (not incline)								
Other Revenue		\$								
ě		See Part IV, lin	reported on line 1c)							
<u>.</u>			а							
ŧ	b с		penses b (loss) from fundraising	events						
_	9a		rom gaming activities							
		See Part IV, lın	e 19 a							
	ь	Less directex	penses b							
	С		loss) from gaming acti	vities						
	10a	Gross sales of returns and allo								
	ь	Less cost of go	oods sold b							
	С		loss) from sales of inve							
		Miscellaneous		Business Code 900,099	358,040	358,040				
	l .	STATE BAR SE	RVICING FE	900,099	358,040	358,040				
	b c	Other Income Int'l Union Sub	sidies	900,099	37,158	37,158				
	d	All other revenu		,		·				
	e	Total. Add lines	s 11a-11d		740,622					
	12	Total revenue.	See Instructions .	•	61,505,591	61,505,591	0	0		

Part IX Statement of Functional Expenses

Do no	ll other organizations must complete column (A) but are not required to ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		'		· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	128,750			
5	Compensation of current officers, directors, trustees, and key employees				
5	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
•	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	139,137			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	8,415,463			
2	Advertising and promotion	47,733			
;	Office expenses	1,247,705			
ŀ	Information technology	234,532			
•	Royalties				
5	Occupancy	1,756,770			
7	Travel	2,456,982			
3	Payments of travel or entertainment expenses for any federal, state, or local public officials				
•	Conferences, conventions, and meetings	2,157,831			
)	Interest	64,739			
L	Payments to affiliates	15,628,101			
2	Depreciation, depletion, and amortization	554,893			
3	Insurance	139,729			
4	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Reimbursements to CSEA	19,447,768			
b	Union Leave Expense	2,572,149			
c	Negotiations and Arbitr	898,554			
d	DLC Admin Fees	756,774			
e	Campaigns	577,483			
f	All other expenses	865,334			
5	Total functional expenses. Add lines 1 through 24f	58,090,427			
6	Joint costs. Check here ▶ ☐ If following SOP 98-2				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational				

Pa	rt X	Balance Sheet					<u>-</u>
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			7,553,701	1	6,324,822
	2	Savings and temporary cash investments	5,380,719	2	5,443,857		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7,287,459	4	5,485,699
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	employees, and				
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net			244,824	7	213,032
SS	8	Inventories for sale or use				8	
٧	9	Prepaid expenses and deferred charges			156,362	9	175,839
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	3,427,636			
	ь	Less accumulated depreciation	10b	1,332,226	2,412,874	10c	2,095,410
	11	Investments—publicly traded securities				11	8,050,401
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	215,727	15	242,306		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			23,251,666	16	28,031,366
	17	Accounts payable and accrued expenses .		2,941,574	17	2,874,803	
	18	Grants payable			18		
	19	Deferred revenue		521,414	19	546,949	
	20	Tax-exempt bond liabilities			20		
es.	21	Escrow or custodial account liability Complete Part IV of Schedul			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ei i		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	•	397,723	23	366,036	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities Complete Part X of Schedule D		1,856,514	25	3,293,973	
	26	Total liabilities. Add lines 17 through 25			5,717,225	26	7,081,761
Fund Balances		Organizations that follow SFAS 117, check here ▶	let e li	nes 27			
อกเ	27	Unrestricted net assets			16,686,608	27	19,546,484
83	28	Temporarily restricted net assets			847,833	28	1,403,121
р	29	Permanently restricted net assets		29			
표		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d com	plete			
- 		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			17,534,441	33	20,949,605
_	34	Total liabilities and net assets/fund balances			23,251,666	34	28,031,366

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

DLN: 93493313001480

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

OMB No 1545-0047

Inspection

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

- ◆ 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Employer identification number

68-0475305

art I-A	Complete	if the org	<u>ganization</u> i	is exemp	<u>t under</u>	section	501	(C)	or or	<u>is a</u>	section	<u>527</u>	organiz	<u>ation.</u>

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures
- 3 Volunteer hours

57,872

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

- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3
- Was a correction made?

□ No □ No

0

√ No

If "Yes," describe in Part IV

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

- 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 funtion activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

57,872

- Did the filing organization file Form 1120-POL for this year?
- State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE PAC	555 CAPITAL MALL SUITE 1425 SACRAMENTO, CA 958144602	30-2032142	475,703	0
SEIU LOCAL 1000 KEEPING CALIF HEALTHY SAFE AND STRONG	555 CAPITAL MALL SUITE 1425 SACRAMENTO,CA 958144602	26-3463027	0	57,872

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line 2d, column (e))

P	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		l" provisions ann	lv.		
<u>B</u>	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c	: and 1d)				
f	Lobbying nontaxable amount Enter the amount fi	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
				_		
g	Grassroots nontaxable amount (enter 25% of line	e 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	e 1h or line 1ı, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations that made a s columns below. See th	ne instructions fo	ection do not r lines 2a thre	have to cor ough 2f on p		ne five
_	Lobbying Expe	enditures During	4-Year Avera ⊤	ging Period	T	I
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
	Total lobbying expenditures					

	(election under section 501(h)).	(;	(a)		(a)		a)		(b)	
		Yes	No	,	A moui	nt				
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									
а	V olunteers?									
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			-						
d	Mailings to members, legislators, or the public?									
e	Publications, or published or broadcast statements?									
f										
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? If "Yes," describe in Part IV									
j	Total 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		•	1						
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?									
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section !	501(c)(5), d	or s	ectio	n				
	501(c)(6).									
					Yes	N				
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	N				
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u> </u>	2	Yes	N				
1 2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			2						
1 2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 3 or s						
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? ***TIII-B** Complete if the organization is exempt under section 501(c)(4), section \$501(c)(6)\$ if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I			2 3 or s						
1 2 3 2a1	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section \$501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	II-A,		2 3 or s						
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section \$501(c)(6)\$ if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	II-A,		2 3 or s						
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section \$501(c)(6)\$ if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". **Dues**, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	1 1		2 3 or s						
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section \$501(c)(6)\$ if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	1 2a 2b 2c		2 3 or s						
1 2 3 Par 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section \$501(c)(6)\$ if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1 2a 2b		2 3 or s						
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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	2a 2b 2c 3		2 3 or s		n				
1 2 3 Par 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? ***TII-B** Complete if the organization is exempt under section 501(c)(4), section \$501(c)(6)\$ if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	1 2a 2b 2c		2 3 or s						

Ident if ier	Return Reference	Explanation
1	Political Campaign Activities	The Local's indirect political campaign activities include making expenditures in connection with state and/or local candidate elections

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As Filed Data

DLN: 93493313001480

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 68-0475305 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ ___ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, HIS	tori	<u>cai ir</u>	<u>easu</u>	res, or O	<u>tne</u>	r Similar A	ssets	(con	tınued)
	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne fol	lowing t	hat ar	e a significa	int u	se of its colle	ction		
а	Public exhibition		d	Γ	Loan	orexcl	hange progr	ams				
b	Scholarly research		e	Γ	Other	•						
c	Preservation for future generations											
	Provide a description of the organization's co Part XIV	ollections and expla	ıın hov	w the	y furthe	rthe c	organization	's ex	empt purpose	ın		
	During the year, did the organization solicit cassets to be sold to raise funds rather than t								nılar	ΓYe	es 「	– No
Part	Part IV, line 9, or reported an an						n answere	d "Y	es" to Form	990,		
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	tions o	or other ass	ets r	not	ΓYe	es [– _{No}
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng t	able		Γ		A	mount		
c	Beginning balance							1c				
d	Additions during the year						<u> </u>	1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X. lin	e 21?				L			ΓYe	es l	No
	If "Yes," explain the arrangement in Part XIV									,	- ,	
Par			n ans	wer	ed "Ye	s" to I	Form 990.	Par	t IV, line 10			
		(a)Current Year) Prior			o Years Back		Three Years Back		ur Yea	rs Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or 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 yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	%										
Ь	Permanent endowment 🕨 %											
c	Term endowment ► %											
	Are there endowment funds not in the posses	ssion of the organiz	atıon	thata	are held	d and a	dministered	d for	the			
	organization by								_		/es	No
	(i) unrelated organizations			•				•		a(i)		
	(ii) related organizations If "Yes" to 3a(ii), are the related organization				 lula D2			•	· · · -	ı(ii) 3b		
	Describe in Part XIV the intended uses of the	•				• •		•		ן מכ		
- Part						90 Pa	art X line	10				
	<u>, </u>	o, una Equipine) Cost or		(b)Cost or o		(c) Accumulat	-d		
	Description of investment				is (invest		basis (othe		depreciation	1 10	d) Book	value
	and		•									
	Buildings		•	<u> </u>			1,183	,087	292,	346	-	890,741
	easehold improvements		•									
	quipment		•	_			2,244	,549	1,039,	880	1,	204,669
) ther		•									
	o ag upos 15 16 (Column (d) should oqual Fo				401						-	095,410

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	T	, , , , , ,
(a) Description of security or category (including name of security)	(b) Book value		d of valuation f-year market value
Financial derivatives			
Closely-held equity interests Other			
Part VIII Investments—Program Related. See		13	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount		
1 (a) Description of Liability Federal Income Taxes	(D) Amount		
Capital Leases, Current Portion	50,965		
Capital Leases, NON-CURRENT PORTION	107,324		
Due to CSEA	974,007		
Per Capita taxes Payable	1,305,210		
Accrued Vacation	856,467		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	3,293,973		

art	XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its
	Total revenue (Form 990, Part VIII, column (A), line 12)	1
	Total expenses (Form 990, Part IX, column (A), line 25)	2
	Excess or (deficit) for the year Subtract line 2 from line 1	3
	Net unrealized gains (losses) on investments	4
	Donated services and use of facilities	5
	Investment expenses	6
	·	7
	Prior period adjustments	8
	Other (Describe in Part XIV)	
	Total adjustments (net) Add lines 4 - 8	9
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
L	Reconciliation of Revenue per Audited Financial Statements With Revenue p	
	Total revenue, gains, and other support per audited financial statements	1
	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
	Net unrealized gains on investments	
	Donated services and use of facilities	
	Recoveries of prior year grants	
	Other (Describe in Part XIV) 2d	
	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
	Other (Describe in Part XIV) 4b	
	Add lines 4a and 4b	4c
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
t	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
	Total expenses and losses per audited financial	
	statements	1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	
	Donated services and use of facilities	
	Prior year adjustments	
	Other losses	
	Other (Describe in Part XIV)	
	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	A mounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a]
	Other (Describe in Part XIV)]
	Add lines 4a and 4b	4c
	Total company Add by a 3 and 4 a /Thurshould a such From 000 Book I by a 40 \	5
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	

Ident if ier

additional information

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493313001480

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization **Employer identification number** UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 68-0475305 Parist Ouestions Regarding Compensation

				Yes	Νο
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pro				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described a		1b		
2	Did the organization require substantiation prior to reimbu officers, directors, trustees, and the CEO/Executive Direc		2		
3	Indicate which, if any, of the following the organization use organization's CEO/Executive Director Check all that ap	ply			
		Written employment contract			
	☐ Independent compensation consultant ☐ Form 990 of other organizations ☐	Compensation survey or study Approval by the board or compensation committee			
	Form 990 of other organizations	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part V or a related organization	II, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payme	ent?	4a		Νo
b	Participate in, or receive payment from, a supplemental no	onqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based of	ompensation arrangement?	4c		Νo
	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) and 501(c)(4) organizations only must cor	nplete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the revenues of				
а	The organization?		5a		
ь	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the net earnings of	a, did the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1 payments not described in lines 5 and 6? If "Yes," described in lines 5.		7		
8	Were any amounts reported in Form 990, Part VII, paid or subject to the initial contract exception described in Regs in Part III		8		
9	If "Yes" to line 8, did the organization also follow the rebusection 53 $4958\text{-}6(c)\text{?}$	ttable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(D) Duank dayon at	:W 2	S.C	(C) Determine the mid	(D) Nambawahia	(E) Tatal of a dumana	(F) Commonstant
		(i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & ncentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Supplemental Information	Part III	INCHEDULE 1, PARTI, LINE 3 THE TO P MANAGEMENT OFFICIAL'S COMPENSATION IS ESTABLISHED BY A COLLECTIVE BARGAINING AGREEMENT WITH THE STATE OF CALIFORNIA, WHICH HAS BEEN APPROVED BY THE GOVERNING BODY AND MERRES OF THE ORGANIZATION SCHEDULE 1, PART III, IN RESPONSE TO FORM 90, PART VII, SECTION A, LINE 5 THE LOCAL'S OFFICERS ARE COMPENSATED THROUGH THE STATE OF CALIFORNIA LOCAL 1500 M MASTER CONTRACT THE LOCAL PERMANDEST HE STATE OF CALIFORNIA FOR THE CALIFORNIA COLOR PERMANDEST HE STATE OF CALIFORNIA FOR THE COLOR PERMANDEST COMPENSATION LEAVED THROUGH THE STATE OF THE COLOR PERMANDEST COMPENSATION LEAVED THROUGH THE STATE OF THE COLOR PERMANDEST COST FOR SALREY AND RELATED EXPENSES ASSOCIATED WITH THESE EMPLOYEES SEE LISTING BELOW OF COMPENSATION AND/OR PENAGE BENEFITS PAID BY THE LOCAL TO THE STATE OF CALIFORNIA AND/OR CEAPER FOR THE PROMETH ON THE STATE OF CALIFORNIA AND/OR CEAPER FOR THE PROMETH OF THE STATE OF CALIFORNIA AND/OR CEAPER FOR THE PROMETH OF THE STATE OF CALIFORNIA AND/OR CEAPER FOR THE STATE OF CALIFORNIA CONTRACT OF COMPENSATION AND/OR PENAGE BENEFITS PAID BY THE LOCAL TO THE STATE OF CALIFORNIA AND/OR CEAPER FOR THE STATE OF CALIFORNIA AND PROMETH OF CALIFORNIA AND PROMETH OF THE PROMETH OF THE STATE OF CALIFORNIA AND PROMETH OF THE PROMETH OF THE STATE OF CALIFORNIA AND PROMETH OF THE PROMETH OF THE STATE OF CALIFORNIA AND PROMETH OF THE PROMET
Supplemental	Part III	Name JOHNSON, PHYLLIS Title Chapter President Hours Per Week Devoted to Position 2 O Pm\$ to State of CA for Official Union Business \$1,238 Name RIOS, MODESTO Title Chapter President Hours Per Week Devoted to Position 2 O Pm\$ to State of CA for Official Union Business \$1,238 Name RIOS, MODESTO Title Chapter President Hours Per Week Devoted to Position 2 O Pm\$ to State of CA for Official Union Business \$1,238 Name RIOS, MODESTO Title Chapter President Hours Per Week Devoted to Position 2 O Pm\$ to State of CA for Official Union Business \$4,136 Name ROSKEY, MICHAEL Title Chapter President Hours Per Week Devoted to Position 2 O Pm\$ to State of CA for Official Union Business \$1,238 Name SMIL, SUSAN Title Chapter President Hours Per Week Devoted to Position 2 O Pm\$ to State of CA for Official Union Business \$1,208 Name SMIL SUSAN Title Chapter President Hours Per Week Devoted to Position 2 O Pm\$ to State of CA for Official Union Business \$5,798 Name O RAFFERY TITLE Chapter President Hours Per Week Devoted to Position 2 O Pm\$ to State of CA for Official Union Business \$809 Name CHANRY, TIMOTHY TITLE Chapter President Hours Per Week Devoted to Position 2 O Pm\$ to State of CA for Official Union Business \$809 Name CHANRY, TIMOTHY TITLE Chapter President Hours Per Week Devoted to Position 2 O Pm\$ to State of CA for Official Union Business \$1,208 Name SMITH, ROBERTA TITLE Chapter President Hours Per Week Devoted to Position 2 O Pm\$ to State of CA for Official Union Business \$3,800 Name SMITH, ROBERTA TITLE Chapter President Hours Per Week Devoted to Position 2 O Pm\$ to State of CA for Official Union Business \$3,810 Name ZUNIGA, ALD TITLE Chapter President Hours Per Week Devoted to Position 2 O Pm\$ to State of CA for Official Union Business \$3,210 Name ZUNIGA, ALD TITLE Chapter President Hours Per Week Devoted to Position 2 O Pm\$ to State of CA for Official Union Business \$3,210 Name ZUNIGA, ALD TITLE Chapter President Hours Per Week Devoted to Position 2 O Pm\$ to State of CA for Official Union Business \$1,720 Name ZUNIGA, A

OMB No 1545-0047

OMB NO 1545-004

2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

Supplemental Information to Form 990

Open to Public Inspection

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 Employer identification number

68-0475305

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE LOCAL REPRESENTS EMPLOYEES OF THE STATE OF CALIFORNIA WHO PAY MONTHLY DUES
Form 990, Part VI, Section A, line 7a		THE LOCAL'S MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY
Form 990, Part VI, Section A, line 7b		THE OPERATING DECISIONS OF THE LOCAL ARE SUBJECT TO APPROVAL BY THE LOCAL'S MEMBERS
Form 990, Part VI, Section A, line 8b		MINUTES OF MEETINGS HELD BY OTHER COMMITTEES ARE NOT DOCUMENTED AS THESE COMMITTEES DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY ALL DECISIONS AND RECOMMENDATIONS MUST BE APPROVED BY THE GOVERNING BODY
Form 990, Part VI, Section B, line 11		COPIES OF THE LOCAL'S FORM 990, INCLUDING REQUIRED SCHEDULES, WERE PROVIDED TO EACH MEMBER OF THE LOCAL'S GOVERNING BODY FOR REVIEW PRIOR TO FILING WITH THE IRS The executive officers and management will perform the review of the Form 990, including required schedules, prior to filing with the IRS
Form 990, Part VI, Section B, line 12c		All board members and the council's staff are covered under the CONFLICT OF INTEREST policy ANNUALLY, DISCLOSURE OF Relationships or interests that could give rise to a conflict is provided to the Executive Board The Executive Board (Officers and Trustees) review the DISCLOSURES provided on an annual basis to determine whether a conflict of interest exists and whether to impose certain restrictions on a person with a conflict of interest
Form 990, Part VI, Section B, line 15		THE LOCAL'S TOP MANAGEMENT OFFICIAL (PRESIDENT) AND OFFICERS ARE COMPENSATED THROUGH THE STATE OF CALIFORNIA, WHICH IS BASED ON THE LOCAL 1000 MASTER CONTRACT THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THE OFFICER'S TIME SPENT PLUS 35% FOR ALL TIME SPENT ON UNION RELATED BUSINESS (UNION LEAVE)
Form 990, Part VI, Section C, line 19		The organization does not make their documents available to the public

Identifier	Return Reference	Explanation
		Form 990, Part XI, Line 2c. The Executive Board is responsible for the oversight of the audit of its financial statements and the selection of the independent accountants. There WERE no changes to THE oversight process or selection process during the tax year.

DLN: 93493313001480

OMB No 1545-0047

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

26-3463027

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ► Attach to Form 990.

> Open to Public Inspection

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Employer identification number

68-0475305

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c) Legal domicile (state or foreign country)

Total income

End-of-year assets

Direct controlling entity

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
SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE PAC					
555 CAPITOL MALL SUITE 1425	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL	CA	527	N/A	UNION OF CALIFONRIA STATE WORKERS SEIU LOCAL 1000
SACRAMENTO, CA 958144602 30-2032142	CANDIDATE ELECTIONS				LOCAL 1000
SEIU LOCAL 1000 KEEPING CALIF HEALTHY SAFE AND STRONG					
555 CAPITOL MALL SUITE 1425	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL	CA	527	N/A	UNION OF CALIFONRIA STATE WORKERS SEIU LOCAL 1000
SACRAMENTO. CA 958144602	CANDIDATE ELECTIONS				LOCAL 1000

		_		as a Partnership (ited as a partnership		nızatıon answered	"Yes" on Fori	m 990, Part IV, lin	e 34	
(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) Disproprtionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes No		Yes No	2

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust (Complete of 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
---	--------------------------------	--	--	---	--	--	---------------------------------------

(3)

(4)

(5)

(6)

				9			
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No			
1 D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
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 (iv) rent from a controlled entity b Gift, grant, or capital contribution to other organization(s)							
b Gift, grant, or capital contribution to other organization(s) c Gift, grant, or capital contribution from other organization(s)							
c	: Gift, grant, or capital contribution from other organization(s)	1c		No			
d Loans or loan guarantees to or for other organization(s)							
e	Loans or loan guarantees by other organization(s)	1e		No			
				<u> </u>			
	Sale of assets to other organization(s)	1f		No			
g	Purchase of assets from other organization(s)	1g		No			
h	n Exchange of assets	1h		No			
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No			
i	Lease of facilities, equipment, or other assets from other organization(s)	1j		No			
-	k Performance of services or membership or fundraising solicitations for other organization(s)						
Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s)							
	n Sharing of facilities, equipment, mailing lists, or other assets	1m		No			
	Sharing of paid employees	1n		No			
0	Reimbursement paid to other organization for expenses	10		No			
p	Reimbursement paid by other organization for expenses	1р		No			
q	Other transfer of cash or property to other organization(s)	1 q		No			
r	Other transfer of cash or property from other organization(s)	1r		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 threshol (b)	as					
	(a) Transaction Name of other organization type(a-r)	Amount	(c) t involve	ed			
1) S	SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL 1000 CANDIDATES PAC B		47	75,703			
1) S	See Additional Data Table						

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity (b) Primary activity (c)
Legal domicile
(state or foreign
country)

(d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets (f) Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes N

Software ID: Software Version:

EIN: 68-0475305

Name: UNION OF CALIFORNIA STATE WORKERS

SEIU LOCAL 1000

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

(A) Name and Title	(B) Average hours	Posi	(C tion (hat a	:) che	cka	II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
jım hard Vice President	40 00	Х		X				0	0	0
cora O KUMURA Vice President/Secretary	30 20	Х		X				0	0	0
Yvonne Walker President	40 00	Х		x				0	0	0
O tis Tidwell Chapter President	2 00	Х						0	0	0
Rita Salazar Chapter President	2 00	Х						0	0	0
BLANCA RODRIGUEZ Chapter President	2 00	Х						0	0	0
CAROL HURLEY Chapter President	2 00	Х						0	0	0
Gene Buckhannan Chapter President	2 00	Х						0	0	0
DENISE VARA Chapter President	2 00	Х						0	0	0
DIANA MURILLO Chapter President	2 00	X						0		0
Lisa Davis Chapter President	30 90	Х						0		0
LINDA CURRY Chapter President	2 00	X						0	0	0
Joe Chacon Chapter President	2 00	Х						0	0	0
Steven Aları Chapter President	2 00	Х						0	0	0
Alan Constantino Chapter President	2 00	Χ						0	0	0
KEVIN CURTIS Chapter President	2 00	Х						0	0	0
JOYCE MINZEY Chapter President	2 00	X						0	0	0
MARIA VILLEGAS Chapter President	2 00	Х						0	0	0
HOLLIE STOTTER Chapter President	2 00	X						0	0	0
Edward Funk Chapter President	2 00	X						0	0	0
WENDY PARKER Chapter President	21 60	X						0	0	0
Alan Charbonneau Chapter President	2 00	Х						0	0	0
BERTHA SANCHEZ Chapter President	2 00	X						0	0	0
LARRY ROBERTS Chapter President	2 00	Х						0	0	0
EUGENE SMITH Chapter President	2 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion ((che			ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Helen Griffin Chapter President	2 00	Х						0	0	0		
BERTHA CERNA Chapter President	2 00	Х						0	0	0		
Olga Gutierrez Chapter President	2 00	Х						0	0	0		
BRANDI KANE Chapter President	2 00	X						0	0	0		
PHYLLIS JOHNSON Chapter President	2 00	Х						0	0	0		
STEPHAN MCVEIGH Chapter President	2 00	Х						0	0	0		
Modesto F Rios Jr Chapter President	2 00	Х						0	0	0		
DANA MEZA Chapter President	2 00	Х						0	0	0		
Michael Roskey Chapter President	2 00	Х						0	0	0		
Paul Smilanick Chapter President	2 00	Х						0	0	0		
CLAYTON SILVA Chapter President	2 00	X						0	0	0		
Timothy Chaney Chapter President	2 00	Х						0	0	0		
Jeffrey Fowler Chapter President	2 00	Х						0	0	0		
SHRHONDA WARD Chapter President	2 00	Х						0	0	0		
SUSAN SMALL Chapter President	2 00	Х						0	0	0		
WILLIAM O'RAFFERTY Chapter President	2 00	Х						0	0	0		
Margarita Maldonando Bargaining Unit Chairper	40 00	X						0	0	0		
Cındıe Fonseca Bargaınıng Unit Chairper	40 00	Х						0	0	0		
Larry Perkins Bargaining Unit Chairper	29 50	X						0	0	0		
Robin Sherles Bargaining Unit Chairper	28 50	X						0	0	0		
Nancy Lyerla Bargaining Unit Chairper	36 20	Х						0	0	0		
Rionna Jones Bargaining Unit Chairper	31 80	X						0	0	0		
TERRY LAWHEAD Bargaining Unit Chairper	40 00	X						0	0	0		
ROBERTA SMITH Chapter President	2 00	X						0	0	0		
MICHAEL ALLEN Chapter President	2 00	Х						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, ar	nd Independ	dent C	ont	rac	tor	5				
(A) Name and Title	(B) Average hours per		tion ((che				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
JULIO BASQUEZ Chapter President	2 00	Х						0	0	0
DARLENE ESTEY		.,						0	0	0
Chapter President	2 00	Х						0	0	0
JAMES BRIGGS	2 00	Х						0	0	0
CHapter President SOUROSH SEIFIKAR										
Chapter President	2 00	Χ						0	0	0
MICHAEL CLARK	2.00	V						0	0	0
Chapter President	2 00	Х						0	0	0
THOMAS PERINE	2 00	Х						0	0	0
Chapter President										
SANDRA LUKE Chapter President	2 00	Χ						0	0	0
GAIL HANNON	2.00	V						0	0	0
C Hapter President	2 00	Х						U	0	U
RONALD BENGE Chapter President	2 00	X						0	0	0
MICHELLE GREEN	2 00	Х						0	0	0
Chapter President ALFREDA WEAVER										
Chapter President	2 00	Χ						0	0	0
JAMES WILLIS	30 90	Х						0	0	0
Bargaining Unit Chairper	30 90	^						Ŭ	0	O
YOLANDA VILLANUEVA CHAPter President	2 00	Χ						0	0	0
KATHLEEN COLLINS VICe President	40 00	Х		Х				0	0	0
ALBERT TROYER										
Bargaining Unit Chairper	2 00	X						0	0	0
FRANCISCA PASS BARGAining Unit Chairper	23 80	X						0	0	0
JAYSON SANDOVAL CHApter President	2 00	Х						0	0	0
CHRISTINA VILLARREAL CHAPter President	2 00	Х						0	0	0
MANUEL RODRIGUEZ CHApter President	2 00	X						0	0	0
IRENE JACKSON CHapter President	2 00	Х						0	0	0
ARNOLD ZUNIGA CHapter President	2 00	Х						0	0	0
JANET ZIMMER CHAPter President	2 00	Х						0	0	0
NAPOLEON CRISTOBAL CHapter President	2 00	X						0	0	0
MICHAEL BARATZ CHIEF OF STAFF	40 00					Х		0	0	0
PAUL HARRIS III CHIEF COUNSEL	40 00					Х		0	0	0

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

(A) Name and Title	(B) Average hours) ition that a			Ш		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation from the organization and related organizations	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)		
DOUGLAS CROOKS DIrector of communicatio	40 00	•				Х	,	0	0	0	
brian schroeder director of human resour	40 00					X		0	0	0	
ANNE GIESE Sr Attorney/Interim Con	40 00					X		0	0	0	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Reımbursements to CSEA	19,447,768			
Union Leave Expense	2,572,149			
Negotiations and Arbitr	898,554			
DLC Admin Fees	756,774			
Campaigns	577,483			

Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0047

Open to Public
Inspection

		llendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 C Name of organization	0	D Employ	er identification number
B Check i Address	if applicable s change	UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		68-047	
Name o	-	Doing Business As			one number
– Initial re	eturn	Number and street (or P O box if mail is not delivered to street address)	Room/suite	1	554-1200
— Termina	ated	1808 14TH STREET	Noom, saice	(910)	
– Amende	ed return	City or town, state or country, and ZIP + 4		G Gross re	ceipts \$ 57,143,627
– Applicat	tion pending	SACRAMENTO, CA 958117131			
		F Name and address of principal officer	H(a) Is this a	group return for	affiliates? Yes No
		YVONNE WALKER 1808 14TH STREET	H(b) Are all	affiliates inclu	ded?
		SACRAMENTO,CA 958117131			list (see instructions)
Tax-ex	rempt status	501(c)(3)	H(c) Grou	p exemptioi	n number ►
Webs	ite:▶ HT1	TP //WWW SEIU1000 ORG			
		✓ Corporation Trust Association Other ►	l Voor of fo		M State of legal domicile C
Part :		mary Association) Other	L Year of 10	rmation 2001	M State of legal domicile C.
200velliance	TO REPR WORKIN ON AN I	escribe the organization's mission or most significant activities RESENT CERTAIN CIVIL SERVICE EMPLOYEES OF THE STATE OF IG CONDITIONS, ASSISTANCE IN FILING AND PURSUING EMPLO INDIVIDUAL AND CLASS BASIS, TECHNICAL ASSISTANCE IN JOE ACY IN SUPPORT OF PROGRAMS BENEFICIAL TO STATE EMPLOY	YEE GRIEVA 3 CLASSIFIC	NCES, LEG. ATION, AN	AL REPRESENTATION
ž 9	Check th	nis box 📭 if the organization discontinued its operations or disposed o	of more than 2	5% of its no	at assats
		of voting members of the governing body (Part VI, line 1a)		1	3 6:
ૄ 4		of independent voting members of the governing body (Part VI, line 1b)			4 6:
8 3 4 4 5 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4	Total nur	mber of individuals employed in calendar year 2010 (Part V, line 2a)			5
- 6		mber of volunteers (estimate if necessary)		_	6
		related business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34		<u> </u>	7a (
	D Net unite	Tated business taxable income from 1 orm 550-1, fine 54	Prio	r Year	Current Year
8	3 Contrib	butions and grants (Part VIII, line 1h)			0 0
∄ 9	P rogra	m service revenue (Part VIII, line 2g)		60,656,48	3 56,668,257
Beyenue 10) Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		108,48	6 86,843
_ 11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	740,62	2 388,527
12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	e	61,505,59	57,143,627
13	G rants	and similar amounts paid (Part IX, column (A), lines 1-3)			0 0
14		ts paid to or for members (Part IX, column (A), line 4)	_	128,75	167,500
\$ 15	Salarie 10)	es, other compensation, employee benefits (Part IX, column (A), lines 5	>-		0
25 第 16	5a Profes	sional fundraising fees (Part IX, column (A), line 11e)			0 0
ਡੌ		ndraising expenses (Part IX, column (D), line 25) ▶0			
17		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		57,961,67	
18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12		58,090,42 3,415,16	
	. 1.076110		Beginning	of Current	
Net Assets of Fund Balances 72				ear	End or Year
경면 20 로프		assets (Part X, line 16)		28,031,36	<u> </u>
교 21 교 22		sets or fund balances Subtract line 21 from line 20		7,081,76	<u> </u>
Part I		ature Block		20,949,00	18,037,020
Jnder pe mowledg mowledg	enalties of pe ge and belief ge.	erjury, I declare that I have examined this return, including accompanying so f, it is true, correct, and complete. Declaration of preparer (other than office	er) is based on a		
Here		INE WALKER PRESIDENT or print name and title			
	Print/Type	· · - F · · · · · · · · · · · · D	rate i	Check if self-	PTIN
Paid	preparer's Firm's nan	ne LINDQUIST LLP		employed 🕨	Furn's ETN *
Preparer	r Firm's add	dress 5000 EXECUTIVE PARKWAY SUITE 400			Firm's EIN
Jse Only	у	SAN RAMON, CA 94583			Phone no (925) 277- 9100

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

Par		ent of Program Service A Schedule O contains a response			F
1	Briefly describe	e the organization's mission			
BENE REPR CLAS	EFITS AND WOR RESENTATION O	KING CONDITIONS, ASSISTAN ON BOTH AN INDIVIDUAL AND	EES OF THE STATE OF CALIFOR NCE IN FILING AND PURSUING I CLASS BASIS, TECHNICAL ASS IN SUPPORT OF PROGRAMS BE	EMPLOYEE GRIEVANCES, L SISTANCE IN MATTERS OF 1	EGAL JOB
2		ation undertake any significant pr 90 or 990-EZ?	ogram services during the year wh		∕es ✓ No
	If "Yes," describ	oe these new services on Schedul	e O		
3	services? .		significant changes in how it condu	cts, any program	∕es 🔽 No
4	Describe the ex Section 501(c)	(3) and 501(c)(4) organizations a	ach of the organization's three larg nd section 4947(a)(1) trusts are i enue, if any, for each program serv	equired to report the amount	
4a) (Expenses \$ RED FOR THE LOCAL FOR ITS TAX EXEMF EES OF THE STATE OF CALIFORNIA	including grants of \$ PT PURPOSES OF REPRESENTING AND MAI) (Revenue \$ NTAINING DESIRABLE WORKING CO) NDITIONS FOR CIVIL
4b	(Code) (Expenses \$	ıncluding grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4d	Other program	services (Describe in Schedule	0)		
	(Expenses \$) (Revenue \$)
4e	Total program	service expenses►\$			

Part IV	Checklist	of Rec	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendownents? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
-	1a 106			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		Νο
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
-r a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country 🛌 See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See instructions for ming requirements for Form 1D F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
А	file Form 8282?	7c		
u	11 res, indicate the number of forms 5252 med during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7-		
f	contract?	7e 7f		
	If the organization, earing the year, pay premians, uncerty of maneetry, and personal benefit contract.	-		
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	 		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	against amounts due or received from them)			
12=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b	<u> </u>		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		INU
	2			

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 to any question in this Part VI										. F	7
---	--	--	--	--	--	--	--	--	--	-----	---

_Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by	<u> </u>		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website V Upon request			

-) Own website | Another's website | ◆ Opon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > CORA OKUMURA

1808 14TH STREET SACRAMENTO, CA 95814

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee									ee	
(A) Name and Title	(B) Average hours per		tion that a		′)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) YVONNE WALKER PRESIDENT	40 00	х		х				0	0	0
(2) CORA OKUMURA VICE PRESIDENT/SECRETARY TREASURER	39 10	х		х				0	0	0
(3) JIM HARD VICE PRESIDENT/ORGANIZING & REPRESENTATION	40 00	х		х				0	0	0
(4) KATHLEEN COLLINS VICE PRESIDENT/BARGAINING	40 00	х		х				0	0	0
(5) OTIS TIDWELL CHAPTER PRESIDENT	2 20	х						0	0	0
(6) AIDA CANONIZADO CHAPTER PRESIDENT	2 20	×						0	0	0
(7) RITA SALAZAR CHAPTER PRESIDENT	2 20	×						0	0	0
(8) JAYSON SANDOVAL CHAPTER PRESIDENT	2 20	×						0	0	0
(9) CHRISTINA VILLARREAL CHAPTER PRESIDENT	2 20	×						0	0	0
(10) GENE BUCKHANNAN CHAPTER PRESIDENT	2 20	×						0	0	0
(11) DIANA MURILLO CHAPTER PRESIDENT	2 20	×						0	0	0
(12) LINDA CURRIE CHAPTER PRESIDENT	2 20	×						0	0	0
(13) LISA DAVIS CHAPTER PRESIDENT	33 70	×						0	0	0
(14) KEVIN CURTIS CHAPTER PRESIDENT	2 20	х						0	0	0
(15) JOYCE MINZEY CHAPTER PRESIDENT	2 20	×						0	0	0
(16) JOE CHACON CHAPTER PRESIDENT	2 20	х						0	0	0
										Form 990 (2010)

(A) Name and Title	(B) A verage hours per		tion (that a	che				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of othe compensation		
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee			Former Ighest compensated Inployee Key employee		organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization an related organizations
.7) IRENE JACKSON HAPTER PRESIDENT	2 20	x						0	0			
.8) ALAN CONSTANTINO HAPTER PRESIDENT	2 20	Х						0	0			
.9) MARIA VILLEGAS PAST HAPTER PRESIDENT	0 00	X						0	0			
20) HOLLIE STOTTER PAST HAPTER PRESIDENT 21) OPHELIA RABANAL	0 00	Х						0	0			
HAPTER PRESIDENT	2 20	X						0	0			
HAPTER PRESIDENT 23) MANUEL RODRIGUEZ	2 20	X						0	0			
HAPTER PRESIDENT 24) EDWARD FUNK	2 20	X						0	0			
HAPTER PRESIDENT	2 20	X						0	0			
HAPTER PRESIDENT 26) ALAN CHARBONNEAU HAPTER PRESIDENT	2 20	x						0	0			
27) EUGENE SMITH HAPTER PRESIDENT	2 20	х						0	0			
28) VENECIA CONNALLY HAPTER PRESIDENT	2 20	х						0	0			
29) BERTHA CERNA HAPTER PRESIDENT	2 20	х						0	0			
80) BRANDI KANE HAPTER PRESIDENT	2 20	Х						0	0			
31) HELEN GRIFFIN HAPTER PRESIDENT	2 20	Х						0	0			
32) RAYMOND ALTMAN HAPTER PRESIDENT	2 20	Х						0	0			
33) STEPHEN MCVEIGH HAPTER PRESIDENT	2 20	Х		_	_			0	0			
84) OLGA GUTIERREZ HAPTER PRESIDENT	2 20	х						0	0			
85) DANA MEZA HAPTER PRESIDENT 86) PHYLLIS JOHNSON	2 20	X						0	0			
HAPTER PRESIDENT 37) CLAYTON SILVA	2 20	X			<u> </u>			0	0			
HAPTER PRESIDENT 88) MODESTO RIOS	2 20	X						0	0			
HAPTER PRESIDENT 39) SHRHONDA WARD	2 20	X			┝			0	0			
HÁPTER PRESIDENT 10) MICHAEL ROSKEY	2 20	X						0	0			
HAPTER PRESIDENT 11) PAUL SMILANICK	2 20							0	0			
HAPTER PRESIDENT 12) SUSAN SMALL	2 20	×			\vdash			0	0			
HAPTER PRESIDENT 13) EDWARD SOMERA	2 20	X						0	0			
HAPTER PRESIDENT 14) WILLIAM O'RAFFERTY PAST HAPTER PRESIDENT	2 20	x						0	0			
15) MICHELLE NEBBIO HAPTER PRESIDENT	2 20	х						0	0			
16) TIMOTHY CHANEY HAPTER PRESIDENT	2 20	х						0	0			
17) JEFFREY FOWLER HAPTER PRESIDENT	2 20	х						0	0			
18) YOLANDA VILLANUEVA PAST HAPTER PRESIDENT	0 00	х						0	0			
9) ANA MAYO HAPTER PRESIDENT	2 20	х						0	0			
50) CARLENE DEMARCO HAPTER PRESIDENT	2 20	Х						0	0			
51) EDWIN PEREZ HAPTER PRESIDENT 52) MICHAEL ALLEN	2 20	Х						0	0			
HAPTER PRESIDENT 33) ARNOLD ZUNIGA PAST	2 20	X						0	0			
HAPTER PRESIDENT 64) SEAN O'CONNELL	0 00	X						0	0			
HAPTER PRESIDENT 55) DARLENE ESTEY	2 20	X						0	0			
HAPTER PRESIDENT 56) JANET ZIMMER	2 20	X						0	0			
HAPTER PRESIDENT 57) NAPOLEON CRISTOBAL PAST	0 00							0	0			
HAPTER PRESIDENT 58) RAY REYNOLDS	2 20	×						0	0			
HAPTER PRESIDENT 59) MICHAEL CLARK PAST	0 00	X						0	0			
HAPTER PRESIDENT 50) THOMAS PERINE HAPTER PRESIDENT	2 20	x						0	0			
51) SANDRA LUKE HAPTER PRESIDENT	2 20	х						0	0			
52) DIANA KING HAPTER PRESIDENT	2 20	х						0	0			
3) RONALD BENGE HAPTER PRESIDENT	2 20	х						0	0			
64) JAVIER CARDENAS HAPTER PRESIDENT	2 20	х						0	0			
55) ADRIENNE JOHNSON HAPTER PRESIDENT	2 20	Х						0	0			
6) MICHELLE GREEN PAST HAPTER PRESIDENT	0 00	Х						0	0			
67) ALFREDA WEAVER HAPTER PRESIDENT	2 20	х						0	0			
8) MARGARITA MALDONADO ARGAINING UNIT CHAIRPERSON	40 00	Х						0	0			
9) CINDIE FONSECA ARGAINING UNIT CHAIRPERSON	2 20	Х						0	0			
0) JOHN KERN RGAINING UNIT CHAIRPERSON 1) FRANCISCA PASS	2 20	Х						0	0			
1) FRANCISCA PASS RGAINING UNIT CHAIRPERSON 2) JAMES WILLIS	2 20	X						0	0			
3) LAVERNE ARCHIE	40 00	X		_	-			0	0			
ARGAINING UNIT CHAIRPERSON 4) ROBYN SHERLES	2 20	X		\vdash	\vdash			0	0			
ARGAINING UNIT CHAIRPERSON 5) NANCY LYERLA	20 20	X		\vdash	\vdash			0	0			
ARGAINING UNIT CHAIRPERSON 16) RIONNA JONES	20 20	X		\vdash	\vdash			0	0			
ARGAINING UNIT CHAIRPERSON 77) TERRY LAWHEAD ARGAINING UNIT CHAIRPERSON	40 00	X		\vdash	+			0	0			
ARGAINING UNIT CHAIRPERSON '8) ALBERT TROYER PAST ARGAINING UNIT CHAIRPERSON	0 00	X			<u> </u>			0	0			
b Sub-Total						<u> </u>	>					
c Total from continuation she						•	j e-	0	0			
d Total (add lines 1b and 1c)			•		•		-	I	U			

			res	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5	Yes	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (B) (A)

(A) Name and business address	(B) Description of services	(C) Compensation
CALIFORNIA STATE EMPLOYEES ASSOCIATION 1108 O STREET SACRAMENTO, CA 95816	ADMINISTRATIVE SERVICES	5,150,913
PHIL GIARRIZZO CAMPAIGNS INC 1215 19TH STREET 2ND FLOOR SACRAMENTO, CA 958114154	CAMPAIGN AND COMMUNICATION CONSULTING	119,822
LINDQUIST LLP 5000 EXECUTIVE PARKWAY SUITE 400 SAN RAMON, CA 94583	ACCOUNTING AND AUDITING SERVICES	113,686
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►3) who received more than	
		Form 990 (2010)

86,843

57,143,627

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) but are not required to complete columns (B), (C), and (D).					
Do no	t include amounts reported on lines 6b, , 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 governments and organizations in the U.S. See Part IV, line 21		·		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	167,500			
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
а	Fees for services (non-employees) Management				
b	Legal	150,422			
c	Accounting	114,054			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	5,862,918			
12	Advertising and promotion	454			
13	Office expenses	2,236,790			
14	Information technology	405,921			
15	Royalties				
16	Occupancy	1,422,256			
17	Travel	3,229,723			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,717,134			
20	Interest	56,555			
21	Payments to affiliates	15,500,119			
22	Depreciation, depletion, and amortization	555,821			
23	Insurance	160,682			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	REIMBURSEMENTS TO CSEA	23,204,896			
b	UNION LEAVE EXPENSE	2,245,942			_
c	PAC EXPENSE	1,059,207			
d	DLC ADMIN FEES	750,736			
e	CONTRIBUTIONS AND DONAT	239,196			
f	All other expenses	375,286			
25	Total functional expenses. Add lines 1 through 24f	59,455,612			
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 6,324,822 4,536,088 1 5,443,857 2 5,492,190 2 3 3 5,485,699 5,718,813 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 213,032 179,944 8 8 175,839 9 157,074 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 3,652,602 10a Part VI of Schedule D 1.888.048 ь Less accumulated depreciation 10b 2,095,410 **10c** 1,764,554 8,050,401 8.070.177 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 242,306 15 186,354 15 16 28,031,366 16 26,105,194 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2.874.803 17 3,594,782 17 Accounts payable and accrued expenses . 18 18 19 546.949 19 539.689 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 366.036 23 330.568 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 3,293,973 25 3.002.535 Other liabilities Complete Part X of Schedule D 7,081,761 26 26 7,467,574 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 19.546.484 16,046,359 Unrestricted net assets Temporarily restricted net assets 1,403,121 2,591,261 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 萝 20,949,605 33 18,637,620 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 28.031.366 26,105,194

Pai	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		57,:	143,62
2	Total expenses (must equal Part IX, column (A), line 25)	2		59,4	155,61
3	Revenue less expenses Subtract line 2 from line 1	3		-2,3	311,98
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		20,9	949,60
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		18,6	537,62
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			৮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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				
	Schedule O	•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required	3b		

DLN: 93493231002211

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ▶ See separate instructions.

Open to Public Inspection

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

- ◆ 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1					
		Employer ide	ntıfıca	ition numbe	ar.	
	ION OF CALIFORNIA STATE WORKERS U LOCAL 1000	58-047530!	5			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a s			janizatio	n.	_
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV				
2	Political expenditures	.	\$			0
3	V olunteer hours		_			0
Pai	t 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	▶	\$ <u></u>			
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶	\$ <u></u>			
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					
Pai	t I-C Complete if the organization is exempt under section 501(c) except s	section 50)1(c)	(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tivities 🕨	\$			0
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5 exempt funtion activities	i27 ►	\$			0
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	.7b ►	\$			
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 organization made payments. For each organization listed, enter the amount paid from the filing o	-			_	

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) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
(1) SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE PAC	555 CAPITAL MALL SUITE 1425 SACRAMENTO, CA 958144602	30-2032142	0	4,268,715

_	nedule C (Form 990 or 990-EZ) 2010			Page 2
P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check I if the filing organization belongs to a	an affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
С	Total lobbying expenditures (add lines 1a and 1	b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both		
	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 lir	ne 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form 4	1720 reporting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	veraging Period Under Section 501(section 501(h) election do not have he instructions for lines 2a through enditures During 4-Year Averaging	to complete all of th 2f on page 4.)	e five
_	====;9 = x p		-	

	Lobbying Expendi	tures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable 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)).

		(a)		(b)		
		Yes	No	'	A mour	nt
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					
а	V olunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
c	Media advertisements?			1		
d	Mailings to members, legislators, or the public?					
е	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? If "Yes," describe in Part IV					
j	Total lines 1c through 1:					
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		_	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				

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?

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

b Carryover from last year

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES		THE LOCAL'S DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES INCLUDE MAKING EXPENDITURES IN CONNECTION WITH STATE AND/OR LOCAL CANDIDATE ELECTIONS

2b 2c 3

4

5

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As Filed Data

DLN: 93493231002211

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 68-0475305 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ ___ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easu	res, or O	the	<u>r Similar</u>	Asse	ts (cc	ntınued)
	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing t	hat ar	e a significa	ant u	se of its col	lection	1	
а	Public exhibition		d	Γ	Loan	orexcl	hange progr	ams				
b	Scholarly research		e	Γ	Other							
с	Preservation for future generations											
	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	r the c	organization	ı's ex	cempt purpo	se in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	∏ No
Part	Part IV, line 9, or reported an an						n answere	d "Y	es" to For	m 990),	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontrıbu	tions	or other ass	ets i	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Γ			A mou		
c	Beginning balance						F	1c				
d	Additions during the year						r	1d				
e	Distributions during the year						T T	1e				
f	Ending balance						F	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L			Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									,		,
Par			n ans	were	ed "Ye	s" to l	Form 990.	Par	t IV. line	10.		
		(a)Current Year		Prior `			o Years Back		Three Years B		Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment											
c	Term endowment ▶											
	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	l and a	dministere	d for	the			
	organization by								г		Yes	No
	(i) unrelated organizations							•		3a(i)		<u> </u>
	(ii) related organizations							•		3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	·						•	[3b		<u> </u>
4 Part						00 D:	art V line	10				
Fall	Till vestillents—Land, buildings	s, and Equipme	iiit. S			•			(2) (20)	10404		
	Description of investment) Cost or is (invest		(b)Cost or o basis (othe		(c) Accumu depreciati		(d) Bo	ok value
	and		•									
	Buildings		•				1,275	,682	42	28,056		847,626
	easehold improvements		•									
d⊟	quipment			1			2,376	,920	1,45	59,992		916,928
	Other		•	<u></u>					▶			1,764,554

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1:		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-or	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation
——————————————————————————————————————	(2) Book value	Cost or end-of	-year market value
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	,		
Part IX Other Assets. See Form 990, Part X, III	ne 15		
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	(, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
	176.633		
CAPITAL LEASES	176,633		
ACCRUED VACATION	1,093,973		
DUE TO CSEA	478,446		
PER CAPITA TAXES PAYABLE	1,253,483		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	3,002,535		

-01	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ιτS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
	XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retur	n
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete tl		

Identifier Return Reference Explanation

additional information

Compensation Information

DLN: 93493231002211

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Employer identification number

68-0475305

Pai	t I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II		nny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First-class or charter travel	Γ	Housing allowance or residence for personal use		ĺ	
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses described.			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	Compensation committee	<u> </u>				1
	Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	, Part V I	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymer	nt from the organization or a related organization?	4a		Νo
ь	Participate in, or receive payment from, a suppleme	ental nor	nqualified retirement plan?	4b		Νο
С	Participate in, or receive payment from, an equity-	based co	ompensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and p					
	Only 501(c)(3) and 501(c)(4) organizations only m	nust com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of $% \left\{ 1,2,3,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4$, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
Ь	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		
9	If "Yes" to line 8, did the organization also follow th	he rebutt	able presumption procedure described in Regulations			

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		1			_			
(A) Name		(B) Breakdown o	f W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(6)(1)-(6)	Form 990 or Form 990-EZ
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to	provide the	information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information
Ident if ier	Return Reference	Explanation
SUPPLEMENTAL PA		SCHEDLE I PAYT I, LINE 3 THE TO MANACEMENT OFFICIAL S. COMPRIGATION IS STABILISHED BY A COLLECTIVE BADGAINING. SCHEDLE I, PAYTI ILLIN RESPONSE TO THE WAY, NAM VELSCELIDER & LINE 3 THE LOCAL SOMECHE AND COMPRISON TO HIS COLD. THE COLD AND COMPRISON TO HIS COLD. THE COLD AND COMPRISON TO HIS COLD AND
	ART III	POSITION 2 2 PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS \$6,088 NAME SHERLES, ROBYN TITLE BARGAINING UNIT CHAIRPERSON HOURS PER WEEK DEVOTED TO POSITION 20 0 PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS \$24,416 NAME LYERLA, NANCY TITLE BARGAINING UNIT CHAIRPERSON HOURS PER WEEK DEVOTED TO POSITION 20 2 PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS \$59,285 NAME JONES, RIONNA TITLE BARGAINING UNIT CHAIRPERSON HOURS PER WEEK DEVOTED TO POSITION 2 2 PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS \$21,682 NAME LAWHEAD, TERRY TITLE BARGAINING UNIT CHAIRPERSON HOURS PER WEEK DEVOTED TO POSITION 40 0 PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS \$73,117 NAME TROYER, ALBERT (PAST) TITLE BARGAINING UNIT CHAIRPERSON HOURS PER WEEK DEVOTED TO POSITION - PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS \$- NAME ZIMMERMAN, SARAH TITLE DEPUTY CHIEF OF STAFF HOURS PER WEEK DEVOTED TO POSITION 40 PER FORM W2 REPORTED BY CSEA \$109,849 EST OTHER COMPENSATION REPORTED BY CSEA \$21,483 NAME HARRIS, PAUL TITLE CHIEF COUNSEL HOURS PER WEEK DEVOTED TO POSITION 40 PER FORM W2 REPORTED BY CSEA \$144,056 EST OTHER COMPENSATION REPORTED BY CSEA \$28,857 NAME GIESE, ANNE TITLE SENIOR ATTORNEY HOURS PER WEEK DEVOTED TO POSITION 40 PER FORM W2 REPORTED BY CSEA \$117,680
INFORMATION		EST OTHER COMPENSATION REPORTED BY CSEA \$25,778 NAME JOSE DE LA TORRE TITLE ASSISTANT CHIEF COUNSEL HOURS PER WEEK DEVOTED TO POSITION 40 PER FORM W2 REPORTED BY CSEA \$120,379 EST OTHER COMPENSATION REPORTED BY CSEA \$25,971 NAME SCHROEDER, BRIAN TITLE TALENT MANAGEMENT DIRECTOR HOURS PER WEEK DEVOTED TO POSITION 40 PER FORM W2 REPORTED BY CSEA \$110,987 EST OTHER COMPENSATION REPORTED BY CSEA \$25,534 NAME WARD, SHRHONDA TITLE CHAPTER PRESIDENT HOURS PER WEEK DEVOTED TO POSITION 22 PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS \$571

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493231002211

OMB No 1545-0047

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization
UNION OF CALIFORNIA STATE WORKERS
SEIU LOCAL 1000

Employer identification number

68-0475305

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE LOCAL REPRESENTS EMPLOYEES OF THE STATE OF CALIFORNIA WHO PAY MONTHLY DUES

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE LOCAL'S MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE OPERATING DECISIONS OF THE LOCAL ARE SUBJECT TO APPROVAL BY THE LOCAL'S MEMBERS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B		MINUTES OF MEETINGS HELD BY OTHER COMMITTEES ARE NOT DOCUMENTED AS THESE COMMITTEES DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY ALL DECISIONS AND RECOMMENDATIONS MUST BE APPROVED BY THE GOVERNING BODY

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		COPIES OF THE LOCAL'S FORM 990, INCLUDING REQUIRED SCHEDULES, WERE PROVIDED TO EACH MEMBER OF THE LOCAL'S EXECUTIVE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS THE EXECUTIVE OFFICERS AND MANAGEMENT REVIEWED THE FORM 990, INCLUDING REQUIRED SCHEDULES, PRIOR TO FILING WITH THE IRS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND THE COUNCIL'S STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY ANNUALLY, DISCLOSURE OF RELATIONSHIPS OR INTERESTS THAT COULD GIVE RISE TO A CONFLICT IS PROVIDED TO THE EXECUTIVE BOARD THE EXECUTIVE BOARD (OFFICERS AND TRUSTEES) REVIEW THE DISCLOSURES PROVIDED ON AN ANNUAL BASIS TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER TO IMPOSE CERTAIN RESTRICTIONS ON A PERSON WITH A CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE LOCAL'S TOP MANAGEMENT OFFICIAL (PRESIDENT) AND OFFICERS ARE COMPENSATED THROUGH THE STATE OF CALIFORNIA, WHICH IS BASED ON THE LOCAL 1000 MASTER CONTRACT THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THE OFFICER'S TIME SPENT PLUS 35% FOR ALL TIME SPENT ON UNION RELATED BUSINESS (UNION LEAVE)

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS DOCUMENTS AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
		PART XII, LINE 2C THERE WERE NO CHANGES TO THE OVERSIGHT PROCESS OR SELECTION PROCESS FOR THE INDEPENDENT ACCOUNTANT

DLN: 93493231002211

2010

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

Name of the organization	
UNION OF CALIFORNIA STATE WORKERS	
SETU LOCAL 1000	

Employer identification number

68-0475305

Part I Identification of Disregarded Entities (Com	plete if the organizati	on answered "Yes	" on Form 990, Pa	art IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (sta or foreign country		(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	the tax year.)	(c) Legal domicile (state	(d)	on Form 990, Par	(f)	Section 5	(g) 512(b)(13
Name, address, and EÌN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	controlled organization Yes No	
(1) SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE PAC 555 CAPITOL MALL SUITE 1425 SACRAMENTO, CA 958144602 30-2032142	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	СА	527	N/A	UNION OF CALIFONRIA STATE WORKERS SEIU LOCAL 1000		No
(2) SEIU LOCAL 1000 KEEPING CALIF HEALTHY SAFE AND STRONG 555 CAPITOL MALL SUITE 1425 SACRAMENTO, CA 958144602 26-3463027	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527	N/A	pear assets (f) Direct controlling entity 990, Part IV, line 34 because it (f) ty status 01(c)(3)) UNION OF CALIFONRIA STATE WORKERS SEIU LOCAL 1000 UNION OF CALIFONRIA STATE WORKERS SEIU UNION OF CALIFONRIA STATE WORKERS SEIU UNION OF CALIFONRIA STATE WORKERS SEIU		No
	1		1	1	1	1	1

Part III Identif because	ication of Relate it had one or mo	ed Orga ore relat	anizations Taxal ed organizations t	ble as a Partners reated as a partne	ship (Co ership dui	mplete if ring the ta	the org	janızatıon .)	answe	ered "Y	es" on Fo	rm 990,	Part	IV, lır	ne 34
(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)	Share of to	(f) otal income		(g) f end-of-year assets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j Gener mana partr	al or ging	(k) Percentage ownership
									Yes	No			Yes	No	
				ble as a Corpora ations treated as a							nswered "Y	es" on	Form	990,	Part IV,
Name, address, ar	(a) nd EIN of related organiz	ation	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct con entit	trolling	(e) Type of er (C corp, S or trust	corp,	Share of	(f) total income	(<u>c</u> Shar end-o ass	e of f-year		(h) Percentage ownership

(6)

Part	·V	Transactions with Related Organizations (Complete if the organization answered Tes	on Form 990, Par	111V, IIIIe 34, 35, 3	5A, 01 36.)							
	lote. C	omplete line 1 if any entity is listed in Parts II, III or IV				Yes	No					
1 Dur	ing the	e tax year, did the orgranization engage in any of the following transactions with one or more related organ	nizations listed in Part	s II-IV?								
a F	Receip	t of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entıty			1a		No					
ь	Gıft, gr	ant, or capital contribution to other organization(s)			1b		No					
c (Gift, gra	ant, or capital contribution from other organization(s)			1 c		No					
d l	_oans (or loan guarantees to or for other organization(s)			1d		No					
e l	_oans (or loan guarantees by other organization(s)			1e		No					
f S	Sale of	assets to other organization(s)			1f		No					
g F	urcha	se of assets from other organization(s)			1 g		No					
h E	Exchar	nge of assets			1h		No					
i L	ease o	of facilities, equipment, or other assets to other organization(s)			1i	+-+	No					
j L	.ease c	of facilities, equipment, or other assets from other organization(s)			1 j		No					
k F	erforn	nance of services or membership or fundraising solicitations for other organization(s)			1k		No					
I Performance of services or membership or fundraising solicitations by other organization(s)												
m S	Sharing	g of facilities, equipment, mailing lists, or other assets			1m	1	No					
n S	Sharıng	g of paid employees			1n	+-+	No					
o F	Reimbi	ursement paid to other organization for expenses			10		No					
p F	Reimbi	ursement paid by other organization for expenses			1p	\sqcup	No					
q (O ther t	ransfer of cash or property to other organization(s)			1 q		No					
r C) ther t	ransfer of cash or property from other organization(s)			1 r		No					
2 I	f the a	nswer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	ion thresholds							
		(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		unt					
(1)			71-(-7			-						
(2)												
(3)												
(4)												
(5)												

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations		(e) Share of end-of-year assets		f) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	iaging tner?
			Yes	No		Yes	No		Yes	No
							+			+
							+ +			+
										+
										T
										T
										\perp
							+			+
							+			+
										t
										T
										\perp
			1	\sqcup						\perp
							+ +			+

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanation

Schedule R (Form 990) 2010

Software ID: Software Version:

EIN: 68-0475305

Name: UNION OF CALIFORNIA STATE WORKERS

SEIU LOCAL 1000

Compensated Employees, and In	_	iii Coi			1 5					
(A) Name and Title	(B) Average hours		tion (that a	che		II 		(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	nization (W- organizations	
YVONNE WALKER PRESIDENT	40 00	Х		х				0	0	0
CORA OKUMURA VICE PRESIDENT/SECRETARY TREASURER	39 10	Х		х				0	0	0
JIM HARD VICE PRESIDENT/ORGANIZING & REPRESENTATION	40 00	Х		х				0	0	0
KATHLEEN COLLINS VICE PRESIDENT/BARGAINING	40 00	Х		х				0	0	0
OTIS TIDWELL CHAPTER PRESIDENT	2 20	Х						0	0	0
AIDA CANONIZADO CHAPTER PRESIDENT	2 20	Х						0	0	0
RITA SALAZAR CHAPTER PRESIDENT	2 20	Х						0	0	0
JAYSON SANDOVAL CHAPTER PRESIDENT	2 20	Х						0	0	0
CHRISTINA VILLARREAL CHAPTER PRESIDENT	2 20	Х						0	0	0
GENE BUCKHANNAN CHAPTER PRESIDENT	2 20	Х						0	0	0
DIANA MURILLO CHAPTER PRESIDENT	2 20	Х						0	0	0
LINDA CURRIE CHAPTER PRESIDENT	2 20	Х						0	0	0
LISA DAVIS CHAPTER PRESIDENT	33 70	Х						0	0	0
KEVIN CURTIS CHAPTER PRESIDENT	2 20	Х						0	0	0
JOYCE MINZEY CHAPTER PRESIDENT	2 20	Х						0	0	0
JOE CHACON CHAPTER PRESIDENT	2 20	Х						0	0	0
IRENE JACKSON CHAPTER PRESIDENT	2 20	Х						0	0	0
ALAN CONSTANTINO CHAPTER PRESIDENT	2 20	Х						0	0	0
MARIA VILLEGAS PAST CHAPTER PRESIDENT	0 00	Х						0	0	0
HOLLIE STOTTER PAST CHAPTER PRESIDENT	0 00	Х						0	0	0
OPHELIA RABANAL CHAPTER PRESIDENT	2 20	Х						0	0	0
EVELYNE BOON CHAPTER PRESIDENT	2 20	Х						0	0	0
MANUEL RODRIGUEZ CHAPTER PRESIDENT	2 20	Х						0	0	0
EDWARD FUNK CHAPTER PRESIDENT	2 20	Х						0	0	0
LARRY ROBERTS CHAPTER PRESIDENT	2 20	Х						0	0	0

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per	Posi t	((tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
ALAN CHARBONNEAU			ı									
CHAPTER PRESIDENT	2 20	X						0	0	0		
EUGENE SMITH CHAPTER PRESIDENT	2 20	Х						o	0	0		
VENECIA CONNALLY	2 20	Х						0	0	0		
CHAPTER PRESIDENT BERTHA CERNA CHAPTER PRESIDENT	2 20	Х						0	0	0		
BRANDI KANE CHAPTER PRESIDENT	2 20	Х						0	0	0		
HELEN GRIFFIN CHAPTER PRESIDENT	2 20	Х						0	0	0		
RAYMOND ALTMAN	2 20	X						0	0	0		
CHAPTER PRESIDENT STEPHEN MCVEIGH CHAPTER PRESIDENT	2 20	Х						0	0	0		
OLGA GUTIERREZ CHAPTER PRESIDENT	2 20	Х						0	0	0		
DANA MEZA CHAPTER PRESIDENT	2 20	Х						0	0	0		
PHYLLIS JOHNSON CHAPTER PRESIDENT	2 20	Х						0	0	0		
CLAYTON SILVA CHAPTER PRESIDENT	2 20	Х						0	0	0		
MODESTO RIOS CHAPTER PRESIDENT	2 20	Х						0	0	0		
SHRHONDA WARD CHAPTER PRESIDENT	2 20	Х						0	0	0		
MICHAEL ROSKEY CHAPTER PRESIDENT	2 20	Х						0	0	0		
PAUL SMILANICK CHAPTER PRESIDENT	2 20	Х						0	0	0		
SUSAN SMALL CHAPTER PRESIDENT	2 20	Х						0	0	0		
EDWARD SOMERA CHAPTER PRESIDENT	2 20	Х						0	0	0		
WILLIAM O'RAFFERTY PAST CHAPTER PRESIDENT	2 20	Х						0	0	0		
MICHELLE NEBBIO CHAPTER PRESIDENT	2 20	Х						0	0	0		
TIMOTHY CHANEY CHAPTER PRESIDENT	2 20	Х						0	0	0		
JEFFREY FOWLER CHAPTER PRESIDENT	2 20	Х						0	0	0		
YOLANDA VILLANUEVA PAST CHAPTER PRESIDENT	0 00	Х						0	0	0		
ANA MAYO CHAPTER PRESIDENT	2 20	Х						0	0	0		
CARLENE DEMARCO CHAPTER PRESIDENT	2 20	Х						0	0	0		

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per	Posi t	tion (hat a	(che				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
EDWIN PEREZ CHAPTER PRESIDENT	2 20	х						0	0	0			
MICHAEL ALLEN CHAPTER PRESIDENT	2 20	х						0	0	0			
ARNOLD ZUNIGA PAST CHAPTER PRESIDENT	0 00	х						О	О	0			
SEAN O'CONNELL CHAPTER PRESIDENT	2 20	Х						0	0	0			
DARLENE ESTEY CHAPTER PRESIDENT	2 20	х						0	0	0			
JANET ZIMMER CHAPTER PRESIDENT	2 20	х						0	0	0			
NAPOLEON CRISTOBAL PAST	0 00	х						0	0	0			
CHAPTER PRESIDENT RAY REYNOLDS	2 20	х						0	0	0			
CHAPTER PRESIDENT MICHAEL CLARK PAST CHAPTER PRESIDENT	0 00							0	0	0			
THOMAS PERINE CHAPTER PRESIDENT	2 20	Х						0	0	0			
SANDRA LUKE CHAPTER PRESIDENT	2 20	х						0	0	0			
DIANA KING CHAPTER PRESIDENT	2 20	х						0	0	0			
RONALD BENGE CHAPTER PRESIDENT	2 20	Х						0	0	0			
JAVIER CARDENAS CHAPTER PRESIDENT	2 20	х						0	0	0			
ADRIENNE JOHNSON CHAPTER PRESIDENT	2 20	Х						0	0	0			
MICHELLE GREEN PAST CHAPTER PRESIDENT	0 00	Х						0	0	0			
ALFREDA WEAVER CHAPTER PRESIDENT	2 20	×						0	0	0			
MARGARITA MALDONADO BARGAINING UNIT CHAIRPERSON	40 00	Х						0	0	0			
CINDIE FONSECA BARGAINING UNIT CHAIRPERSON	2 20	Х						0	0	0			
JOHN KERN BARGAINING UNIT CHAIRPERSON	2 20	Х						0	0	0			
FRANCISCA PASS BARGAINING UNIT CHAIRPERSON	2 20	Х						0	0	0			
JAMES WILLIS BARGAINING UNIT CHAIRPERSON	40 00	Х						0	0	0			
LAVERNE ARCHIE BARGAINING UNIT CHAIRPERSON	2 20	Х						0	0	0			
ROBYN SHERLES BARGAINING UNIT CHAIRPERSON	2 20	Х						0	0	0			
NANCY LYERLA BARGAINING UNIT CHAIRPERSON	20 20	х						0	0	0			

(A) Name and Title	(B) Average hours		(tion that a	•		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
RIONNA JONES BARGAINING UNIT CHAIRPERSON	2 20	Х						0	0	0
TERRY LAWHEAD BARGAINING UNIT CHAIRPERSON	40 00	Х						0	0	0
ALBERT TROYER PAST BARGAINING UNIT CHAIRPERSON	0 00	х						0	0	C

DLN: 93493318039992

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public

	r the 2		 endar vear. or tax ve	ar beginning 01-01-201		011			Inspection	
		pplicable	C Name of organization	STATE WORKERS SEIU LOC		<u> </u>	D E	Employer id	entification number	
☐ Add	Iress ch	ange		STATE WORKERS SEID LOC	AL 1000			8-047530		
┌ Nar	me chai	nge	Doing Business As					elephone n	umber	
_	ıal retui minated		Number and street (or 1808 14TH STREET	PO box if mail is not delive	ered to street address) Room,	/suite	G (Gross receipts	\$ 61,440,921	
	ended i	return ı pendıng	City or town, state or c SACRAMENTO, CA 958		1					
			F Name and addi YVONNE WALKER 1808 14TH STRE SACRAMENTO,C	ET		ā	affiliates?	group retur	ΓYes ΓNo	
Ta:	x-exem	npt status	「 501(c)(3) 「 501	(c) (5) ◀ (insert no) 「	4947(a)(1) or		f "No," a		(see instructions)	
J W	ebsite	:⊫ ww	W SEIU1000 ORG							
K Forn	n of org	ganızatıon	Corporation Trust	Association Other ►		L Year	of formation	on 2001 I	M State of legal domicile CA	
	rt I		mary					.	-	
Activities & Governance	2 (3 N 4 N 5 T	Number o Number o Total nur	is box	nization discontinued i the governing body (Pa members of the goveri ployed in calendar yea timate if necessary)	.b)		of its net a	ssets 64 64 0		
	7a 1	Total unr	elated business revei	nue from Part VIII, col	umn (C), line 12			7a	0	
	ь	Net unre	lated business taxabl	e income from Form 99	90-T, line 34			7b	0	
	8	Control	butions and grants (P	art VIII line 1h)			Prior Yea	ar O	Current Year	
₽	9			art VIII, line 2g) .	: -	56,668		61,059,787		
Revenue	10	_		II, column (A), lines 3			86,843	89,842		
ш	11		, , ,		8c, 9c, 10c, and 11e)		:	388,527	291,292	
	13	12) .		hrough 11 (must equa		57,	143,627	61,440,921		
	14			ers (Part IX, column (A	•	:	167,500	158,753		
ø	15			n, employee benefits (Part IX, column (A), line	s		0	22 120 102	
Expenses	16a	5-10)		c (Part IX column (Δ)	line 11e)			0	23,128,182	
æ	ь			(, column (D), line 25) $\blacktriangleright 0$						
ш	17				1d, 11f-24e)		59,	37,268,717		
	18				t IX, column (A), line 25	•	59,455,612 60			
<u>~</u>	19	Reveni	ue less expenses Sub	tract line 18 from line	12		-2,: nning of (311,985 Current	885,269 End of Year	
Net Assets or Fund Balances		T - t - 1 -					Year	105 104		
d Be	20 21			26)				105,194 467,574	28,423,392 8,900,503	
ž E	22				line 20			637,620	19,522,889	
Par	t II	Sign	ature Block			•				
	ledge a				n, including accompanying of preparer (other than off					
<u> </u>		Signa	ture of officer				2012-1: Date	1-13		
Sign Here		YVON	NE WALKER PRESIDENT or print name and title				Date			
Paid		Preparer' signature	SCOTT E HALLBERG		Date	Check if self-employed	(se	eparer's taxpa ee instructions 1081188	ayer identification number s)	
Prepa Use (ıf self-en	nme (or yours CALIBRE	EIN	EIN • 47-0900880					
JJ6 (y	address,	and ZIP + 4 7501 W	Dh	Phone no (202) 331-9880					
Mayt	he IR	 S discus		DA, MD 20814 preparer shown above	? (see instructions) .			110 F (4	✓ Yes	

-0111	n 990 (2011)				Page Z
Par		ram Service Accon	nplishments question in this Part III		F
	Briefly describe the organizati PROVIDE ASSISTANCE IN MA EFICIAL TO STATE EMPLOYEI	TTERS OF JOB CLASSI	FICATION, AND LEGISLA	ATIVE ADVOCACY IN SUPP	ORT OF PROGRAMS
2	Did the organization undertake the prior Form 990 or 990-EZ	?	services during the year v	which were not listed on	Yes V No
	If "Yes," describe these new se				
3	Did the organization cease cor services?		ant changes in how it con		Yes V No
	If "Yes," describe these chang	es on Schedule O			
4	Describe the organization's pro expenses Section 501(c)(3) a grants and allocations to other	ind 501(c)(4) organization	ons and section 4947(a)(1	.) trusts are required to report	
4a	(Code) (Ex	penses \$	ıncludıng grants of \$) (Revenue \$)
		AL FOR ITS TAX EXEMPT PURF		MAINTAINING DESIRABLE WORKING (CONDITIONS FOR CIVIL
4b	(Code) (Ex	penses \$	including grants of \$) (Revenue \$)
4c	(Code) (Ex	penses \$	including grants of \$) (Revenue \$)
4d	Other program services (Des	scribe in Schedule O)			
	(Expenses \$	including grants	of\$) (Revenue \$)
4e	Total program service expens	es ► \$			

Checklist of Required Schedu

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1881	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	, , , ,	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		Νo
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Form 990 (2011) Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V	<u> </u>	-1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	100			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 0			
ь	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
la	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities	4a		N. a
b	account)?	Tu		No
	If "Yes," enter the name of the foreign country ►			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Yes	
a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?	, a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e 7f		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
_	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
3	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
c	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI . . .

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax						
	year						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No			
4	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6	Yes				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b		No			
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
	ction B. Policies (This Section B requests information about policies not required by the Internal			•			
Re	venue Code.)			T			
10-	Did the comment of heart of the state of the	10-	Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a	res				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	16a		No.				
h	taxable entity during the year?	04		'''			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ection C. Disclosure	-00		<u> </u>			
	List the States with which a convertible Form 000 is required to be filed.						

- List the States with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- 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 See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 CORA OKUMURA **1808 14TH STREET**

SACRAMENTO, CA 95811 (866) 471-7348

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and		
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										

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

See Additional Data Table Sub-Total See Additional Data Table Sub-Total See Additional Data Table See Additional Data Table Table See Additional Data Table T		(A) Name and Title A verage hours more than one box, unless person is both week (describe hours for								(F) Estima amount o compens from t rganizati	ited f other sation the on and				
1b Sub-Total			for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)			
Total from continuation sheets to Part VII, Section A	See A	Additional Data Table													
Total from continuation sheets to Part VII, Section A															
Total from continuation sheets to Part VII, Section A															
Total from continuation sheets to Part VII, Section A															
Total from continuation sheets to Part VII, Section A															
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Total from continuation sheets to Part VII, Section A															
Total from continuation sheets to Part VII, Section A															
Total from continuation sheets to Part VII, Section A															
Total from continuation sheets to Part VII, Section A															
d Total (add lines 1b and 1c)	1b														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0 Yes No 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	_	= . 1 (11 !! . 41 . 14 .)				•	•				0		0		
\$100,000 of reportable compensation from the organization \(\bar{\text{Po}} \) 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		•			thos	• e lis	· ted	ahove) who	receive	d more th	an	٠		
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	-						ccu	abo v e	, , ,	71000110	d more en	411			
on line 1a? If "Yes," complete Schedule J for such individual												r		Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3						ey e	mploy	ee, c	r highes	t compens	ated employee	_		
Individual	4	For any individual listed on line 1	la, is the sum of	f report	able o	com							3		IN O
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person										4		Nο			
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for									or individual for			110		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)		services rendered to the organiz	ation? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or sucl	h per:	son .		•	5	Yes	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)	Se	ection B. Independent Con	tractors												
(A) (B) (C)		Complete this table for your five \$100,000 of compensation from	highest comper the organizatio												
			(A)	4											

(A)	(B)	(c)
Name and business address	Description of services	Compensation
CALIFORNIA STATE EMPLOYEES ASSOCIATION 1108 O STREET SACRAMENTO, CA 95816	ADMINISTRATIVE SERVICES	6,417,461
ROBERT HALF TECHNOLOGIES 2180 HARVARD STREET SUITE 250 SACRAMENTO, CA 95815	TECHNOLOGY CONSULTING	220,837
ALTSHULER BERZON LLP 177 POST STREET SUITE 300 SAN FRANCISCO, CA 94108	LEGAL	185,417
LINDQUIST LLP 5000 EXECUTIVE PARKWAY SUITE 400 SAN RAMON, CA 94583	ACCOUNTING AND AUDITING	122,500
2 Total number of independent contractors (including but not limited to those listed above)) who received more than	

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

Раги у		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
흔들	ь	Membership dues 1b					
©,≝	c	Fundraising events 1c					
±±°	d	Related organizations 1d					
<u>∵</u> ≝	e	Government grants (contributions) 1e					
Si-S	_	All other contributions, gifts, grants, and 1f					
美量	f	similar amounts not included above					
운항	g	Noncash contributions included in					
돌	۱.	lines 1a-1f \$	▶-				
Q a	h	Total. Add lines 1a-1f	• • •				
<u>a</u>			Business Code				
ē	2a	MEMBER DUES AND ASSESS	900099	61,059,787	61,059,787		
æ	b						
- S	c						
Š S	d						
ğ.	e						
Program Serwce Revenue	f	All other program service revenue	+				
ွှဲ							
<u></u>	g	Total. Add lines 2a-2f		61,059,787			
	3	Investment income (including dividen	_ · · 	66.61			00.07
		and other similar amounts)		89,842			89,842
	4	Income from investment of tax-exempt bond					
	5	Royalties					
	 	(ı) Real	(II) Personal				
	6a	Gross rents Less rental					
	Ь	expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other					
	Ь	than inventory Less cost or					
	-	other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
ë		events (not including					
₹		\$ of contributions reported on line 1c)					
ě		See Part IV, line 18					
Other Revenue		а					
ф	Ь	Less direct expenses b					
0	C	Net income or (loss) from fundraising	events 🟲 📙				
	9a	Gross income from gaming activities					
		See Part IV, line 19					
	ь	Less direct expenses b					
		Net income or (loss) from gaming activ	vities				
	10a	Gross sales of inventory, less					
		returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inve					
		Miscellaneous Revenue	Business Code	_			
	11a	STATE BAR SERVICING FE	900099	246,434	246,434		
	ь	INT UNION SUBSIDIES	900099	41,861	41,861		
	c	OTHER	900099	2,997	2,997		
	d	All other revenue					
	e	Total. Add lines 11a-11d		291,292			
			*	271,292			
	12	Total revenue. See Instructions .	· · •	61,440,921	61,351,079	0	89,842

3

5

7

All other expenses

Total functional expenses. Add lines 1 through 24f

SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Joint costs. Check here ► 🗆 If following

25

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) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 158,753 Compensation of current officers, directors, trustees, and key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 15,583,891 Pension plan contributions (include section 401(k) and section 2,957,532 403(b) employer contributions) Other employee benefits 2,932,941 1,653,818 10 Fees for services (non-employees) 11 Management 400,705 Legal Accounting 155,920 Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees 814,760 g Advertising and promotion . . . 12 Office expenses 2,460,073 13 14 Information technology 15 Royalties . . 16 1,595,709 3,254,262 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 1,792,974 55.287 20 21 Payments to affiliates 15,382,259 22 Depreciation, depletion, and amortization 515,487 80,361 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) REIMBURSEMENTS TO CSEA 6,417,461 REIMBURSEMENTS TO CA FO 2,618,122 DLC ADMINISTRATION 822,726 OTHER EXPENSES 475,497 d е

427,114

60,555,652

Part X **Balance Sheet** (A) (B) Beginning of year End of year 4,536,088 2,339,546 1 1 5,492,190 15.612.708 2 2 3 5.718.813 4 6.875.556 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 179,944 7 8 9 9 157.074 96,157 Prepaid expenses and deferred charges 10a 5.630.905 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 2,364,175 1,764,554 10c 3,266,730 8,070,177 0 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 186,354 15 232,695 15 26, 105, 194 28,423,392 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 3,594,782 17 5,538,774 17 Accounts payable and accrued expenses . 18 18 19 539,689 19 511,388 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 330.568 23 292,157 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 3,002,535 25 2,558,184 D 26 7,467,574 26 8,900,503 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 16,046,359 27 Unrestricted net assets 17,728,212 2.591.261 28 1,794,677 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 18.637.620 33 19.522.889 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 26, 105, 194 28.423.392

Ра	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		61.4	140,92	
2	Total expenses (must equal Part IX, column (A), line 25)	2 60,555				
3	Revenue less expenses Subtract line 2 from line 1	3		8	885,26	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18,6	37,62	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			(
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		19,5	522,88	
Par	The triangle of the contains a response to any question in this Part XII			৮		
1	Accounting method used to prepare the Form 990			Yes	No	
2a	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes		
c	If "Yes," to 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		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Both consolidated and separated basis	sued				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	3a		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b			

DLN: 93493318039992

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

Open to Public Inspection

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

- ◆ 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," to 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

f th	ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35 ection 501(c)(4), (5), or (6) organizations Complete Part III			•	II-A	
Na		oyerıde	ntıfıca	tıon numbe	er	
		47530				_
Par	t I-A Complete if the organization is exempt under section 501(c) or is a secti	on 52	7 org	anizatio	n.	_
1	Provide a description of the organization's direct and indirect political campaign activities on behalf o in opposition to candidates for public office in Part IV	for				
2	Political expenditures	►	\$			С
3	Volunteer hours					0
Par	t 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					
ar	t I-C Complete if the organization is exempt under section 501(c) except sect	ion 50)1(c)((3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	es 🕨	\$			С
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	►	\$			С
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	F	\$			

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) A mount paid from filing organization's funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
(1) SEIU LOCAL 1000 CANIDATE PAC	555 CAPITAL MALL SUITE 1425 SACRAMENTO, CA 958144602	30-2032142	0	449,101

Did the filing organization file Form 1120-POL for this year?

f Grassroots lobbying expenditures

ייי	iedule C (F	01111 9 9 0 01 9 9 0 - E 2) 2 0 1 1					Page ∠		
Pā	art II-A	Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and fi	led Form 5768	(election		
١	Check	if the filing organization belongs to a	an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's name	e, address, EIN,		
		expenses, and share of excess lobb	ying expenditures)		_	•			
3	Check	if the filing organization checked box	x A and "limited contro	l" provisions app	ly	<u> </u>	1		
		Limits on Lobbying E	xpenditures			(a) Filing	(b) Affiliated		
		(The term "expenditures" means ar		l.)		Organization's Totals	Group Totals		
_	-			T \		Totals	1 ocars		
		oying expenditures to influence public o							
		oying expenditures to influence a legisla		ying)					
		oying expenditures (add lines 1a and 1b	0)						
d	O ther ex	empt purpose expenditures							
е	Total exe	mpt purpose expenditures (add lines 1	c and 1d)						
f	Lobbying columns	nontaxable amount Enter the amount f							
	If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:					
	Not over \$!	500,000	20% of the amount on lir	ne 1e					
	Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00				
	Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000				
	Over \$1,50	0,000 but not over \$17,000,000	000						
	Over \$17,0	00,000							
 g	Grassroo	ts nontaxable amount (enter 25% of lin	ne 1f)						
h	Subtract	line 1g from line 1a If zero or less, ento							
	Subtract line 1f from line 1c If zero or less, enter -0-								
	If there is	; an amount other than zero on either lir 911 tax for this year?		organization file	Form 4720 re _l	porting	┌ Yes ┌ No		
	(Soi	ne organizations that made a columns below. See tl	he instructions fo	ection do not r lines 2a thr	have to co ough 2f on	page 4.)	ne five		
		Lobbying Exp	enditures During	4-Year Avera 	ging Period	1	ī		
		Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total		
2a	Lobbyın	g non-taxable amount							
b		g ceiling amount of line 2a, column(e))							
c	Total lo	obying expenditures							
d	Grassro	ots non-taxable amount							
<u>u</u>									
е		ots ceiling amount of line 2d, column (e))							

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)).

		(6	1)		(b)	
		Yes	s No		mount	
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					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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? If "Yes," describe in Part IV					
j	Total lines 1c through 1:					
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(c)(5), o	rsec	ction	1
				-		No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		oxdot	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		Νo

answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	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

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES		THE LOCAL'S DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES INCLUDE MAKING EXPENDITURES IN CONNECTION WITH STATE AND/OR LOCAL CANDIATE
		ELECTIONS

1

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493318039992

OMB No 1545-0047

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Inspection

	me of the organization ON OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000				Emp	loy	er identificat	ion numb	er	
-141	THE STATE OF THE PROPERTY OF THE TOWN				68-	04	75305			
Pa	organizations Maintaining Donor Actions organization answered "Yes" to Form 99	0, Part IV, line 6.								
		(a) Donor adv	IVI	sed funds	+ •	(b)	Funds and ot	her accou	ınts	
	Total number at end of year		_							
	Aggregate contributions to (during year)									
	Aggregate grants from (during year)									
	Aggregate value at end of year									
	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the				onor advi	ıse	d	┌ Yes	Γ	No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit						urpose	┌ Yes	Г	No
: 1	rt III Conservation Easements. Complete	ıf the organization	aı	nswered "Yes"	to Forn	n 9	990, Part IV,	line 7.		
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure)	,	Preservation of a	a certifie	d h	istoric struct	=	ea	
	easement on the last day of the tax year									
							Held at the I	End of the	e Ye	ar
	Total number of conservation easements				2a					
	Total acreage restricted by conservation easements				2b					
	Number of conservation easements on a certified his	toric structure include	ied	dın (a)	2c					
	Number of conservation easements included in (c) ac	cquired after 8/17/06)		2d					
	the taxable year ▶ Number of states where property subject to conserva			•						
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ΊΠ	g, inspection, ha	ndling of	* V I (olations, and	┌ Yes	Γ	No
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing	со	onservation ease	ments d	urıı	ng the year ►			
	A mount of expenses incurred in monitoring, inspectings \$	ng, and enforcing cons	se	rvation easemer	nts durin	g tł	ne year			
	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the	re	equirements of s	ection			┌ Yes	Γ	No
	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	the footnote to the org								
Ii	Organizations Maintaining Collectio Complete if the organization answered "	ns of Art, Histori			, or Ot	he	r Similar A	ssets.		
•	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in for public exhibition,	ıts ed	s revenue stater ducation or resea	arch in fu				e,	
)	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, educ								
	(i) Revenues included in Form 990, Part VIII, line 1						▶ \$			
	(ii) Assets included in Form 990, Part X						► \$			
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:				for finan	сіа				
		o 110 relating to tiles	<i>.</i> e	recins			b . #			
3	Revenues included in Form 990, Part VIII, line 1						▶ \$			

b Assets included in Form 990, Part X

Part	311 Organizations Maintaining Co	llections of Ar	t, His	tori	<u>cal Tr</u>	easu	res, or C	<u>the</u>	<u>r Similar As</u>	<u>sets (c</u>	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	y of th	he fol	lowing t	that ar	e a signific	ant u	se of its collect	ion	
а	Public exhibition		d	Γ	Loan	orexc	hange prog	rams			
b	Scholarly research		e	Г	Other	-					
С	Preservation for future generations										
4	Provide a description of the organization's co	allections and eval	ain ho	w tha	v furtha	rthe c	organization	1'C AV	emnt nurnose i	n	
7	Part XIV						_			11	
5	During the year, did the organization solicition assets to be sold to raise funds rather than t									Yes	□ No
Par	t IV Escrow and Custodial Arrang	ements. Compl	ete ıf	the	organi	ızatıoı					110
_	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interm	ediary	for c	ontribu	itions	or other ass	sets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	√ and complete the	follov	ving t	able		г				
							-		Am	nount	
С	Beginning balance							1 c			
d	Additions during the year							1d			
е	Distributions during the year						Ĺ	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	,						Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/									
Pa	rt V Endowment Funds. Complete	ıf the organızatıo	n ans	swere	ed "Ye	s" to	Form 990,				
		(a)Current Year	(b) Prior	Year	(c) Tw	o Years Back	(d)	Three Years Back	(e)Four	Years Back
1a	Beginning of year balance										
b	Contributions							_			
C	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment										
ь	Permanent endowment >										
c	Term endowment ►										
3a	Are there endowment funds not in the posse	ssion of the organiz	zation	that a	are helo	d and a	idministere	d for	the		
	organization by									Yes	No
	(i) unrelated organizations								За(i)	
	(ii) related organizations										<u> </u>
	If "Yes" to 3a(II), are the related organizatio							•	3t	<u> </u>	<u> </u>
4	Describe in Part XIV the intended uses of th	=									
Pali	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa							$\overline{}$	
	Description of property) Cost or is (invest		(b)Cost or o basis (oth		(c) Accumulated depreciation	(d) B	ook value
1a	Land										
Ь	Buildings						1,27	5,682	562,17	3	713,509
c	Leasehold improvements										
d I	Equipment						4,35	5,223	1,802,00	2	2,553,221
e	Other										
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colu	mn (B), line	10(c).)						3,266,730
	· · · · · · · · · · · · · · · · · · ·	·							Schedule D	(Form	

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation f-year market value
(1)Financial derivatives		Cost of elia-o	- year market value
(2)Closely-held equity interests			
Other			
o their			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(2) Sescription of investment type	(2) Book value	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			(1) 5 1 1
(a) Descrip	tion		(b) Book value
Total (Column (h) should equal Form 2000 Part V and (D) to a	<i>5</i>)	<u>.</u>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		<u> </u>	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability			
	(b) A mount		
Federal Income Taxes			
ACCRUED VACATION	1,193,796		
CAPITAL LEASES	156,399		
PER CAPITA TAX PAYABLE	1,207,989		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	3.553.43.1		
iotai. (Columni (D) Shoulu equal Folili 990, Palt X, COI (B) line 25)	2,558,184		

	ITS	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	Pa
61,440,921	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
60,555,652	2	Total expenses (Form 990, Part IX, column (A), line 25)	2
885,269	3	Excess or (deficit) for the year Subtract line 2 from line 1	3
	4	Net unrealized gains (losses) on investments	4
	5	Donated services and use of facilities	5
	6	Investment expenses	6
	7	Prior period adjustments	7
	8	Other (Describe in Part XIV)	8
	9	Total adjustments (net) Add lines 4 - 8	9
885,269	10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
		rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
61,067,296	1	Total revenue, gains, and other support per audited financial statements	1
· · ·		A mounts included on line 1 but not on Form 990, Part VIII, line 12	2
		Net unrealized gains on investments	а
		Donated services and use of facilities	ь
		Recoveries of prior year grants	С
		Other (Describe in Part XIV)	d
-373,625	2e	Add lines 2a through 2d	e
61,440,921	3	Subtract line 2e from line 1	3
		Amounts included on Form 990, Part VIII, line 12, but not on line 1	4
		Investment expenses not included on Form 990, Part VIII, line 7b . 4a	а
		Other (Describe in Part XIV) 4b	b
0	4c	Add lines 4a and 4b	c
61,440,921	5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
turn	per	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	Par
60,046,981	1	Total expenses and losses per audited financial statements	1
		Amounts included on line 1 but not on Form 990, Part IX, line 25	2
		Donated services and use of facilities	а
		Prior year adjustments	b
		Other losses	С
		Other (Describe in Part XIV)	d
-508,671	2e	Add lines 2a through 2d	е
60,555,652	3	Subtract line 2e from line 1	3
		A mounts included on Form 990, Part IX, line 25, but not on line 1:	4
		Investment expenses not included on Form 990, Part VIII, line 7b 4a	а
		Other (Describe in Part XIV) 4b	b
		·	
0	4c	Add lines 4a and 4b	C

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS		DLC EXPENSES -822726 PAC DUES 449101
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DLC EXPENSES -822726 PAC EXPENSES 314055

DLN: 93493318039992

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

F Attach to Form 550. F See Separate histractions.		
Name of the organization	Employer identif	ication number
UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		
	68-0475305	
Part I Questions Regarding Compensation		

				Yes	Νο			
1a	Check the appropriate box(es) if the organization provided an 990, Part VII, Section A, line 1a Complete Part III to provi							
	First-class or charter travel	Housing allowance or residence for personal use						
	Travel for companions	Payments for business use of personal residence						
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees						
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)						
b	If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described about		1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?							
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply							
		Written employment contract						
	•	Compensation survey or study						
	Form 990 of other organizations	Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, or a related organization	Section A, line 1a with respect to the filing organization						
а	Receive a severance payment or change-of-control payment	?	4a		Νo			
b	Participate in, or receive payment from, a supplemental nonc	ualified retirement plan?	4b		Νo			
C	Participate in, or receive payment from, an equity-based con	npensation arrangement?	4 c		Νo			
	If "Yes" to any of lines 4a-c, list the persons and provide the	e applicable amounts for each item in Part III						
	Only 501(c)(3) and 501(c)(4) organizations only must compl	ete lines 5-9.						
5	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the revenues of							
а	The organization?		5a					
b	Any related organization?		5b					
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the net earnings of	did the organization pay or accrue any						
а	The organization?		6a					
b	Any related organization?		6b					
	If "Yes," to line 6a or 6b, describe in Part III							
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III							
8	Were any amounts reported in Form 990, Part VII, paid or ac subject to the initial contract exception described in Regs's in Part III		8					
9	If "Yes" to line 8, did the organization also follow the rebutta section 53 $4958-6(c)$?	ble presumption procedure described in Regulations	9					

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name	(B) Breakdown o (i) Base compensation	(i) Base (ii) Bonus & Incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ

Schedule J (Form 99 Part III Sup Complete this part	plemental I	Page 3 Information Information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information
Identifier	Return	Explanation
SUPPLEMENTAL INFORMATION		SCHEDULE J, PART I, LINE 3 THE TOP MANAGEMENT OFFICIAL'S COMPENSATION IS ESTABLISHED BY A COLLECTIVE BARGAINING AGREEMENT WITH THE STATE OF CALIFORNIA, WHICH HAS BEEN APPROVED BY THE GOVERNING BODY AND MEMBERS OF THE ORGANIZATION SCHEDULE J, PART III IN RESPONSE TO FORM 990, PART VII, SECTION A, LINE 5 THE LOCAL'S OFFICERS ARE COMPENSATED THROUGH THE STATE OF CALIFORNIA, WHICH IS BASED ON THE LOCAL 1000 MASTER CONTRACT THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THE OFFICER'S TIME SPENT PLUS 35% FOR ALL TIME SPENT ON UNION RELATED BUSINESS (UNION LEAVE) NAME AID ADMONIZADO _TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS _HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 56324 NAME ALAN CONSTANTINO _TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS _HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1043 NAME ALFREDA WEAVER _TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS _HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1576 NAME ANNA MAYO _TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS _HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 306 NAME BEVERLY BROCKINGTON _TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS _HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1454 NAME JAMES WILLIS _TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS _HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 50089 NAME BRANDI KANE _TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS _HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 14432 NAME CHRISTINA EVITT _TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS _HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 14432 NAME CHRISTINA EVITT _TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS _HOURS PER WEEK DEVOTED TO POSITION 2_PAYME
SUPPLEMENTAL INFORMATION		NAME CHRISTIAN BANZET_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 6580 NAME CHUCK LEONG_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1021 NAME CLAYTON SILVA_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 5531 NAME DANIEL SILVA_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 318 NAME DANIEL SILVA_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 4839 NAME DEBRA BARSKY_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 4839 NAME DEBRA BARSKY_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1272 NAME DELEON SECREST_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1272 NAME DELEON SECREST_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1272 NAME DELEON SECREST_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 100 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 100 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 100 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 100 PAYMENTS TO STATE OF CAFE OF CAFE OF CAFE OF THE PAYMENTS TO STATE OF CAFE OF CAFE OR OFFICIAL UNION BUINESS 100 PAYMENTS TO STATE OF CAFE OF CAFE OF THE PAYMENTS TO STATE OF CAFE OF CAFE OF THE PAYMENTS TO STATE
SUPPLEMENTAL INFORMATION		DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 9982 NAME DONALD KILLMER_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 15325 NAME EDWIN PEREZ_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1317 NAME EDWARD FUNK_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1413 NAME EDWARD SOMERA_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 517 NAME EVELYNE BOON_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 3762 NAME FRANCISCA PASS_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 31999 NAME GAIL HANNON_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 5406 NAME GARY PANNETT_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 4527 NAME GENE BUCKHANNAN_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 3771 NAME DIANA MURILLO_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 394
SUPPLEMENTAL INFORMATION		NAME HAROLD FONGTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1589 NAME IBYANG RIVERATITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 4521 NAME IDA AMAROTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 2145 NAME IRENE JACKSONTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 381 NAME EDWARD FUNKTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1413 NAME JACQUELINE MCCOLLUMTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 9459 NAME JAMES HARDTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 26044 NAME JANET ZIMMERTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1026 NAME JACQUELINE WRIGHTTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 191 NAME JAVIER CARDENASTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 2403
SUPPLEMENTAL INFORMATION		NAME JAYSON SANDOVAL_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1576 NAME JEFFREY FOWLER_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 3924 NAME JENNIFER HORTON_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 9835 NAME JOE CHACON_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 2300 NAME JOHN KERN_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 108706 NAME JOHN PACE_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 2535 NAME JOYCE MINZEY_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1548 NAME KATHLEEN COLLINS_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 41739 NAME KEVIN CURTIS_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1921 NAME KIMBERLY COWART_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1921 NAME KIMBERLY COWART_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 116441
SUPPLEMENTAL INFORMATION		NAME KWAJHALIEN DORN-DAVISTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 2087 NAME LARRY ROBERTSTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1669 NAME LAVERNE ARCHIETITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 12807 NAME LEONARD SEITZTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 3928 NAME LEORA HILLTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 32134 NAME LINDA CURRIETITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 3895 NAME LISA DAVISTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 30284 NAME MANUEL RODRIGUEZTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 2716 NAME MARGARITA MALDONADO_TITLE STATEWIDE VP OF BARGAINING/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 40_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 91118 NAME MARIA OKUMURATITLE STATEWIDE VP OF BARGAINING/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION
SUPPLEMENTAL INFORMATION	PART III	NAME MA VILLEGAS_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 26358 NAME MICHAEL ALLEN_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 769 NAME MICHAEL ROSKEY_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1777 NAME MICHELLE NEBBIO_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1379 NAME MIGUEL CORDOVA_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 57031 NAME MODESTO RIOS_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 828 NAME NANCY LYERLA_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 69091 NAME OLGA GUTIERREZ_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 549 NAME OPHELIA RABANAL_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 892 NAME PAUL SMILANICK_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 549 NAME OPHELIA RABANAL_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 892 NAME PAUL SMILANICK_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 2527
SUPPLEMENTAL INFORMATION		NAME PHYLLIS JOHNSONTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 429 NAME RAMON VELEZ_TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1751 NAME RAYMOND ALTMANTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 5358 NAME REGINA WHITNEYTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 66361 NAME RICHARD GUERREROTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 2925 NAME RIONNA JONESTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 10381 NAME RITA SALAZARTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 765 NAME ROBERT KELLYTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 7722 NAME ROBERT KINGTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 7722 NAME ROBERT KINGTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS_HOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1013 NAME ROBENT STATE OF CA FOR OFFICIAL UNION BUINESS 45236
SUPPLEMENTAL INFORMATION	PART III	NAME ROSE HAAKMATITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1358 NAME SANDRA GARCIATITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1450 NAME SEAN O'CONNELLTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 542 NAME SHRHONDA WARDTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1359 NAME ALAN CHARBONNEAUTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 506 NAME SOPHIA PERKINSTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 20686 NAME STEPHEN MCVEIGHTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1216 NAME STEVEN ALARITITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 3464 NAME TAMEKIA ROBINSONTITLE STATEWIDE VP OF ORGANIZING AND REPRESENTATION/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 40_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 21663 NAME THOMAS PERINETITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION
SUPPLEMENTAL INFORMATION		2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1963 NAME TIMOTHY CHANEYTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 2716 NAME TODD SNELLTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 6278 NAME VENECIA CONNALLYTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2_PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 0 NAME VICTORIA JONESTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 3168 NAME YUSUF HANANTITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 2PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 1181 NAME YVONNE WALKERTITLE STATEWIDE PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORSHOURS PER WEEK DEVOTED TO POSITION 40PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUINESS 59921 Schedule J (Form 990) 2011

OMB No 1545-0047

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 **Employer identification number**

68-0475305

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE LOCAL REPRESENTS EMPLOYEES OF THE STATE OF CALIFORNIA WHO PAY MONTHLY DUES
	FORM 990, PART VI, SECTION A, LINE 7A	THE LOCAL'S MEMBERS ELECT THE MEMBERS OF THE GOVERNING BOARD
	FORM 990, PART VI, SECTION A, LINE 7B	THE OPERATING DECISIONS OF THE LOCAL ARE SUBJECT TO APPROVAL BY THE LOCAL'S MEMBERS
	FORM 990, PART VI, SECTION A, LINE 8B	MINUTES OF MEETINGS HELD BY OTHER COMMITTEES ARE NOT DOCUMENTED AS THESE COMMITTEES DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY ALL DECISIONS AND RECOMMENDATIONS MUST BE APPROVED BY THE GOVERNING BODY
	FORM 990, PART VI, SECTION B, LINE 11	COPIES OF THE LOCAL'S FORM 990, INCLUDING REQUIRED SCHEUDLES, WERE PROVIDED TO EACH MEMBER OF THE LOCAL'S EXECUTIVE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS THE EXECUTIVE OFFICERS AND MANAGEMENT REVIEWED THE FORM 990, INCLUDING REQUIRED SCHEDULES, PRIOR TO FILING WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND THE COUNCIL'S STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY ANNUALLY, DISCLOSURE OF RELATIONSHIPS OR INTERESTS THAT BCOULD GIVE RISE TO A CONFLICT IS PROVIDED TO THE EXECUTIVE BOARD THE EXECUTIVE BOARD(OFFICERS AND TRUSTEES) REVIEW THE D EXISTS AND DISCLOSURES PROVIDED ON AN ANNUAL BASIS TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER TO IMPOSE CERTAIN RESTRICTIONS ON A PERSON WITH A CONFLICT OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	THE LOCAL'S TOP MANAGEMENT OFFICIAL (PRESIDENT) AND OFFICERS ARE COMPENSATED THROUGH THE STATE OF CALIFORNIA, WHICH IS BASED ON THE LOCAL 1000 MASTER CONTRACT THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THE OFFICER'S TIME SPENT PLUS 35% FOR ALL TIME SPENT ON UNION RELATED BUSINESS (UNION LEAVE)
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES IT'S FORM 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
		THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493318039992

Open to Public

Department of the Treasury Internal Revenue Service					Ope In	n to Pul Ispectio	olic n
Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000				Employer id 68-047530	entification number		
Part I Identification of Disregarded Entities (Con	mplete if the organizat	on answered "Yes	s" on Form 990, Pa				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country		(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orgor more related tax-exempt organizations during		ıf the organızatıo	n answered "Yes"	on Form 990, Pa	ert IV, line 34 becau	se it had	one
(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))		Section 5 cont	(g) 512(b)(1 trolled nization
(1) SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE 555 CAPITAL MALL SUITE 1425 SACRAMENTO, CA 958144602 30-2032142	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	СА	527		UNION OF CALIFORNIA STATE WORKERS SEIU		No
(2) SEIU LOCAL 1000 KEPPING CALIF HEALTHY AND SAFE AND STRONG 555 CAPITAL MALL SUITE 1425 SACRAMENTO, CA 958144602 26-3463027	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527		UNION OF CALIFORNIA STATE WORKERS SEIU		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) address, and EIN of d organization	Plillary activity	(c) Legal domicile (state or foreign country)	·	(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) Disproprtionate 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

	Note. Complete line 1 if any entity is listed in Parts II, III or IV	·	· · ·	<u> </u>	Yes	No					
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organiz	zations listed in Parts	II-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No					
Ь	Gift, grant, or capital contribution to related organization(s)			1b		No					
C	Gift, grant, or capital contribution from related organization(s)			1c		No					
d	d Loans or loan guarantees to or for related organization(s)										
e	Loans or loan guarantees by related organization(s)			1e		No					
f	Sale of assets to related organization(s)										
g	Purchase of assets from related organization(s)			1 g		No					
h	Exchange of assets with related organization(s)			1h		No					
i	Lease of facilities, equipment, or other assets to related organization(s)			1i		No					
j	Lease of facilities, equipment, or other assets from related organization(s)			1 j		No					
k	Performance of services or membership or fundraising solicitations for related organization(s)			1k		No					
ı	Performance of services or membership or fundraising solicitations by related organization(s)			11		No					
n	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
n	Sharing of paid employees with related organization(s)			1n		No					
0	Reimbursement paid to related organization(s) for expenses			10		No					
р	Reimbursement paid by related organization(s) for expenses			1p		No					
q	Other transfer of cash or property to related organization(s)			1 q		No					
r	O ther transfer of cash or property from related organization(s)			1r		No					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	luding covered relation	onships and transact	ion thresholds							
	(a)	(b) Transaction	(c)	(d) Method of determin	una ama	unt					
	Name of other organization	type(a-r)	Amount involved	involved							
(1)											
2)											
3)											
٠,											
4)											
,											
5)											
-											
6)											

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	5	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		rtionate allocations? Code V—UBI Gene		eral or agıng	(k) Percentage ownership
			311,	Yes	No			Yes	No		Yes	No	1
												<u> </u>	
												<u> </u>	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

	Identifier	Return Reference	Explanation	
1				

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 68-0475305

Name: UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL

1000

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours	that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
AIDA CONONIZADO DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 0 0	Х						0	0	0
ALAN CONSTANTINO DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
ALFREDA WEAVER DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 0 0	Х						0	0	0
ANNA MAYO DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
BEVERLY BROCKINGTON DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
JAMES WILLIS DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
BRANDI KANE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
BRENDA MODKINS DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
CHRISTINA EVITT DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
CHRISTINA VILLARREAL DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
CHRITIAN BANZET DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	х						0	0	0
CHUCK LEONG DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
CLAYTON SILVA DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	х						0	0	0
DANA MEZA DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	х						0	0	0
DANIEL SILVA DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 0 0	Х						0	0	0
DARLENE ESTEY DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
DEBRA BARSKY DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
BERTHA DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 0 0	Х						0	0	0
DELEON SECREST DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
DIANA KING DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
DONALD KILLMER DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
ED PEREZ DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
EDWARD FUNK DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
EDWARD SOMERA DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
EVELYNE BOON DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	х						0	0	0

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

(A) Name and Title	(B) Average hours	Pos		C) (che	ck a			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
FRANCISCA PASS DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS GAIL HANNON	2 0 0	Х						0	0	0
DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS GARY PANNETT	2 00	Х						0	0	0
DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
GENE BUCKHANNAN DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
GIANA MURILLO DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
HAROLD FONG DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
IBYANG RIVERA DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
IDA AMARO DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
IRENE JACKSON DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
EDWARD FUNK DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
JACQUELINE MCCOLLUM DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
JAMES HARD DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
JANET ZIMMER DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
JAQUELINE WRIGHT DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
JAVIER CARDENAS DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
JAYSON SANDOVAL DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
JEFFREY FOWLER DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
JENNIFER HORTON DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
JOE CHACON DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
JOHN KERN DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
JOHN PACE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
JOYCE MINZEY DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
KATHLEEN COLLINS DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
KEVIN CURTIS DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
KIMBERLY COWART DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	х						0	0	0

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

(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
KWAJHALIEN DORN DAVIS DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	×						0	0	0
LARRY ROBERTS DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
LAVERNE ARCHIE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
LEONARD SEITZ DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	X						0	0	0
LEORA HILL DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
LINDA CURRIE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
LISA DAVIS DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	X						0	0	0
MANUEL RODRIGUEZ DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
MARGARITA MALDONADO STATEWIDE VP OF BARGAINING/SEIU LOCAL 1000 BOARD O	40 00	X		х				0	0	0
MARIA OKUMURA STATEWIDE VP AND SECRETARY TREASURER/SEIU LOCAL 10	40 00	Х		x				0	0	0
MARIA VILLEGAS DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	X						0	0	0
MICHAEL ALLEN DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	X						0	0	0
MICHEAL ROSKEY DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
MICHELLE NEBBIO DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
MIGUEL CORDOVA DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
MODESTO RIOS DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
NANCY LYERLA DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
OLGA GUTIERREZ DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
OPHELIA RABANAL DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
PAUL SMILANICK DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	X						0	0	0
PHYLLIS JOHNSON DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
RAMON VELEZ DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	X						0	0	0
RAYMOND ALTMAN DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0
REGINA WHITNEY DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	X						0	0	0
RICHARD GUERRERO DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours		(ition that			ıll		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
RIONNA JONES DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0	
RITA SALAZAR DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0	
ROBERT KELLY DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	х						0	0	0	
ROBERT KING DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0	
ROBYN SHERLES DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0	
ROSE HAAKMA DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0	
SANDRA GARCIA DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 00	Х						0	0	0	
SEAN O'CONNELL DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 0 0	Х						0	0	0	
SHRHONDA WARD DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 0 0	Х						0	0	0	
ALAN CHARBONNEAU DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 0 0	Х						0	0	0	
SOPHIA PERKINS DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS STEPHEN MCVEIGH	2 00	Х						0	0	0	
DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS STEVEN ALARI	2 0 0	Х						0	0	0	
DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS TAMEKIA ROBINSON	2 0 0	Х						0	0	0	
STATEWIDE VP OF ORGANIZING AND REPRESENTATION/SEIU THOMAS PERINE	40 00	Х		х				0	0	0	
DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 0 0	Х						0	0	0	
TIMOTHY CHANEY DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 0 0	Х						0	0	0	
TODD SNELL DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 0 0	х						0	0	0	
VENICIA CONNALLY DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 0 0	х						0	0	0	
VICTORIA JONES DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 0 0	Х						0	0	0	
YUSUF HANAN DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS	2 0 0	х						0	0	0	
YVONNE WALKER STATEWIDE PRESIDENT/SEIU LOCAL 1000 BOARD OF DIREC	40 00	Х		х				0	0	0	

DLN: 93493319008113

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public

			C Name of organization	01-01-2012 , 2012, and ending 12-	31-2012	D Emplo	uar idan	itification number
_	eck if a Iress ch	applicable	UNION OF CALIFORNIA STATE WORK	ERS SEIU LOCAL 1000			-	
_		-	Doing Business As			<u> </u>	175305	i
_	ne cha	,						
Init —	ıal retu	nm	Number and street (or P O box if ma 1808 14TH STREET	ail is not delivered to street address) Room/s	suite	E Telepho	one numb	per
Ter	mınate	ed	1000 141H SIREET					
Am	ended	return	City or town, state or country, and Zi SACRAMENTO, CA 958117131	IP + 4				
_ App	lication	n pending				G Gross r	eceipts \$	56,666,104
			F Name and address of princ	cıpal officer	H(a) I	s this a group	return	for
			YVONNE WALKER 1808 14TH STREET		a	affiliates?		┌ Yes 🗸 No
			SACRAMENTO,CA 958117	7131	Н(в) /	\re all affiliate	e inclue	ded? □ Yes □ No
								(see instructions)
I Ta	x-exen	npt status	「 501(c)(3) ▽ 501(c)(5) ◀(ı	nsert no) 4947(a)(1) or 527	<u> </u>	C		 .
J W	ebsite	e:► WV	VW SEIU1000 ORG		H(c)	Group exempt	ion nun	iber 🖛
K For	n of or	rganization	Corporation Trust Association	Other In	l Vear	of formation 20	101 M	State of legal domicile CA
	rt I		imary	TI Other P	L rear	or formation 20	,01 III .	State of legal dofficile CA
				n or most significant activities				
			escribe the organization's mission RESENT CERTAIN CIVIL SERVI	IT OF MOSE SIGNIFICANT ACTIVITIES [CE EMPLOYEES OF THE STATE OF	CALTEOR	RNIAINTHE	FOLLO	WING MATTERS
		SALARY	, BENEFITS AND WORKING CO	NDITIONS, ASSISTANCE IN FILING	G AND PU	RSUING EMP	LOYEE	GRIEVANCES,
				N INDIVIDUAL AND CLASS BASIS,				
ဗ		CLASSI RETIRE		ADVOCACY IN SUPPORT OF PROC	GRAMS BE	NEFICIAL TO	STAT	E EMPLOYEES AND
€	'	KLIIKL						
<u>ē</u>	:							
Governance						250/ 5/		
	2	Check ti	nis box 🛏 if the organization dis	continued its operations or disposed	of more tr	ian 25% of its	net ass	sets
Activities &	3	Number	of voting members of the governu	ng body (Part VI, line 1a)			3	64
볼				of the governing body (Part VI, line 1t			4	64
둫			· -	alendar year 2012 (Part V, line 2a)	•		5	0
-			mber of volunteers (estimate if ne				6	0
			•	art VIII, column (C), line 12			7a	0
	l			om Form 990-T, line 34			7b	0
						Prior Year	<u>' </u>	Current Year
					I			
	8	Contr	butions and grants (Part VIII, lin	ne 1h)	.		0	0
en.	8 9			ne 1h)		61,059,		
evenue		Progra	am service revenue (Part VIII, lin				787	0 56,239,485
Revenue	9	Progra Inves	am service revenue (Part VIII, lin tment income (Part VIII, column	ne 2g)		61,059,	787	0 56,239,485 149,105
Revenue	9 10	Progra Inves Other Total	am service revenue (Part VIII, lin tment income (Part VIII, column revenue (Part VIII, column (A), l revenue—add lines 8 through 11 i	ne 2g)		61,059, 89, 291,	787 842 292	0 56,239,485 149,105 277,514
Revenue	9 10 11 12	Progra Inves Other Total 12)	am service revenue (Part VIII, lin tment income (Part VIII, column revenue (Part VIII, column (A), l revenue—add lines 8 through 11 i	ne 2g)	ne	61,059, 89,	787 842 292	0 56,239,485 149,105
Revenue	9 10 11 12	Progra Inves Other Total 12) Grants	am service revenue (Part VIII, lin tment income (Part VIII, column revenue (Part VIII, column (A), l revenue—add lines 8 through 11 i 	ne 2g)	ne	61,059, 89, 291,; 61,440,	787 842 292 921	0 56,239,485 149,105 277,514 56,666,104 0
Revenue	9 10 11 12 13 14	Progra Inves Other Total 12) Grants	am service revenue (Part VIII, lin tment income (Part VIII, column revenue (Part VIII, column (A), l revenue—add lines 8 through 11 i 	(A), lines 3, 4, and 7d)	ne	61,059, 89, 291,	787 842 292 921	0 56,239,485 149,105 277,514 56,666,104 0
	9 10 11 12	Progra Inves Other Total 12) Grants	am service revenue (Part VIII, lin tment income (Part VIII, column revenue (Part VIII, column (A), l revenue—add lines 8 through 11 i 	ne 2g)	ne	61,059, 89, 291,; 61,440,	787 842 292 921 0	0 56,239,485 149,105 277,514 56,666,104 0 193,145
	9 10 11 12 13 14	Progra Inves Other Total 12) Grants Benefi Salari 5-10	am service revenue (Part VIII, linterent income (Part VIII, column revenue (Part VIII, column (A), larevenue—add lines 8 through 11 incomplete (Part I) and similar amounts paid (Part I) its paid to or for members (Part I) es, other compensation, employed)	(A), lines 3, 4, and 7d)	ne	61,059, 89, 291, 61,440, 158,	787 842 292 921 0	0 56,239,485 149,105 277,514 56,666,104 0 193,145 29,140,868
	9 10 11 12 13 14 15	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profes	am service revenue (Part VIII, linterent income (Part VIII, column revenue (Part VIII, column (A), larevenue—add lines 8 through 11 incomplete (Part I) and similar amounts paid (Part I) its paid to or for members (Part I) es, other compensation, employed)	(A), lines 3, 4, and 7d)	ne	61,059, 89, 291, 61,440, 158,	787 842 292 921 0 753	0 56,239,485 149,105 277,514 56,666,104 0 193,145 29,140,868
Expenses Revenue	9 10 11 12 13 14 15	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profes	am service revenue (Part VIII, ling tment income (Part VIII, column revenue (Part VIII, column (A), larevenue—add lines 8 through 11 incomplete (Part I) and similar amounts paid (Part I) es, other compensation, employed) sisional fundraising fees (Part IX, column (D), and raising expenses (Part IX, column (D), and raising ex	(A), lines 3, 4, and 7d)		61,059, 89, 291, 61,440, 158,	787 842 292 921 0 753 182	0 56,239,485 149,105 277,514 56,666,104 0 193,145 29,140,868
	9 10 11 12 13 14 15 16a b	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profes Total fu	am service revenue (Part VIII, ling the timent income (Part VIII, column revenue (Part VIII, column (A), ling the timent income (Part VIII, column (A), ling the timent income and lines 8 through 11 income and similar amounts paid (Part IX paid to or for members (Part IX es, other compensation, employed) is sional fundraising fees (Part IX, column (D), expenses (Part IX, column (A), ling the timent income and timent income	(A), lines 3, 4, and 7d)		61,059, 89, 291, 61,440, 158, 23,128,	787 842 292 921 0 753 182 0	0 56,239,485 149,105 277,514 56,666,104 0 193,145 29,140,868 0
	9 10 11 12 13 14 15 16a b	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profes Total fu Other	am service revenue (Part VIII, ling tment income (Part VIII, column revenue (Part VIII, column (A), ling tevenue—add lines 8 through 11 income (Part I) and similar amounts paid (Part I) tes, other compensation, employed (Part IX, column (B), ling texpenses (Part IX, column (A), ling expenses Add lines 13–17 (musexpenses Add lines 13–17 (musexpenses Add lines 13–17 (musexpenses (Part IX, column (A), ling texpenses Add lines 13–17 (musexpenses Add lines 13–17 (musexpenses (Part IX, column (A))	(A), lines 3, 4, and 7d)		61,059, 89, 291, 61,440, 158, 23,128,	787 842 292 921 0 753 182 0	0 56,239,485 149,105 277,514 56,666,104 0 193,145 29,140,868 0 44,630,213 73,964,226
Expenses	9 10 11 12 13 14 15 16a b 17	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profes Total fu Other	am service revenue (Part VIII, ling tment income (Part VIII, column revenue (Part VIII, column (A), ling tevenue—add lines 8 through 11 income (Part I) and similar amounts paid (Part I) tes, other compensation, employed (Part IX, column (B), ling texpenses (Part IX, column (A), ling expenses Add lines 13–17 (musexpenses Add lines 13–17 (musexpenses Add lines 13–17 (musexpenses (Part IX, column (A), ling texpenses Add lines 13–17 (musexpenses Add lines 13–17 (musexpenses (Part IX, column (A))	(A), lines 3, 4, and 7d)		61,059, 89, 291, 61,440, 158, 23,128, 37,268, 60,555, 885, nning of Curre	787 842 292 921 0 753 182 0	0 56,239,485 149,105 277,514 56,666,104 0 193,145 29,140,868 0 44,630,213 73,964,226 -17,298,122
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profes Total fo	am service revenue (Part VIII, ling the timent income (Part VIII, column revenue (Part VIII, column (A), ling the timent income (Part VIII, column (A), ling the timent income and lines 8 through 11 income and similar amounts paid (Part IX paid to or for members (Part IX) es, other compensation, employed (Part IX) es, other compensation, employed (Part IX) es indraising expenses (Part IX, column (D), expenses (Part IX, column (A), ling expenses Add lines 13–17 (mustice less expenses Subtract line 1	(A), lines 3, 4, and 7d)	ne Begi	61,059, 89, 291, 61,440, 158, 23,128, 37,268, 60,555, 885, nning of Curre Year	787 842 292 921 0 753 182 0 717 652 269	0 56,239,485 149,105 277,514 56,666,104 0 193,145 29,140,868 0 44,630,213 73,964,226 -17,298,122 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profes Total fu Other Total Reven	am service revenue (Part VIII, line timent income (Part VIII, column revenue (Part VIII, column (A), line revenue—add lines 8 through 11 income and similar amounts paid (Part I) its paid to or for members (Part	(A), lines 3, 4, and 7d)	Begin	61,059, 89,3 291,3 61,440,5 158,3 23,128,3 37,268,3 60,555,4 885,3 nning of Curre Year 28,423,3	787 842 292 921 0 753 182 0 717 652 269 nt	0 56,239,485 149,105 277,514 56,666,104 0 193,145 29,140,868 0 44,630,213 73,964,226 -17,298,122 End of Year 21,201,792
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profes Total fu Other Total Reven	am service revenue (Part VIII, line timent income (Part VIII, column revenue (Part VIII, column (A), line revenue—add lines 8 through 11 income and similar amounts paid (Part I) tes paid to or for members (Part I) tes, other compensation, employed (Part IX, column (D), expenses (Part IX, column (A), line xpenses Add lines 13–17 (must line less expenses Subtract line 1 income assets (Part X, line 16)	ne 2g)		61,059, 89, 291, 61,440, 158, 23,128, 37,268, 60,555, 885, nning of Curre Year 28,423, 8,900,	787 842 292 921 0 753 182 0 717 652 269 nt	0 56,239,485 149,105 277,514 56,666,104 0 193,145 29,140,868 0 44,630,213 73,964,226 -17,298,122 End of Year 21,201,792 18,977,025
Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Inves Other Total 12) - Grant: Benefi Salari 5-10 Profes Total for Other Total Reven Total Total Net as	am service revenue (Part VIII, line timent income (Part VIII, column revenue (Part VIII, column revenue (Part VIII, column (A), line servenue—add lines 8 through 11 incomposition of the servenue of the serv	(A), lines 3, 4, and 7d)		61,059, 89,3 291,3 61,440,5 158,3 23,128,3 37,268,3 60,555,4 885,3 nning of Curre Year 28,423,3	787 842 292 921 0 753 182 0 717 652 269 nt	0 56,239,485 149,105 277,514 56,666,104 0 193,145 29,140,868 0 44,630,213 73,964,226 -17,298,122 End of Year 21,201,792
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profes Total fu Other Total Reven Total Total Net as	am service revenue (Part VIII, line tement income (Part VIII, column revenue (Part VIII, column revenue (Part VIII, column (A), larevenue—add lines 8 through 11 described in the same of	ne 2g)	Begin	61,059, 89,3 291,3 61,440,5 158,3 23,128,3 37,268,3 60,555,4 885,3 nning of Curre Year 28,423,3 8,900,5 19,522,3	787 842 292 921 0 753 182 0 717 652 269 nt 392 503	0 56,239,485 149,105 277,514 56,666,104 0 193,145 29,140,868 0 44,630,213 73,964,226 -17,298,122 End of Year 21,201,792 18,977,025 2,224,767
o Not Assets of Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profes Total fu Other Total Reven Total Total Net as Sign alties of	am service revenue (Part VIII, line tement income (Part VIII, column revenue (Part VIII, column revenue—add lines 8 through 11 income and similar amounts paid (Part I) its paid to or for members (Part I), column (D), expenses (Part IX, column (D), expenses (Part IX, column (A), liexpenses Add lines 13–17 (must liexpenses Subtract line 1 its paid to or for members (Part X, line 16) its paid to or for members (Part IX, column (D), expenses (Part X, line 16) its paid to or for members (Part IX, column (D), expenses (Part X, line 16) its paid to or for members (Part IX, column (D), expenses (Part IX, column (D), expenses (Part IX, column (D), liexpenses (Part X, line 13–17 (mus liexpenses (Part X, line 16) its paid to or for members (Part IX, column (D), expenses (Part IX, column (D), liexpenses (Part IX, column	(A), lines 3, 4, and 7d)	ne Begin	61,059, 89,3 291,3 61,440,5 158,3 23,128,3 37,268,6 60,555,6 885,3 nning of Curre Year 28,423,3 8,900,5 19,522,3	787 842 292 921 0 753 182 0 717 652 269 nt 392 503	0 56,239,485 149,105 277,514 56,666,104 0 193,145 29,140,868 0 44,630,213 73,964,226 -17,298,122 End of Year 21,201,792 18,977,025 2,224,767 s, and to the best of
Mot Assets of Expenses of Fand Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profes Total fu Other Total Reven Total Total Net as Sign alties of dge and	am service revenue (Part VIII, line tement income (Part VIII, column revenue (Part VIII, column revenue—add lines 8 through 11 income and similar amounts paid (Part I) its paid to or for members (Part I), column (D), expenses (Part IX, column (D), expenses (Part IX, column (A), liexpenses Add lines 13–17 (must liexpenses Subtract line 1 its paid to or for members (Part X, line 16) its paid to or for members (Part IX, column (D), expenses (Part X, line 16) its paid to or for members (Part IX, column (D), expenses (Part X, line 16) its paid to or for members (Part IX, column (D), expenses (Part IX, column (D), expenses (Part IX, column (D), liexpenses (Part X, line 13–17 (mus liexpenses (Part X, line 16) its paid to or for members (Part IX, column (D), expenses (Part IX, column (D), liexpenses (Part IX, column	ne 2g)	ne Begin	61,059, 89,3 291,3 61,440,5 158,3 23,128,3 37,268,6 60,555,6 885,3 nning of Curre Year 28,423,3 8,900,5 19,522,3	787 842 292 921 0 753 182 0 717 652 269 nt 392 503	0 56,239,485 149,105 277,514 56,666,104 0 193,145 29,140,868 0 44,630,213 73,964,226 -17,298,122 End of Year 21,201,792 18,977,025 2,224,767 s, and to the best of
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4e Total program service expenses ►

(Expenses \$

4d

Other program services (Describe in Schedule O)

including grants of \$

) (Revenue \$

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
_		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Fai	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 114		165	NO
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
E	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Ea		No
		5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
^		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
22		12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		-,,,

Form 990 (2012) Page 6 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. Section A. Governing Rody and Management

	section A. Governing body and management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Νο
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se		eveni	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu 10a	<i>Je Cod</i> Yes Yes	e.) No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes	
10a b	Did the organization have local chapters, branches, or affiliates?		Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►CORA OKUMURA 1808 14TH STREET SACRAMENTO, CA (866)471-7348

orm	990	(20	12
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

	T									
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	tion compensation e from related n (W- organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•		•							Form 990 (2012)

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

		_							,					
	(A) Name and Tıtle	(B) A verage hours per week (list any hours	more t	han o	one l both	box, an d	heck unless officer stee)	5	Repor comper from organiza	table isation the tion (W-	able Reportable sation compensation the from related		(F) Estima amount o compens from t	ited fother sation the
		for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC) 6	organizati relati organiza	ed
												+		
												+		
							<u> </u>					+		
												+		
					-							+		
1b	Sub-Total						•	±						
c	Total from continuation shee	·				•	•	•						
d	Total (add lines 1b and 1c) .				•	•	•	<u> </u>		0		0		0
2	Total number of individuals (ii \$100,000 of reportable comp	_					d abov	'e) w	ho receive	d more th	aan			
													Yes	No
3	Did the organization list any f on line 1a? <i>If</i> " <i>Yes,"</i> complete							yee,	or highes ,	t compen	sated employee	3		No
4	For any individual listed on lir							n and	d other co	mpensatio	on from the		+	140
	organization and related orga													
_	individual		• •	• •	•	•		•				4		No
5	Did any person listed on line services rendered to the orga									anization	or individual for	5	Yes	
	ection B. Independent Co	ontractors												
1	Complete this table for your fi compensation from the organi	ıve hıghest comp											tax year	
		(A)						, -			(B)		(C	:)
CALIF	ORNIA STATE EMPLOYEES ASSOCIATIO	Name and business ON 1108 O STREET S		NTO C	A 958	316					Cription of Services ATIVE SERVICES	\dashv	Comper 6	5,523,118
	ORTIS 1966 TICE VALLEY BLVD SUITE									IT CONSUL	TING			992,184
INSTI	TUTE FOR CHANGE 1800 MASS AVENU	JE NW WASHINGTON	DC 2003	86						MANAGEME DEVELOPM	ENT COACHING & ENT			343,613
	PRESS 8111 37TH AVENUE SACRAME RT HALF TECHNOLOGIES 2180 HARVA		50 SACDA	MENT	O CA	0581	15			PRINTING	GY CONSULTING	-		268,431 246,109

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 +15

Part V	1111	Statement of Revenue Check if Schedule O contains a respon	nce to any question i	n this Bart VIII			
		Check if Schedule O contains a respo	nse to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s	1a	Federated campaigns 1a					
unts unt	ь	Membership dues 1b					
Gra mo	c	Fundraising events 1c					
ts, r Ai	_	Related organizations 1d	-				
Gif	d						
ns, Sim	е	Government grants (contributions) 1e		ļ			
itio er S	f	All other contributions, gifts, grants, and similar amounts not included above					
ibu Xth	g	Noncash contributions included in lines	İ	i	i		
Contributions, Gifts, Grants and Other Similar Amounts		1a-1f \$					
Co an	h	Total. Add lines 1a-1f	· · · •				
<u>e</u>			Business Code				
ven	2a	MEMBER DUES AND ASSESS	900099	56,239,485	56,239,485		
æ	b						
ЛСе	С						
Ser.	d						
i Lue	е						
Program Serwce Revenue	f	All other program service revenue					
ΔŤ	g	Total. Add lines 2a-2f		56,239,485			
	3	Investment income (including dividen		149,105			149,105
	4	and other similar amounts) Income from investment of tax-exempt bond					
	5	Royalties	▶				
		(ı) Real	(II) Personal				
	6a	Gross rents	,				
	ь	Less rental					
	c	expenses Rental income					
	d	or (loss) Net rental income or (loss)					
	"	(i) Securities	(II) O ther				
	7a	Gross amount	(ii) o circi				
		from sales of assets other					
	ь	than inventory Less cost or					
	"	other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
nue	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 a					
Ť		Less direct expenses b	L				
Ç	C	Net income or (loss) from fundraising	events 🛌				
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming acti	vities▶				
	10a	Gross sales of inventory, less returns and allowances					
		a					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inv	entory 🛌				
		Miscellaneous Revenue	Business Code				
	11a	STATE BAR SERVICING FEES	900099	236,249	236,249		
	ь	INT UNION SUBSIDIES	900099	40,900	40,900		
	С	OTHER	900099	365	365		
	d	All other revenue					
	e	Total. Add lines 11a-11d		277,514			
	12	Total revenue. See Instructions .	🕨	56,666,104	56,516,999	0	149,105
	ı		I	1041,000,104	20,210,999	υį	149,105

Part IX Statement of Functional Expenses

Do ==	Check if Schedule O contains a response to any question in this Pa of include amounts reported on lines 6b,		(B)		<u>.</u>
	or include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	193,145			
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	15,834,148			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,030,503			
9	Other employee benefits	3,589,521			
10	Payroll taxes	1,686,696			
11	Fees for services (non-employees)				
а	Management				
b	Legal	204,379			
c	Accounting	93,266			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,921,110			
12	Advertising and promotion				
13	Office expenses	2,556,016			
14	Information technology	698,541			
L5	Royalties				
16	Occupancy	1,496,114			
17	Travel	5,219,869			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	306,441			
21	Payments to affiliates	15,013,392			
22	Depreciation, depletion, and amortization	862,877			
23	Insurance	76,835			
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)				
а	REIMBURSEMENTS TO CSEA	6,523,118			
b	ISSUES PAC	5,057,655			
c	REIMBURSEMENTS TO CA FO	1,302,086			
d	LEGAL SETTLEMENTS	1,224,983			
е	All other expenses	2,073,531			
25	Total functional expenses. Add lines 1 through 24e	73,964,226			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

1 Cash-mon-interest-bearing 2 339,646 1 456 2 Sevings and temporary cash investments 15,612,706 2 11,651 3 Piedges and grants receivable, net 6,875,556 4 4,887 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule 5 Secured in Section 49,56 (%1), persons described in section 49,56 (%1), persons		τX	Check if Schedule O contains a response to any question in this Part X			· · · · <u> </u>
2 Savings and temporary cash investments 15,612,706 2 11,051						(B) End of year
3 Pledges and grants receivable, net		1	Cash—non-interest-bearing	2,339,546	1	-454,485
4 Accounts receivable, net		2	Savings and temporary cash investments	15,612,708	2	11,651,552
10		3	Pledges and grants receivable, net		3	
### Expending Company and Interpretable of Schedule L Company and other receivables from other disqualified persons (as defined under section 495.6(f)(1)), persons described in section 495.6(f)(3)(3), and contributing employers and spensoring organizations of section 501.6(f)(3) voluntary employers beneficiary organizations (see instructions) Complete Part II of Schedule L 7		4	Accounts receivable, net	6,875,556	4	4,867,574
## 4958 (P(1)), persons described in section 4958 (c)(3) (B), and contributing employers beneficiary organizations (see instructions) Complete Part II of Schedule L 7		5	employees, and highest compensated employees Complete Part II of	s, key	5	
Prepare expenses and deferred charges Section	ste	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and contributing empand sponsoring organizations of section $501(c)(9)$ voluntary employees' benefit	loyers	6	
Prepare expenses and deferred charges Section	% %	7	Notes and loans receivable net			1,616,880
9 Prepard expenses and deferred charges	ď					.,,
10a		_		96 157		611.836
10b 3.212.285 3,286,730 10c 2.734 11		_	Land, buildings, and equipment cost or other basis Complete	<u>'</u>		511,000
11 Investments—publicly traded securities 11 12 12 13 17 13 17 13 17 13 17 14 13 17 14 15 17 15 16 17 16 17 16 17 16 17 17		Ь		212,285 3,266,730	10c	2,734,377
12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 232,695 15 174 16 Total assets. Add lines 1 through 15 (must equal line 34) 28,423,392 16 21,201 21 21 22 23 26,588,774 17 9,493 18 Grants payable and accrued expenses 5,538,774 17 9,493 18 Grants payable 18 19 Deferred revenue 511,398 19 462 20 21 22 22 22 23 26,575 23 24 22 24 22 24 22 24 25 24 25 24 25 24 25 25		11			11	<u> </u>
13					12	
14		13			13	
15 Other assets See Part IV, line 11			· -		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)				232.695	15	174,058
17 Accounts payable and accrued expenses				· · · · · · · · · · · · · · · · · · ·		21,201,792
18 Grants payable		-		· ' '		9,493,695
Per p						
20 Tax-exempt bond liabilities				511 388		462,488
21 Escrow or custodial account liability Complete Part IV of Schedule D				511,555		,
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	_					
Unsecured notes and loans payable to unrelated third parties	<u>, åv</u>		Loans and other payables to current and former officers, directors, trustees,			
Unsecured notes and loans payable to unrelated third parties	졅				22	
24 Unsecured notes and loans payable to unrelated third parties	Ξ	23		292,157	23	6,675,308
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		24			24	
Total liabilities. Add lines 17 through 25		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			
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 17,728,212 27 1,802 28 Temporarily restricted net assets					25	2,345,534
lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26			26	18,977,025
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ces		•			
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	lan	27	Unrestricted net assets	17,728,212	27	1,802,479
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	B	28	Temporarily restricted net assets	1,794,677	28	422,288
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	돧	29	Permanently restricted net assets		29	
30 Capital stock or trust principal, or current funds	r Fu		- · · · · · · · · · · · · · · · · · · ·			
31 Paid-in or capital surplus, or land, building or equipment fund	ر ن	30	Capital stock or trust principal, or current funds		30	
32 Retained earnings, endowment, accumulated income, or other funds	Şet	31	Paid-in or capital surplus, or land, building or equipment fund		31	
1	AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>합</u> 33 Total net assets or fund balances	Ŋet	33	Total net assets or fund balances	19,522,889	33	2,224,767
34 Total liabilities and net assets/fund balances	_	34	Total liabilities and net assets/fund balances	28,423,392	34	21,201,792

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		56,6	566,104
2	Total expenses (must equal Part IX, column (A), line 25)			964,226	
3	Revenue less expenses Subtract line 2 from line 1	3			 298,122
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			522,889
5	Net unrealized gains (losses) on investments	5			,,,,,,
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,2	224,767
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 🔽
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	è	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equire	3b		

Software ID: Software Version:

EIN: 68-0475305

Name: UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL

1000

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir	ectors	,Tru	uste	ees,	Key	En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list	Positio more unless an	than	o not one son i er an	box s bo d a	, th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
CAROL JEFFRIES BOARD MEMBER	7 00	х						0	0	0
JENNIFER HORTON BOARD MEMBER	10 00	х						0	0	0
JAYSON SANDOVAL BOARD MEMBER	3 00	х						0	0	0
CHRISTINA VILLARREAL BOARD MEMBER	2 00	х						0	0	0
MARIE STORTZ BOARD MEMBER	2 00	х						0	0	0
SANDRA GARCIA BOARD MEMBER	2 00	х						0	0	0
CATHERINE RAZO BOARD MEMBER	2 00	х						0	0	0
ROSE HAAKMA BOARD MEMBER	2 00	х						0	0	0
VERONICA RAMIREZ BOARD MEMBER	2 00	х						0	0	0
JOYCE MINZEY BOARD MEMBER	2 00	х						0	0	0
DAVID MATANGA BOARD MEMBER	2 00	х						0	0	0
VIRGINIA FOWLER BOARD MEMBER	2 00	х						0	0	0
DELEON SECREST BOARD MEMBER	2 00	х						0	0	0
CHARLENE GONZALEZ BOARD MEMBER	2 00	х						0	0	0
BEVERLY BROCKINGTON BOARD MEMBER	8 00	х						0	0	0
SANDRA ROMINE BOARD MEMBER	18 00	х						0	0	0
MANUEL RODRIGUEZ BOARD MEMBER	8 00	х						0	0	0
EDWARD FUNK BOARD MEMBER	2 00	х						0	0	0
LARRY ROBERTS BOARD MEMBER	2 00	х						0	0	0
REGINA WHITNEY BOARD MEMBER	40 00	х						0	0	0
WILLIAM HALL BOARD MEMBER	2 00	х						0	0	0
JOYCELYN ODOM BOARD MEMBER	2 00	х						0	0	0
TERESA HUBBARD BOARD MEMBER	11 00	х						0	0	0
RAYMOND ALTMAN BOARD MEMBER	6 00	х						0	0	0
YUSUF HANAN BOARD MEMBER	2 00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (D) (E) (F) (A) (C) Name and Title Position (do not check Reportable Estimated amount Reportable Average hours more than one box, compensation compensation of other unless person is both from the from related compensation per organization (Wan officer and a organizations (Wweek from the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Highest compensated employee Former Q hours organizations Institutional Trustee Indual for employ related organizations trustee below 0 dotted line) 6 00 CHRISTINA EVITT Х 0 0 BOARD MEMBER 2 00 VICTORIA JONES 0 0 Х 0 BOARD MEMBER 3 00 DANA MEZA Х 0 0 0 BOARD MEMBER 2 00 HAROLD FONG Х 0 0 0 BOARD MEMBER 3 00 DONALD KILLMER Х 0 0 0 BOARD MEMBER 2 00 LEONARD SEITZ 0 Х 0 0 BOARD MEMBER 5 00 KWAJHALIEN DORN-DAVIS 0 Х 0 0 BOARD MEMBER 2 00 MICHAEL ROSKEY 0 0 Χ BOARD MEMBER 2 00 PAUL SMILANICK 0 0 0 Х BOARD MEMBER 2 00 JACQUELINE MCCOLLUM 0 0 0 Х BOARD MEMBER 3 00 MICHELLE NEBBIO Χ 0 0 0 BOARD MEMBER 2 00 GARY PANNETT Χ 0 0 BOARD MEMBER 6 00 JEFFREY FOWLER 0 0 0 Х BOARD MEMBER 2 00 JOHN PACE Χ 0 0 0 BOARD MEMBER 3 00 STEVEN ALARI 0 BOARD MEMBER 2 00 **EMMANUEL CHANG** 0 0 0 Х BOARD MEMBER 7 00 THERESA TAYLOR 0 0 0 Х BOARD MEMBER 2 00 GABRIEL LEDESMA Χ 0 0 0 BOARD MEMBER 2 00 IBYANG RIVERA Х 0 0 0 **BOARD MEMBER** 2 00 CYNTHIA BERRY 0 0 0 Х BOARD MEMBER 2 00 THOMAS PERINE Х O 0 0 BOARD MEMBER 4 00 DIANA KING 0 0 0 Χ BOARD MEMBER 22 00 RICHARD GUERRERO 0 0 0 Х BOARD MEMBER 40 00 DANIEL SILVA 0 0 Х 0 BOARD MEMBER 2 00 INNA LITKE 0 0 BOARD MEMBER

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

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MARIA OKUMURA

VP/SECRETARY-TREASURER

VICE PRESIDENT FOR BARGAINING

MARGARITA MALDONADO

TAMEKIA ROBINSON

VP FOR ORGANIZING

Compensated Employees, and Indepen	naent Contra	actors							1		
(A) Name and Title	(B) Average hours per week (list		than	o not n one son i er an	e box is bo id a	·,		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations	
BRENDA MODKINS BUNC CHAIR OF BARGAINING UNIT 01	33 00	х						0	0	0	
JOHN KERN BUNC CHAIR OF BARGAINING UNIT 03	34 00	х						0	0	0	
SOPHIA PERKINS BUNC CHAIR OF BARGAINING UNIT 04	38 00	х						0	0	0	
JAMES WILLIS BUNC CHAIR OF BARGAINING UNIT 11	10 00	х						0	0	0	
LAVERNE ARCHIE BUNC CHAIR OF BARGAINING UNIT 14	11 00	х						0	0	0	
ROBYN SHERLES BUNC CHAIR OF BARGAINING UNIT 15	12 00	х						0	0	0	
KIMBERLY COWART BUNC CHAIR OF BARGAINING UNIT 17	40 00	х						0	0	0	
RIONNA JONES BUNC CHAIR OF BARGAINING UNIT 20	40 00	х						0	0	0	
MIGUEL CORDOVA BUNC CHAIR OF BARGAINING UNIT 21	40 00	х						0	0	0	
YVONNE WALKER PRESIDENT	40 00	х		х				0	0	0	

DLN: 93493319008113

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ► See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes" to 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" to 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" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 68-0475305 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 3 ☐ Yes If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ No Was a correction made? 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 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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 (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter directly delivered to a O separate political organization If none, enter-0-(1) SEIU LOCAL 1000 CANDIDATE PAC 555 CAPITAL MALL SUITE 1425 30-2032142 1,264,270 SACRAMENTO, CA 958144602

	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pā	cart II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	(3) and file	ed Form 5768	(election
	Check If the filing organization belongs to expenses, and share of excess lobly Check If the filing organization checked be	oying expenditures)		_	ıp member's nam	e, address, EIN,
	Limits on Lobbying I (The term "expenditures" means a	Expenditures			(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public of	opinion (grass roots lob	bying)			
	Total lobbying expenditures to influence a legisl	· -		F		
c	Total lobbying expenditures (add lines 1a and 1	b)		Ī		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	e excess over \$1,000,	000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	00			
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lii	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er -0-				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file l	Form 4720 repo	rting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	have to com ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera	ging Period	Τ	1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(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))

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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying					(b)	
activ		Yes	No	4	A mour	ıt
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					
а	Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 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	O ther 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			1		
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c))(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Iine 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).					
а	Current year	2a				
b	Carryover from last year	2b				
_	Total	1 20 1				

Taxable amount of lobbying and political expenditures (see instructions)Part IV Supplemental Information

political expenditure next year?

Complete this part to 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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES		THE LOCAL'S DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES INCLUDE MAKING EXPENDITURES IN CONNECTION WITH STATE AND/OR LOCAL CANDIDATE ELECTIONS

3

4

5

DLN: 93493319008113

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	e of the organization N OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000	Employer identification number				
0141	. S. SILLI ONIZI SIMIL WORKERS SEIO LOCAL 1000		68-0475305			
Pa	Organizations Maintaining Donor Adorganization answered "Yes" to Form 99	0, Part IV, line 6.	inds or Accounts. Complete if the			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		radvised Yes No			
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bene conferring impermissible private benefit?					
Par	Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form 990, Part IV, line 7.			
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreatio Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	n or education) Preservation of an Preservation of a c	ertified historic structure			
_	easement on the last day of the tax year	a qualified conservation contribution in th	ie form of a conservation			
			Held at the End of the Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) achistoric structure listed in the National Register	equired after 8/17/06, and not on a	2d			
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminated	d by the organization during			
	the tax year ▶					
4	Number of states where property subject to conserva	tion easement is located ►	<u> </u>			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ling of violations, and Yes No			
6	Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcing conservation easem	ents during the year			
_	· A mount of expenses incurred in monitoring, inspectir	ng and enforcing conservation easements	during the year			
7	►\$	ig, and emorcing conservation easements	during the year			
8	Does each conservation easement reported on line 2 and section $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sect	(ion 170(h)(4)(B)(ı)			
9	In Part XIII, describe how the organization reports cobalance sheet, and include, if applicable, the text of t	he footnote to the organization's financial :				
Daw	the organization's accounting for conservation easem Organizations Maintaining Collection		or Other Similar Assets			
ŒΠ	Organizations Maintaining Collection Complete if the organization answered "		o onei siiiliai Assets.			
1a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education, o	r research in furtherance of public			
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the	ets held for public exhibition, education, o				
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$			
	(ii) Assets included in Form 990, Part X		▶ \$			
2	If the organization received or held works of art, histofolioning amounts required to be reported under SFAS		r financial gain, provide the			
а	Revenues included in Form 990, Part VIII, line 1		▶ \$			

b Assets included in Form 990, Part X

Part	111 Organizations Maintaining Co	<u>llections of Art</u>	t, His	<u>stori</u>	<u>cal Tr</u>	<u>reasur</u>	es, or O	<u>the</u>	<u>r Similar Ass</u>	ets (co	ntınued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, c	heck	any of t	the follo	wing that a	re a	significant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progra	ams			
b	Scholarly research		e	Γ	Other	r					
c	Preservation for future generations										
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 o	or receive donations	sofa	rt, hıs	torical	treasur	es or other	sım			
	assets to be sold to raise funds rather than t									Yes	│ No
Par	Part IV, line 9, or reported an an						answered	1 "Y	es" to Form 99	9 0, ——	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	y for c	ontribu	itions o	r other ass	ets r	not F	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	able		_				
							-		Am	ount	
с	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 Fo	orm 990, Part X, lin	e 217	?					Г	Yes	∏ No
ь	If "Yes," explain the arrangement in Part XII										
Pa	rt V Endowment Funds. Complete								t IV, line 10. Three years back	(a)Fa	aa ra ba ak
1a	Beginning of year balance	(a)Current year	(D)Prior	year	B (C)IW	o years back	(a)	niee years back	(e)rour y	ears back
ь	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 curr	ent year end balan	ce (lır	ne 1g	, colum	n (a)) h	eld as		•		
а	Board designated or quasi-endowment										
ь	Permanent endowment 🕨										
c	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that	are held	d and ac	dministered	l for	the	Yes	No
	(i) unrelated organizations								За(i	_	
	(ii) related organizations								3a(ii	i)	
	If "Yes" to 3a(II), are the related organization	•						٠	3b		
4 Par	Describe in Part XIII the intended uses of the triangle to the triangle triangle to the triangle triang					10					
I GI	Description of property	inc. See roini 33	, o, r	_) Cost or		(b)Cost or ot	ther	(c) Accumulated	(d) Bo	ok value
				bas	is (inves	stment)	basis (othe	r)	depreciation		
	Land		•								
	Buildings		•				1,424,	,268	719,526	5	704,742
С	Leasehold improvements										
	Equipment		•	-			2,752,	-	2,152,217	+	600,473
	Other		• · ·		D) /-	10(-)	1,769,		340,542		1,429,162
ıota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	quai rorm 990, Part .	x, coll	umn (ع), IIne	10(C).)			🗠		2,734,377

Part VIII Investments—Other Securities. See			
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost or end-of	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
		1 2	
Part VIII Investments—Program Related. See			. d . c l
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of clid of	year market value
T. I. (C. I. (I) I. I. I. COO. D. I.V. (I) I. I.O. I.			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			(In) Dead wales
(a) Descrip	ocion		(b) Book value
Total (Column (h) must equal Form 000 Part V and (D) line 45	1	E .	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.			
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
ACCRUED VACATION	1,032,680		
CAPITAL LEASES	104,619		
PER CAPITA TAX PAYABLE	1,208,235		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	2,345,534		
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the tex			

t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	CI ICCC	. 1 1
Total revenue, gains, and other support per audited financial statements	1	57,108,027
Amounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains on investments		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIII)		
Add lines 2a through 2d	2e	441,923
Subtract line 2e from line 1	3	56,666,104
Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Other (Describe in Part XIII)............4b		
Add lines 4a and 4b	4c	C
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	56,666,104
XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	:urn
Total expenses and losses per audited financial statements	1	74,703,141
Amounts included on line 1 but not on Form 990, Part IX, line 25		
Donated services and use of facilities		
Prior year adjustments		
Other losses		
Other (Describe in Part XIII)..............2d 1,561,262		
Add lines 2a through 2d	2e	1,561,262
Subtract line 2e from line 1	3	73,141,879
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Other (Describe in Part XIII)		
Add lines 4a and 4b	4c	822,347
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	73,964,226
	Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments	Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments

Part XIII Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS		DLC EXPENSES -822,347 PAC DUES 1,264,270
PART XII, LINE 2D - OTHER ADJUSTMENTS		PAC EXPENSES 1,561,262
PART XII, LINE 4B - OTHER ADJUSTMENTS		DLC EXPENSES 822,347

DLN: 93493319008113

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Questions Regarding Compensation

Employer identification number

68-0475305

		_		Yes	No
1a					
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant informa				
		residence for personal use			
		s use of personal residence			
	Tax idemnification and gross-up payments Health or social club d				
	Discretionary spending account Personal services (e.g.	, maid, chauffeur, chef)			
b	b If any of the boxes in line 1a are checked, did the organization follow a written polic reimbursement or provision of all of the expenses described above? If "No," comple	La Dank III ka amalam	46		
2		·	1b	\dashv	
_	directors, trustees, and the CEO/Executive Director, regarding the items checked i	1 4 . 3	2		
3	Indicate which, if any, of the following the filing organization used to establish the coorganization's CEO/Executive Director Check all that apply Do not check any box used by a related organization to establish compensation of the CEO/Executive Dir	es for methods			
	Compensation committee	ontract			
	☐ Independent compensation consultant ☐ Compensation survey	orstudy			
	Form 990 of other organizations	or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with or a related organization	n respect to the filing organization			
а	Receive a severance payment or change-of-control payment?	4	4a		Νo
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan	n?	4b		Νo
c	c Participate in, or receive payment from, an equity-based compensation arrangemen	nt?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts fo	or each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pa compensation contingent on the revenues of	y or accrue any			
а	a The organization?		5a		
b	b Any related organization?	Ţ.	5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pacompensation contingent on the net earnings of	y or accrue any			
а	a The organization?		6a		
b	b Any related organization?	6	6b		
	If "Yes," to line 6a or 6b, describe in Part III	Г			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pr payments not described in lines 5 and 6? If "Yes," describe in Part III	•	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a co				
	subject to the initial contract exception described in Regulations section 53 4958- in Part III				
		<u> </u>	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption proced section 53 4958-6(c)?	_	9		

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

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

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

(A) Name and Title	(B) Breakdown of	FW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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

Explanation

Also complete this part for any additional statement of the statement of t	Return Reference	Explanation
	PART III	
SUPPLEMENTAL INFORMATION	PARTIII	SCHEDULE J, PART I, LINE 3 THE TOP MANAGEMENT OFFICIAL'S COMPENSATION IS ESTABLISHED BY WRITTEN EMPLOYMENT CONTRACT WHICH IS APPROVED BY THE PRESIDENT OF THE UNION PURSUANT
		TO A COMPENSATION POLICY APPROVED BY THE COUNCIL SCHEDULE J, PART III IN RESPONSE TO
		FORM 990, PART VII, SECTION A, LINE 5 THE LOCAL'S OFFICERS ARE COMPENSATED THROUGH THE STATE OF CALIFORNIA, WHICH IS BASED ON THE LOCAL 1000 MASTER CONTRACT THE LOCAL
		REIMBURSES THE STATE OF CALIFORNIA FOR THE OFFICER'S TIME AT THEIR CURRENT STATE PAY RATE
		PLUS 35% THE ADDITIONAL AMOUNT IS PAID TO OFFSET THE STATE'S PORTION OF THE BENEFIT LOAD ATTRIBUTABLE TO THEIR EMPLOYEES NAME CAROL JEFFRIES TITLE DLC PRESIDENT/SEIU LOCAL 1000
		BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 7 PAYMENTS TO STATE OF CA FOR
		OFFICIAL UNION BUSINESS 11,890 NAME JENNIFER HORTON TITLE DLC PRESIDENT/SEIU LOCAL 1000
		BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 10 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 23,282 NAME JAYSON SANDOVAL TITLE DLC PRESIDENT/SEIU LOCAL 1000
		BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 3 PAYMENTS TO STATE OF CA FOR
		OFFICIAL UNION BUSINESS 3,594 NAME CHRISTINA VILLARREAL TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA
		FOR OFFICIAL UNION BUSINESS 4,593 NAME MARIE STORTZ TITLE DLC PRESIDENT/SEIU LOCAL 1000
		BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 5.185 NAME SANDRA GARCIA TITLE DLC PRESIDENT/SEIU LOCAL 1000
		BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR
		OFFICIAL UNION BUSINESS 1,283 NAME CATHERINE RAZO TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR
		OFFICIAL UNION BUSINESS 822 NAME ROSE HAAKMA TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD
		OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 679 NAME VERONICA RAMIREZ TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 253 NAME JOYCE MINZEY TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF
		DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 774 NAME DAVID MATANGA TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF
		DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 1,335 NAME VIRGINIA FOWLER TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 2,909 NAME DELEON SECREST TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF
		DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 1,240 NAME CHARLENE GONZALEZ TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD
		OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 407 NAME BEVERLY BROCKINGTON TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 8 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 10,388 NAME SANDRA ROMINE TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF
		DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 18 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 21.110 NAME MANUEL RODRIGUEZ TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD
		OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 8 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 10,475 NAME EDWARD FUNK TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF
		DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 831 NAME LARRY ROBERTS TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF
		DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 834 NAME REGINA WHITNEY TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 40 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 68,054 NAME WILLIAM HALL TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF
		DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 1,641 NAME JOYCELYN ODOM TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF
		DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 630 NAME TERESA HUBBARD TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 11 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 13,509 NAME RAYMOND ALTMAN TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF
		DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 6 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 7,760 NAME YUSUF HANAN TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF
		DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 875 NAME CHRISTINA EVITT TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 6 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 7,177 NAME VICTORIA JONES TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF
		DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 4,330 NAME DANA MEZA TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF
		DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 3 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 3,361 NAME HAROLD FONG TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 953 NAME DONALD KILLMER TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF
		DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 3 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 7,026 NAME LEONARD SEITZ TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF
		DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 982 NAME KWAJHALIEN DORN-DAVIS TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 5 PAYMENTS TO STATE OF CA FOR
		OFFICIAL UNION BUSINESS 7,620 NAME MICHAEL ROSKEY TITLE DLC PRESIDENT/SEIU LOCAL 1000
		BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 355 NAME PAUL SMILANICK TITLE DLC PRESIDENT/SEIU LOCAL 1000
		BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR
		OFFICIAL UNION BUSINESS 1,685 NAME JACQUELINE MCCOLLUM TITLE DLC PRESIDENT/SEIU LOCAL
		1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 1,110 NAME MICHELLE NEBBIO TITLE DLC PRESIDENT/SEIU LOCAL
		1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 3 PAYMENTS TO STATE OF CA
		FOR OFFICIAL UNION BUSINESS 3,742 NAME GARY PANNETT TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR
		OFFICIAL UNION BUSINESS 5,885 NAME JEFFREY FOWLER TITLE DLC PRESIDENT/SEIU LOCAL 1000
		BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 6 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 12,502 NAME JOHN PACE TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD
		OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 2 PAYMENTS TO STATE OF CA FOR OFFICIAL
		UNION BUSINESS 5,651 NAME STEVEN ALARI TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF
		DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 3

DLN: 93493319008113

OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 Employer identification number 68-0475305

	1	
ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE LOCAL REPRESENTS EMPLOYEES OF THE STATE OF CALIFORNIA WHO PAY MONTHLY DUES
	FORM 990, PART VI, SECTION A, LINE 7A	THE LOCAL'S MEMBERS ELECT THE MEMBERS OF THE GOVERNING BOARD
	FORM 990, PART VI, SECTION A, LINE 7B	THE OPERATING DECISIONS OF THE LOCAL ARE SUBJECT TO APPROVAL BY THE LOCAL'S MEMBERS
	FORM 990, PART VI, SECTION A, LINE 8B	MINUTES OF MEETINGS HELD BY OTHER COMMITTEES ARE NOT DOCUMENTED AS THESE COMMITTEES DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY ALL DECISIONS AND RECOMMENDATIONS MUST BE APPROVED BY THE GOVERNING BODY
	FORM 990, PART VI, SECTION B, LINE 11	COPIES OF THE LOCAL'S FORM 990, INCLUDING REQUIRED SCHEUDLES, WERE PROVIDED TO EACH MEMBER OF THE LOCAL'S EXECUTIVE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS THE EXECUTIVE OFFICERS AND MANAGEMENT REVIEWED THE FORM 990, INCLUDING REQUIRED SCHEDULES, PRIOR TO FILING WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND THE COUNCIL'S STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY ANNUALLY, DISCLOSURE OF RELATIONSHIPS OR INTERESTS THAT BCOULD GIVE RISE TO A CONFLICT IS PROVIDED TO THE EXECUTIVE BOARD THE EXECUTIVE BOARD (OFFICERS AND TRUSTEES) REVIEW THE D EXISTS AND DISCLOSURES PROVIDED ON AN ANNUAL BASIS TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER TO IMPOSE CERTAIN RESTRICTIONS ON A PERSON WITH A CONFLICT OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	THE LOCAL'S TOP MANAGEMENT OFFICIAL (PRESIDENT) AND OFFICERS ARE COMPENSATED THROUGH THE STATE OF CALIFORNIA, WHICH IS BASED ON THE LOCAL 1000 MASTER CONTRACT THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THE OFFICER'S TIME SPENT PLUS 35% FOR ALL TIME SPENT ON UNION RELATED BUSINESS (UNION LEAVE)
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES IT'S FORM 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR
UNION RELATED BUSINESS (UNION LEAVE) REIMBURSEMENTS	FORM 990, SCHEDULE J, PART III SUPPLEMENTAL INFORMATION CONT	NAME DIANA KING TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 4 PAY MENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 5, 351 NAME RICHARD GUERRERO TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 22 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 28,704 NAME DANIEL SILVA TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 40 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 62,941 NAME INNA LITKE TITLE DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITIONS 40 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 29,353 NAME BRENDA MODKINS TITLE BUNC CHAIR OF BARGAINING UNIT 01 HOURS PER WEEK DEVOTED TO POSITIONS 33 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 60,017 NAME JOHN KERN TITLE BUNC CHAIR OF BARGAINING UNIT 03 HOURS PER WEEK DEVOTED TO POSITIONS 34 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 60,017 NAME JOHN KERN TITLE BUNC CHAIR OF BARGAINING UNIT 04 HOURS PER WEEK DEVOTED TO POSITIONS 34 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 70,368 NAME SOPHIA PERKINS TITLE BUNC CHAIR OF BARGAINING UNIT 04 HOURS PER WEEK DEVOTED TO POSITIONS 38 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 43,117 NAME JAMES WILLIS TITLE BUNC CHAIR OF BARGAINING UNIT 11 HOURS PER WEEK DEVOTED TO POSITIONS 10 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 13,517 NAME LAVERNE ARCHIETTILE BUNC CHAIR OF BARGAINING UNIT 14 HOURS PER WEEK DEVOTED TO POSITIONS 11 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 13,517 NAME LAVERNE ARCHIETTILE BUNC CHAIR OF BARGAINING UNIT 17 HOURS PER WEEK DEVOTED TO POSITIONS 11 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 16,604 NAME KIMBERLY COWART TITLE BUNC CHAIR OF BARGAINING UNIT 17 HOURS PER WEEK DEVOTED TO POSITIONS 40 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS 173,718 NAME RIONAL JONES TITLE BUNC CHAIR OF BARGAINING UNIT 21 HOURS PER WEEK DEVOTED TO POSITIONS 40 PAYMENTS TO STATE OF C

DLN: 93493319008113

2012

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury

Internal Revenue Service Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Employer identification number

68-0475305

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 asset	s	(f) Direct controlling entity		
					_			
or more related tax-exempt organizations during		the organization a	inswered "Yes	" to Form 990	, Part IV	/, line 34 because it	: had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion Public chari (if section 50	y status	(f) Direct controlling entity	Section (13) c	(g) n 512(ontroll ntity?
) SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE	TO SUPPORT OR OPPOSE	CA	527			UNION OF CALIFORNIA	Yes	
5 CAPITAL MALL SUITE 1425	STATE AND/OR LOCAL CANDIDATE ELECTIONS					STATE WORKERS SEIU LOCAL 1000		
CRAMENTO, CA 958144602 2032142								
) SEIU LOCAL 1000 KEEPING CALIF HEALTHY AND SAFE AND STRONG	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527			UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		No
S CARTAL MALL SLITTE 1425	CANDIDATE ELECTIONS					LOCAL 1000		
ACRAMENTO, CA 958144602								
55 CAPITAL MALL SUITE 1425 ACRAMENTO, CA 958144602 5-3463027								
ACRAMENTO, CA 958144602								
ACRAMENTO, CA 958144602								
ACRAMENTO, CA 958144602								

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(t Disprop r alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	ral or	(k) Percentag ownership
					311)			Yes	No		Yes	No	
Identification of Related Org line 34 because it had one or m								I Iswere	d "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of entr (C corp, S corp, or trust)		otal Share e of	(g) e of end- -year ssets		(h) ercentage wnership	Section (b) (conti		
											Yes		No
						ı							

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No	
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more relate	ed organizations lis	sted in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No	
b	Gift, grant, or capital contribution to related organization(s)				1b		No	
С	Gift, grant, or capital contribution from related organization(s)				1c		No	
d	Loans or loan guarantees to or for related organization(s)				1d		No	
e	Loans or loan guarantees by related organization(s)				1e		No	
f	Dividends from related organization(s)				1f		No	
g	Sale of assets to related organization(s)				1g		No	
h	Purchase of assets from related organization(s)				1h		No	
i	Exchange of assets with related organization(s)				1i		No	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No	
k	k Lease of facilities, equipment, or other assets from related organization(s)							
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		No	
m Performance of services or membership or fundraising solicitations by related organization(s)							No	
n	Sharıng of facılıtıes, equipment, mailing lists, or other assets with related organization(s)				1n		No	
0	Sharing of paid employees with related organization(s)				10		No	
р	Reimbursement paid to related organization(s) for expenses				1 p		No	
q	Reimbursement paid by related organization(s) for expenses				1q		No	
r	Other transfer of cash or property to related organization(s)				1r	Yes		
s	Other transfer of cash or property from related organization(s)				1s		No	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete thi			(d)				
	(a) Name of other organization	(b) Transaction	(c) Amount involved	Method of determining amo	unt in	volved		
		type (a-s)						
	Г							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re							'		•	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	·	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1 '	
		_											

Additional Data Return to Form

Software ID:

Software Version:

EIN: 68-0475305

Name: UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Complete this part to j	<u>orovide additional information for respons</u>	es to questions on Schedule R (see instructions)	
Identifier	Return Reference	Explanation	

DLN: 93493135080324

OMB No 1545-0047

Open to Public

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

foundations) ▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS

generally cannot redact the information on the form

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

Inspection

		oplicable C Name of organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		Employer id	lentification number
— Add	ress ch	ange		68-04753	05
Nar	ne char	Doing Business As			
Init	al retur	Number and street (or P O box if mail is not delivered to street address) Room/suite	· _	Telephone nu	mhor
Ter	mınated	1909 14TH CTREET		relephone nu	IIIDEI
_ Am	ended r				
— App	lication	SACRAMENTO, CA 958117131 pending	l _e	Gross receints	s \$ 60,708,519
		F Name and address of principal officer	H(a) Is this a	<u>.</u>	· · · ·
		YVONNE WALKER	subordin		r Yes r No
		1808 14TH STREET SACRAMENTO,CA 958117131	11715		5 5
			H(b) Are all s included		s
I Ta	-exem	pt status	If "No,"	attach a lıs	t (see instructions)
w c	ebsite	: WWW SEIU1000 ORG	H(c) Groupe	xemption n	umber ► 5304
K Form	of ora	anization	L Year of forma	tion 2001	M State of legal domicile CA
	r t I	Summary	L Teal of Iolilla	1011 2001	FI State of legal doffficile CA
		Briefly describe the organization's mission or most significant activities			
Activities & Governance	L	SALARY, BENEFITS AND WORKING CONDITIONS,ASSISTANCE IN FILING A LEGAL REPRESENTATION ON BOTH AN INDIVIDUAL AND CLASS BASIS, TO LASSIFICATION, AND LEGISLATIVE ADVOCACY IN SUPPORT OF PROGRE RETIREES	ECHNICAL AS:	SISTANCE	IN JOB
ট ক ল	2 (Check this box 🔭 if the organization discontinued its operations or disposed of	more than 25%	of its net a	assets
<u>ties</u>	3 N	Number of voting members of the governing body (Part VI, line 1a)		3	63
톭	4 N	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	63
ă	5 T	otal number of individuals employed in calendar year 2013 (Part V, line 2a) .		. 5	226
	6 T	otal number of volunteers (estimate if necessary)		. 6	0
		otal unrelated business revenue from Part VIII, column (C), line 12		. 7a	
	bΛ	Net unrelated business taxable income from Form 990-T, line 34		. 7b	
	_		Prior Y		Current Year
ā	8	Contributions and grants (Part VIII, line 1h)	F.6	0 485	<u> </u>
Rayenue	9 10	Program service revenue (Part VIII, line 2g)	30	,239,485	59,586,653 123,947
歪	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		277,514	997,919
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line			
		12)	56	,666,104	60,708,519
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
				0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		193,145	156,835
8	14 15		29		
enses		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines	29	193,145	156,835
Expenses	15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)	29	193,145	156,835 21,750,931
Expenses	15 16a	Benefits paid to or for members (Part IX, column (A), line 4)		193,145	156,835 21,750,931
Expenses	15 16a b 17 18	Benefits paid to or for members (Part IX, column (A), line 4)	44	193,145 ,140,868 0 ,630,213 ,964,226	156,835 21,750,931 0 37,227,592 59,135,358
	15 16a b 17	Benefits paid to or for members (Part IX, column (A), line 4)	44 73 -17	,140,868 0 ,630,213 ,964,226 ,298,122	156,835 21,750,931 0 37,227,592
	15 16a b 17 18	Benefits paid to or for members (Part IX, column (A), line 4)	44	,140,868 0 ,630,213 ,964,226 ,298,122 Current	156,835 21,750,931 0 37,227,592 59,135,358
	15 16a b 17 18	Benefits paid to or for members (Part IX, column (A), line 4)	44 73 -17 Beginning of	,140,868 0 ,630,213 ,964,226 ,298,122 Current	156,835 21,750,931 0 37,227,592 59,135,358 1,573,161
	15 16a b 17 18 19	Benefits paid to or for members (Part IX, column (A), line 4)	44 73 -17 Beginning of Year 21	,140,868 ,140,868 0 ,630,213 ,964,226 ,298,122 Current ,201,792 ,977,025	156,835 21,750,931 0 37,227,592 59,135,358 1,573,161 End of Year
Net Assets or Fund Balances	15 16a b 17 18 19 20 21 22	Benefits paid to or for members (Part IX, column (A), line 4)	44 73 -17 Beginning of Year 21	,140,868 0 ,630,213 ,964,226 ,298,122 Current	156,835 21,750,931 0 37,227,592 59,135,358 1,573,161 End of Year 20,015,085
Net Assets or Fund Balances	15 16a b 17 18 19	Benefits paid to or for members (Part IX, column (A), line 4)	44 73 -17 Beginning of Year 21	,140,868 ,140,868 0 ,630,213 ,964,226 ,298,122 Current ,201,792 ,977,025	156,835 21,750,931 0 37,227,592 59,135,358 1,573,161 End of Year 20,015,085 16,217,157

preparer has any knowledge

Sign
Here

Signature of officer

YVONNE WALKER PRESIDENT

Type or print name and title

Paid Preparer **Use Only**

Print/Type preparer's name SCOTT E HALLBERG CPA Preparer's signature Firm's name F CALIBRE CPA GROUP PLLC Firm's address ► 7501 WISCONSIN AVE 1200W BETHESDA, MD 20814

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

4e Total program service expenses ►

art IV	Checklis	t of	Required	Schedules

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 78			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	טכ		
С	In 163, to line 3a of 3b, did the organization meronii 0000-17	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).	90	1 63	
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			_
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "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	Check if Schedule O	contains a response of	or note to any	line in this F	art V I													.[▽
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36	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
4.0				
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b	Yes Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization into the vertical assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request V Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►CORA OKUMURA 1808 14TH STREET SACRAMENTO, CA 95811 (866) 471-7348

Form 990	(2013)	
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г	а	У	c	,

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	Posi		(C)				(D)	(E)	(F)
	week (list any hours	more t	han o n is	ne l both	oox, an c	heck unless officer stee)		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	MISC)	organization and related organizations

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

	(A) Name and Title	(B) A verage hours per week (list	more t perso	tion (han c n is l	ne l both	oox, an c	fficer		(E Repor comper from	table isation the	(E) Reportable compensation from related		(F) Estima imount of compens	ted fother ation
		any hours for related organizations below dotted line)	and Individual trustee or director	d Institutional Trustee			employee	Former	organiza 2/1099	tion (W- -MISC)	organizations (W 2/1099-MISC)	٥	from t rganizatio relate organiza	on and ed
1b	Sub-Total							>						
c	Total from continuation sheet	s to Part VII, S	ection A	١.				Þ						
d	Total (add lines 1b and 1c) .							•		1,036,802		0		0
2	Total number of individuals (in \$100,000 of reportable compe	-					d abov	e) wl	ho receive	d more th	an			
													Yes	No
3	Did the organization list any fc on line 1a? <i>If "Yes," complete S</i>	•				key •	emplo	yee, •	or highes	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual											4		No
5	Did any person listed on line 1 services rendered to the organ										or individual for	5	Yes	140
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fiv compensation from the organiz	e highest comp											tay vear	
		(A) ame and business		4011	101		arenue	ii ye	ar enumy		(B) cription of services	JII 3	(C) Compen)
CALIF	ORNIA STATE EMPLOYEES ASSOCIATION			NTO C	A 958	16					ATIVE SERVICES	-+		,413,637

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CALIFORNIA STATE EMPLOYEES ASSOCIATION 1108 O STREET SACRAMENTO CA 95816	ADMINISTRATIVE SERVICES	4,413,637
HOLIDAY INN SACRAMENTO-CAPITOL PLAZA 300 J STREET SACRAMENTO CA 95814	CONFERENCE SERVICES	1,049,157
RED LION WOODLAKE AND CONFERENCE CENTER 500 LEISURE LN SACRAMENTO CA 95815	CONFERENCE SERVICES	542,651
HILTON SAN DIEGO BAYFRONT 1 PARK BLVD SAN DIEGO CA 92101	CONFERENCE SERVICES	480,603
NETSUITE 2955 CAMPUS DRIVE SUITE 100 SAN MATEO CA 94403	IT CONSULTING	408,704

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►37

Form 99						Page 9
Part V	/ 	Statement of Revenue Check if Schedule O contains a response or note to any lir	ne 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
2 £	1a	Federated campaigns 1a				
Gifts, Grants ilar Amounts	b	Membership dues 1b				
ي ق	С	Fundraising events 1c				
iffs, ar A	d	Related organizations 1d				
9 ∺	e	Government grants (contributions) 1e				
ons Sii	f	All other contributions, gifts, grants, and 1f				
Contributions, Giffs, Grants and Other Similar Amounts	•	sımılar amounts not ıncluded above				
Ę ŏ	g	Noncash contributions included in lines 1a-1f \$				
Con	h	Total. Add lines 1a-1f				
		Business Code				
E E	2a	MEMBER DUES AND ASSESS 900099	59,586,653	59,586,653		
84 ≥	b					
- Co	С					
ž Ž	d					
<u> </u>	е					
Program Service Revenue	f	All other program service revenue				
Š	g	Total. Add lines 2a−2f	59,586,653			
	3	Investment income (including dividends, interest,	123,947			123,947
	4	and other similar amounts)	123/3 17			123,3
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
		(I) Securities (II) O ther				
	7a	Gross amount from sales of				
		assets other than inventory				
	b	Less cost or other basis and				
	c	sales expenses Gain or (loss)				
	d	Net gain or (loss)				
e ne	8a	Gross income from fundraising events (not including				
Other Revenue		of contributions reported on line 1c) See Part IV, line 18				
Fer	Ь	Less direct expenses b				
₹	С	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities				
		See Part IV, line 19				
	ь	Less direct expenses b				
		Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances .				
	Ь	Less cost of goods sold b				
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a	INSURANCE REIMBURSEMENT 900099	601,554	601,554		
	Ь	STATE BAR SERVICING FEES 900099	264,829	264,829		
	С	OTHER 900099	117,139	117,139		
	d	All other revenue	14,397	14,397		
	е	Total. Add lines 11a-11d ▶	997,919			
	12	Total revenue. See Instructions	60,708,519	60,584,572	C	123,947

Part IX Statement of Functional Expenses

section 501(c)(3) and 501(c)(4)) organizations must complete all colur	nns. All other organizations must com	plete column (A)

	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service		(D) Fundraising
-		Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	156,835			
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	14,607,355			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	2,598,219			
9	Other employee benefits	2,969,463			
10	Payroll taxes	1,575,894			
11	Fees for services (non-employees)				
а	Management				
b	Legal	479,341			
c	Accounting	75,500			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,114,502			
12	Advertising and promotion				
13	Office expenses	2,217,807			
14	Information technology	349,122			
15	Royalties				
16	Occupancy	1,627,178			
17	Travel	5,569,096			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	345,580			
21	Payments to affiliates	15,046,172			
22	Depreciation, depletion, and amortization	766,330			
23	Insurance	97,804			
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)				
а	PAYMENTS TO CSEA	4,060,841			
b	REIMBURSEMENTS TO CA FO	1,964,598			
c	LEGAL SETTLEMENTS	1,505,184			
d	DLC ADMINISTRATION	882,204			
e	All other expenses	1,126,333			
25	Total functional expenses. Add lines 1 through 24e	59,135,358			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X	Balance Sheet
	Check if Schedule O

		Check if Schedule O contains a response or note to any line in	this Pa	nrt X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			-454,485	1	-370,595
	2	Savings and temporary cash investments			11,651,552	2	11,186,782
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4,867,574	4	5,188,933
	5	Loans and other receivables from current and former officers, cemployees, and highest compensated employees Complete Paschedule L	lirecto art II c	rs, trustees, key of		5	
ste	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contrit mploye	outing employers		6	
assets	7	Notes and loans receivable, net			1,616,880		695,677
٩.	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			611,836	9	804,524
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,862,423			
	ь	Less accumulated depreciation	10b	3,418,762	2,734,377	10c	2,443,661
	11	Investments—publicly traded securities	·			11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			174,058		66,103
	16	Total assets. Add lines 1 through 15 (must equal line 34).			21,201,792	16	20,015,085
	17	Accounts payable and accrued expenses			9,493,695	17	4,603,901
	18	Grants payable			0,400,000	18	4,000,001
	19		•		462,488	19	538,843
		Deferred revenue	• •		402,486		330,043
	20	Tax-exempt bond liabilities		• •		20	
S O	21	Escrow or custodial account liability Complete Part IV of Scho				21	
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	fied	•			
<u> </u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .	•	6,675,308	23	8,532,421
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	rt X of	Schedule	2 245 524		0.544.000
		D			2,345,534	25	2,541,992
	26	Total liabilities. Add lines 17 through 25			18,977,025	26	16,217,157
ري do		Organizations that follow SFAS 117 (ASC 958), check here ►	✓ and	complete			
Ĕ		lines 27 through 29, and lines 33 and 34.			1,802,479	27	3,092,306
<u>ದ</u> ಪ	27	Unrestricted net assets					
ő	28	Temporarily restricted net assets	•		422,288	28	705,622
₹	29	Permanently restricted net assets	• •	· ·		29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.		,			
2	30	Capital stock or trust principal, or current funds				30	
Ϋ́	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other t	unds			32	
₹	33	Total net assets or fund balances			2,224,767	33	3,797,928
_	34	Total liabilities and net assets/fund balances			21,201,792	34	20,015,085

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		60,7	708,519
2	Total expenses (must equal Part IX, column (A), line 25)	2			135,358
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				573,161
_		4		2,2	224,767
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	8			
		9			C
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,7	797,928
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why in Schedule O and describe any steps taken to undergo such audits		3b		

DLN: 93493135080324

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

٠	Section 501(c)(4), (5), or (6) organizations. Complete Part III					
	ame of the organization IJON OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000	yer ide	nt if ica	ation numbe	er	
OIN		47530!	5			
ar	rt I-A Complete if the organization is exempt under section 501(c) or is a secti	on 52	7 or <u>c</u>	janizatio	n.	
L	Provide a description of the organization's direct and indirect political campaign activities in Part IV					
2	Political expenditures	F	\$			
3	Volunteer hours		_			_
aı	rt I-B Complete if the organization is exempt under section 501(c)(3).					_
L	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	
1 a	Was a correction made?			☐ Yes	┌ No	
b	If "Yes," describe in Part IV					
aı	rt I-C Complete if the organization is exempt under section 501(c), except sec	tion 5	01(c)	(3).		
L	Enter the amount directly expended by the filing organization for section 527 exempt function activities	es 🕨	\$			
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	.	\$ <u></u>			
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	 -	¢			

Did the filing organization file Form 1120-POL for this year? 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) A mount 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) SEIU LOCAL 1000 CANDIDATE PAC	555 CAPITAL MALL SUITE 1425 SACRAMENTO, CA 958144602	34-2032142		1,121,535

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l.)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount is columns	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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))

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ		, age e
For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	(a) Yes No		(b)
a b c d e	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 Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?			
	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? **TIII-A** Complete if the organization is exempt under section 501(c)(4), section 5)(F)	
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? IT III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N	01(c))(5), d	Yes No Yes No No No r section
1 2 a b	line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	1 2a 2b		rait III-A,
c 3 4	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures (see instructions)	2c 3 4 5		
Pro	Supplemental Information ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group rt II-B, line 1 Also, complete this part for any additional information	p list),	Part II	-A, line 2, and
PAR	Return Reference Explanation THE LOCAL'S DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVEXPENDITURES IN CONNECTION WITH STATE AND/OR LOCAL CAN			

		r age -r				
Part IV Supplemental Information	on (continued)					
Return Reference	Explanation					
l						

Schedule D (Form 990) 2013

DLN: 93493135080324

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Theverlue Service		Inspection
me of the organization ION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		Employer identification number
Organizations Maintaining Dor organization answered "Yes" to Fo	nor Advised Funds or Other Similar orm 990, Part IV, line 6.	Funds or Accounts. Complete if the
-	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and don funds are the organization's property, subject	or advisors in writing that the assets held in d to the organization's exclusive legal control?	lonor advised Yes No
- · · · · · · · · · · · · · · · · · · ·	rs, and donor advisors in writing that grant fun the benefit of the donor or donor advisor, or for	
rt II Conservation Easements. Com	plete if the organization answered "Yes'	" to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held b Preservation of land for public use (e.g., re) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	ecreation or education) Preservation of	an historically important land area a certified historic structure
easement on the last day of the tax year	ion held a qualified conservation contribution i	if the form of a conservation
		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation ease	ements	2b
Number of conservation easements on a certi	fied historic structure included in (a)	2c
Number of conservation easements included in historic structure listed in the National Regist		2d
Number of conservation easements modified, the tax year ▶	transferred, released, extinguished, or termina	ated by the organization during
Number of states where property subject to co	onservation easement is located 🗠	
Does the organization have a written policy re enforcement of the conservation easements if	garding the periodic monitoring, inspection, hat t holds?	andling of violations, and Yes No
Staff and volunteer hours devoted to monitorii	ng, inspecting, and enforcing conservation eas	sements during the year
A mount of expenses incurred in monitoring, in	nspecting, and enforcing conservation easeme	nts during the year
Does each conservation easement reported o and section 170(h)(4)(B)(II)?	n line 2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
	ports conservation easements in its revenue a text of the footnote to the organization's financ n easements	
Complete if the organization answ	lections of Art, Historical Treasures vered "Yes" to Form 990, Part IV, line 8.	s, or Other Similar Assets.
If the organization elected, as permitted unde works of art, historical treasures, or other sim		n, or research in furtherance of public
If the organization elected, as permitted unde works of art, historical treasures, or other sim service, provide the following amounts relatin	nilar assets held for public exhibition, educatio	
(i) Revenues included in Form 990, Part VIII	, line 1	► \$
(ii) Assets included in Form 990, Part X		> \$
If the organization received or held works of a	rt, historical treasures, or other similar assets er SFAS 116 (ASC 958) relating to these iten	for financial gain, provide the
Revenues included in Form 990, Part VIII, lir	ne 1	► \$
Accets included in Form 990 Part V		

3 Using the organization is acquisition, accession, and other records, check any of the following that are a significant use of its collection times (check all that paly) 3 Public exhibition 4 Poublic exhibition 5 Other 6 Preservation for future generations 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 resource or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? For IV, line 9, or reported an amount on Form 990, Part X, line 9, Or People of an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21? 5 Exercise the organization include an amount on Form 990, Part X, line 21? 6 List Yes, "explain the errogenment in Part XIII Check here if the explanation has been provided in Part XIII	Part	••• Organizations Maintaining Co	<u>llections of Art,</u>	Hist	ori	<u>cal Tre</u>	<u>easu</u>	<u>res, or O</u>	<u>the</u>	<u>r Similar</u>	<u>Asse</u>	ts (co	<u>ntınued)</u>
b Scholarly research b Scholarly research c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization and explain how they further the organization's exempt purpose in Part XIII Suppose the sold to rese funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, Jine 90, or reported an amount on Form 990, Part X, Jine 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included an Form 990, Part X, Jine 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included an Form 990, Part X, Jine 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 990, Part X, Jine 21. Is a genium page plance Additions during the year Is a Jine 10	3		ion, and other record	s, che	ecka	any of th	e foll	owing that a	re a	significant	use of	ıts	
c Preservation for future generations 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's collections and explain how they further the organization's collection?	а	Public exhibition		d	\Box	Loan o	rexch	hange progr	ams				
part XIII Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization's collections and explain how they further the organization's collection? Yes No	b	Scholarly research		е	Γ	Other							
Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar seales to be sold to raise funds rether than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is formed an angent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. Is geginning balance Amount Amou	c	Preservation for future generations											
## Part IV in the 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. ***Individual State or spanning to the arrangement in Part XIII and complete the following table ***Individual State or spanning the year	4		ollections and explain	n how	the	y further	the o	rganızatıon	's ex	empt purpo	se in		
Secretary and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Secretary and the arrangement in Part XIII and complete the following table	5	During the year, did the organization solicit	or receive donations	of art,	, hıs	torıcal tı	reasu	res or other	sım	ıılar			
Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No													No
Figure F	Par							n answered	a "Y	es" to Fori	n 990),	
A division during the year	1a		lian or other intermed	diary f	or c	ontributi	ions c	or other ass	ets r	not	_	Yes	┌ No
1	b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollowi	ng t	able		_					
Mathematical provided in the para Mathematical provided in Part XIII Check here if the organization has been provided in Part XIII Check here if the Organization has been provided in Part XIII Check here if the Organization has been provided in Part XIII Check here if the Organization has been provided in Part XIII Check here if the Organization has been provided in Part XIII Check here if the Organization has been provided i								_			Amou	ınt	
Distributions during the year Finding balance Distributions during the year Finding balance Distributions during the year Finding balance Distributions Distri	C	Beginning balance						_	1c				
1	d	Additions during the year						-	1d				
Did the organization include an amount on Form 990, Part X, line 21? Part	e	Distributions during the year							1e				
Beginning of year balance Contributions	f	Ending balance							1 f				
Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions	2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?							Γ.	Yes	┌ No
Mathematical Math	b	If "Yes," explain the arrangement in Part XI	II Check here if the	explai	natio	on has b	een p	rovided in P	art :	XIII			Γ
18 Beginning of year balance	Pai	t V Endowment Funds. Complete	ıf the organızatıon	ansv	vere								
to Contributions			(a)Current year	(b) P	rior	year b	(c) Tv	wo years back	(d)	Three years ba	ack (e)Four ye	ears back
d Grants or scholarships	1a	Beginning of year balance							_				
the rexpenditures for facilities and programs	b								<u> </u>		_		
e Other expenditures for facilities and programs	C	Net investment earnings, gains, and losses											
a Board designated or quasi-endowment ► Permanent endowment Fine percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization by (i) related organizations (ii) related organizations (iii) related organizations (iii) related organizations listed as required on Schedule R? 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) b If "Ses" to 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) b If "Ses" to 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) b If "Ses" to 3a(ii), are the related organization's endowment funds Pert VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated deprecation (d) Book value (d) Book val	d	Grants or scholarships											
per lo do year balance	e	•											
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 ▶ The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f	Administrative expenses											
Board designated or quasi-endowment ► b Permanent endowment F c Temporarily restricted endowment F The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	g	End of year balance											
Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (iii) related organizatio	2	Provide the estimated percentage of the cur	rent year end balance	e (lıne	1g,	, column	(a)) h	neld as					
The percentages in lines 2a, 2b, and 2c should equal 100% 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 If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value 5 Buildings Land	а	Board designated or quasi-endowment 🕨											
The percentages in lines 2a, 2b, and 2c should equal 100% Sac	ь	Permanent endowment 🕨											
The percentages in lines 2a, 2b, and 2c should equal 100% Sac	c	Temporarily restricted endowment b -											
Total Tot			uld equal 100%										
(i) unrelated organizations	За		ssion of the organiza	tıon th	nat a	are held	and a	dmınıstered	for	the			
(ii) related organizations		,								Г	2-(:)	Yes	No
If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 3b					•				•	-			
Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value depreciation (d) Book value depreciation (d) Book value (d) Book v	b	• •							• .	· · · [
Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings Leasehold improvements Leasehold improvements Description of property (b) Cost or other basis (other) Leasehold improvements								•					
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 depreciation 1a Land	Par						ansv	vered 'Yes	' to	Form 990,	Part	IV, lır	 ne
1a Land L		11a. See Form 990, Part X, line		·									
b Buildings State of the province of t		Description of property										(d) Bo	ok value
c Leasehold improvements 1,503,895 871,383 632,512 d Equipment 2,324,301 1,790,810 533,491 e Other 2,034,227 756,569 1,277,658	1 a l	and											
d Equipment 2,324,301 1,790,810 533,491 e Other 2,034,227 756,569 1,277,658	b E	Buildings		.									
e Other	c l	easehold improvements		.				1,503	,895	87	1,383		632,512
	d E	Equipment		.				2,324	,301	1,79	0,810		533,491
	_e (Other	<u> </u>	·				2,034	,227	75	6,569		1,277,658
V V V V V V V V V V V V V V V V V V V			equal Form 990, Part X,	, colun	nn (I	B), line 1	0(c).)			>		;	2,443,661

(b)Book value	(c) Method of val	
	Cost or end-of-year m	narket value
F		
omplete if the organizatior	n answered 'Yes' to For	m 990, Part IV, line 11
(b) Book value	(c) Method of val	uation
(B) Book value	Cost or end-of-year m	
F		
n answered 'Yes' to Form 990	, Part IV, line 11d See Fo	orm 990, Part X, line 15
ription		(b) Book value
anization answered 'Yes' to	o Form 990, Part IV, lır	ne 11e or 11f. See
(b) Book value		
+		
1 110 040		
209,061		
1,213,882		
1,213,332		
	(b) Book value (b) Book value In answered 'Yes' to Form 990 ription (5.) (b) Book value (15.) (c) Anization answered 'Yes' to the property of the proper	(b) Book value (c) Method of val Cost or end-of-year method of value (c) Method of val

Par		evenue per Audited Financial Statements With Revenue prered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete If
1	-	r support per audited financial statements	1	60,947,850
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12		
а	Net unrealized gains on invest	ments		
b	Donated services and use of fa	acilities 2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d .	 	2e	239,331
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	60,708,519
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4 c	0
5		4c. (This must equal Form 990, Part I, line 12)	5	60,708,519
Par		expenses per Audited Financial Statements With Expenses Swered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1		audited financial statements	1	57,447,692
2	·	not on Form 990, Part IX, line 25		
а	Donated services and use of fa	cilities 2a		
b	Prior year adjustments	2b		
c	Otherlosses			
d	Other (Describe in Part XIII)	2d 699,722		
e	Add lines 2a through 2d		2e	699,722
3	Subtract line $2e$ from line 1 .		3	56,747,970
4	Amounts included on Form 990), Part IX, line 25, but not on line 1:		
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	4b 2,387,388		
C	Add lines 4a and 4b	 	4c	2,387,388
5		d 4c. (This must equal Form 990, Part I, line 18)	5	59,135,358
Par	XIII Supplemental Inf	ormation		
Part		Part II, lines 3, 5, and 9, Part III, lines $1a$ and 4 , Part IV, lines $1b$ and $2b$ lines $2d$ and $4b$, and Part XII, lines $2d$ and $4b$ Also complete this part to		de any additional
	Return Reference	Explanation		
	XI, LINE 2D - OTHER STMENTS	DLC EXPENSES -882,204 PAC DUES 1,121,535		
	XII, LINE 2D - OTHER STMENTS	PAC EXPENSES 699,722		
	XII, LINE 4B - OTHER STMENTS	DLC EXPENSES 882,204 LEGAL SETTLEMENTS - KNOX 1,505,184		

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135080324

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Employer identification number

68-0475305

Pa	rt I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d			1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe			2		
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all t used by a related organization to establish compen	hat apply				
	Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	l paymen	it?	4a		Νo
ь	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and p					
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ie rebutta	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	enefits (B)(ı)-(D) repor	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits		reported as deferred in prior Form 990

Schedule J (Form 990) 2013

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

rise complete emp pare for any addition	
Return Reference	Explanation
	SCHEDULE J, PART I, LINE 3 THE TOP MANAGEMENT OFFICIAL'S (PRESIDENT) COMPENSATION IS ESTABLISHED BY A COLLECTIVE BARGAINING AGREEMENT WITH THE STATE OF CALIFORNIA, WHICH HAS BEEN APPROVED BY THE GOVERNING BODY AND MEMBERS OF THE ORGANIZATION SCHEDULE J, PART III IN RESPONSE TO FORM 990, PART VII, SECTION A, LINE 5 THE LOCAL'S OFFICERS ARE COMPENSATED THROUGH THE STATE OF CALIFORNIA, WHICH IS BASED ON THE LOCAL 1000 MASTER CONTRACT THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THE OFFICER'S TIME SPENT PLUS 35% FOR ALL TIME SPENT ON UNION RELATED BUSINESS (UNION LEAVE) NO OFFICER IS PAID DIRECTLY FROM THE UNION

Schedule J (Form 990) 2013

OMB No 1545-0047

Open to Public

Inspection

2013

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization

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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

68-0475305

990 Schedule O, Supplemental Information

UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE LOCAL REPRESENTS EMPLOYEES OF THE STATE OF CALIFORNIA WHO PAY MONTHLY DUES
FORM 990, PART VI, SECTION A, LINE 7A	THE LOCAL'S MEMBERS ELECT THE MEMBERS OF THE GOVERNING BOARD
FORM 990, PART VI, SECTION A, LINE 7B	THE OPERATING DECISIONS OF THE LOCAL ARE SUBJECT TO APPROVAL BY THE LOCAL'S BOARD OF DIRECTORS WHICH IS ELECTED BY MEMBERSHIP
FORM 990, PART VI, SECTION A, LINE 8B	MINUTES OF MEETINGS HELD BY OTHER COMMITTEES ARE NOT DOCUMENTED AS THESE COMMITTEES DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY ALL DECISIONS AND RECOMMENDATIONS MUST BE APPROVED BY THE GOVERNING BODY
FORM 990, PART VI, SECTION B, LINE 11	COPIES OF THE LOCAL'S FORM 990, INCLUDING REQUIRED SCHEUDLES, WERE PROVIDED TO EACH MEMBER OF THE LOCAL'S EXECUTIVE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS THE EXECUTIVE OFFICERS AND MANAGEMENT REVIEWED THE FORM 990, INCLUDING REQUIRED SCHEDULES, PRIOR TO FILING WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND THE COUNCIL'S STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY ANNUALLY, DISCLOSURE OF RELATIONSHIPS OR INTERESTS THAT COULD GIVE RISE TO A CONFLICT IS PROVIDED TO THE EXECUTIVE BOARD THE EXECUTIVE BOARD(OFFICERS AND TRUSTEES) REVIEW THE DISCLOSURES PROVIDED ON AN ANNUAL BASIS TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER TO IMPOSE CERTAIN RESTRICTIONS ON A PERSON WITH A CONFLICT OF INTEREST
FORM 990, PART VI, SECTION B, LINE 15	THE LOCAL'S TOP MANAGEMENT OFFICIAL (PRESIDENT) AND OFFICERS ARE COMPENSATED THROUGH THE STATE OF CALIFORNIA, WHICH IS BASED ON THE LOCAL 1000 MASTER CONTRACT THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THE OFFICER'S TIME SPENT PLUS 35% FOR ALL TIME SPENT ON UNION RELATED BUSINESS (UNION LEAVE) NO OFFICER IS PAID DIRECTLY BY THE LOCAL
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR

DLN: 93493135080324

2013

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 **Employer identification number**

68-0475305

Part 1 Identification of Disregarded Entitles Com	piete ii tile organization	aliswered tes of	ii ruiiii 990, Pai	t IV, lille 55.				
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations durin		the organization a	nswered "Yes" (on Form 990, P	art IV	, line 34 because it	had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	n Public charity s (if section 501((f) Direct controlling entity	Section (13) co	(g) n 512(ontrolle ntity?
							Yes	
(1) SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE 555 CAPITAL MALL SUITE 1425	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527			UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		No
SACRAMENTO, CA 958144602 34-2032142								
(2) SEIU LOCAL 1000 KEEPING CALIF HEALTHY AND SAFE AND STRONG 555 CAPITAL MALL SUITE 1425	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527			UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		No
SACRAMENTO, CA 958144602 26-3463027								
						1		

(a) Name, address, and EIN of		(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	[)	(k)
Name, address, and EIN of related organization		Primary activit	domicile domicile (state or foreign country)	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-yea assets	Disprop r allocat	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	iging ner?	Percentage ownership
					,			Yes	No		Yes	No	
V Identification of Related Orga line 34 because it had one or mo								wered	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlli entity	(e) Type of entit (C corp, S corp, or trust)	y Share of to	otal Share	(g) e of end- -year ssets		(h) ercentage ownership	Section (b) contraction contra	13) olled	
		,,									Yes		No
										1			1 1

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
$\textbf{1} \ During \ the \ tax \ year, \ did \ the \ orgranization \ engage \ in \ any \ of \ the \ following \ transactions \ with \ one \ or \ more$	related organizations l	sted in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
c Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
• Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r	Yes	
s Other transfer of cash or property from related organization(s)				1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete		overed relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount ir	ivolved	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations'		(i) Code V7UBI amount in box 20 of Schedule K-1 (Form 1065)	n managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
									_		1	1	
			I		1				_	1			

Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013

Software ID: **Software Version:**

EIN: 68-0475305

Name: UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

SARIO MEMBER 3 00 X	(A) Name and Title	(B) A verage hours per week (list any hours	Posit more ti perso and a	ion (nan o n is b	ne bo	ox, u an of	nless ficer	į	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
SOLATION MEMBERS		organizations below	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	related
THATHER PROBLEM 1		19 00	×						31,045	0	0
MASSIGNAMICAN March Marc	JENNIFER HORTON	6 00	х						9,099	0	0
CHISTITA WILMAREAL DAMED MEMBER DAMED MEMB	JAYSON SANDOVAL	4 00	х						1,911	0	0
MARLE STORIZ SOAD MEMBER SOAD MEMBER SOAD X SOAD X SOAD X SOAD MEMBER SOAD X SOAD X SOAD X SOAD MEMBER SOAD X SOAD X SOAD X SOAD X SOAD X SOAD X SOAD MEMBER SOAD X SOAD X SOAD MEMBER SOAD MEMBER SOAD ME	CHRISTINA VILLARREAL	3 00	х						1,489	0	0
MARCO MARMORE	MARIE STORTZ	5 00	х						9,660	0	0
CATHERINE RAZO		3 00	х						661	0	0
ROSE HAMAMA	CATHERINE RAZO	3 00	х						477	0	0
VERDINCA RAMINEZ 300	ROSE HAAKMA	3 00	Х						419	0	0
DOYCE MINIZEY 3 00	VERONICA RAMIREZ	3 00	х						253	0	0
DAND MATANGA 300 X	JOYCE MINZEY	3 00	Х						665	0	0
VIRGINIA FOWLER	DAVID MATANGA	3 00	х						721	0	0
DELEON SECREST	VIRGINIA FOWLER	2 00	х						0	0	0
CHARLENE GONZALEZ	DELEON SECREST	6 00	х						4,574	0	0
BEVERLY BROCKINGTON	CHARLENE GONZALEZ	3 00	Х						419	0	0
SANDRA ROMINE 3 00	BEVERLY BROCKINGTON	12 00	Х						13,956	0	0
MANUEL RODRIGUEZ	SANDRA ROMINE	3 00	х						458	0	0
EDWARD FUNK 3 00	MANUEL RODRIGUEZ	17 00	Х						19,082	0	0
LARRY ROBERTS 3 00	EDWARD FUNK	3 00	х						1,051	0	0
REGINA WHITNEY 38 00 X 61,682 0 0 0 BOARD MEMBER 3 00 X 640 0 0 BOARD MEMBER 3 00 X 640 0 0 BOARD MEMBER 3 00 X 461 0 0 BOARD MEMBER 4 00 X 1,940 0 0 BOARD MEMBER 5 00 X 3,290 0 0 BOARD MEMBER 7 0 0 0 0 BOARD M	LARRY ROBERTS	3 00	Х						721	0	0
WILLIAM HALL 3 00 X 640 0 0 BOARD MEMBER 3 00 X 461 0 0 BOARD MEMBER 4 00 X 1,940 0 0 BOARD MEMBER X 1,940 0 0 RAYMOND ALTMAN 5 00 X 3,290 0 0 BOARD MEMBER YUSUF HANAN 2 00 0 0 0 0	REGINA WHITNEY	38 00	Х						61,682	0	0
DOYCELYN ODOM	WILLIAM HALL	3 00	Х						640	0	0
TERESA HUBBARD 4 00 X 1,940 0 0 BOARD MEMBER X 1,940 0 0 RAYMOND ALTMAN 5 00 X 3,290 0 0 BOARD MEMBER YUSUF HANAN 2 00 0 0 0 0	JOYCELYN ODOM	3 00	х						461	0	0
RAYMOND ALTMAN 5 00 X 3,290 0 0 BOARD MEMBER YUSUF HANAN 2 00 0 </td <td>TERESA HUBBARD</td> <td>4 00</td> <td>х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1,940</td> <td>0</td> <td>0</td>	TERESA HUBBARD	4 00	х						1,940	0	0
YUSUF HANAN 2 00	RAYMOND ALTMAN	5 00	х						3,290	0	0
	YUSUF HANAN	2 00	×						0	0	0

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

Compensated Employees, and Inc		ntracto						1	I	1
(A) Name and Title	(B) Average hours per week (list any hours	Posit more th perso and a	ion (nan o n is b	ne b	ox, u an o	ınless fficer	S	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
CHRISTINA EVITT	4 00		Φ.			<u> </u>				
BOARD MEMBER		Х						1,855	0	0
VICTORIA JONES	2 00	х						0	0	0
BOARD MEMBER DANA MEZA	4 00									
BOARD MEMBER		Х						1,569	0	0
HAROLD FONG BOARD MEMBER	3 00	x						687	0	0
DONALD KILLMER	3 00	х						2,166	0	0
BOARD MEMBER LEONARD SEITZ	3 00							2,100	0	
BOARD MEMBER		Х						849	0	0
KWAJHALIEN DORN-DAVIS BOARD MEMBER	3 00	x						1,305	0	0
MICHAEL ROSKEY	3 00	х						575	0	0
BOARD MEMBER PAUL SMILANICK	3 00	X						455	0	0
BOARD MEMBER JACQUELINE MCCOLLUM	16 00	^							0	
BOARD MEMBER MICHELLE NEBBIO	2.00	X						25,819	0	0
BOARD MEMBER	3 00	х						591	0	0
GARY PANNETT BOARD MEMBER	4 00	×						5,300	0	0
JEFFREY FOWLER	16 00	х						28,488	0	0
BOARD MEMBER JOHN PACE	3 00	X						1,580	0	0
BOARD MEMBER STEVEN ALARI	3 00							1,300		
BOARD MEMBER		Х						1,312	0	0
EMMANUEL CHANG BOARD MEMBER	3 00	×						1,195	0	0
THERESA TAYLOR	11 00	х						19,052	0	0
BOARD MEMBER GABRIEL LEDESMA	4 00	x						2,937	0	0
BOARD MEMBER IBYANG RIVERA	3 00									
BOARD MEMBER	7.00	X						859	0	0
CYNTHIA BERRY BOARD MEMBER	7 00	x						6,545	0	0
THOMAS PERINE	4 00	х						2,670	0	0
DIANA KING	11 00	x						12,020	0	0
BOARD MEMBER RICHARD GUERRERO	20 00									
BOARD MEMBER		Х						26,247	0	0
DANIEL SILVA BOARD MEMBER	40 00	х						83,605	0	0
INNA LITKE	10 00	Х						13,299	0	0
BOARD MEMBER					1	1				

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persor and a	ion (d nan oi n is b	ne bo oth a ctor/	ox, u an of trus	inless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M13C)	2/1099-M13C)	related organizations
BRENDA MODKINS BOARD MEMBER	40 00	х						72,220	0	0
JOHN KERN	21 00									
BOARD MEMBER		Х						47,101	0	0
SOPHIA PERKINS	24 00	х						24,967	0	0
BOARD MEMBER		^						24,907	0	0
JAMES WILLIS	7 00	х						7,278	0	0
BOARD MEMBER		^						7,270	Ů	
LAVERNE ARCHIE BOARD MEMBER	4 00	х						2,314	0	0
ROBYN SHERLES	6 00									
BOARD MEMBER		X						5,356	0	0
KIMBERLY COWART	40 00								_	_
BOARD MEMBER		Х						124,659	0	0
RIONNA JONES	4 00	V						2 270	0	0
BOARD MEMBER		Х						2,379	0	0
MIGUEL CORDOVA BOARD MEMBER	24 00	х						58,363	0	0
YVONNE WALKER	40 00									
PRESIDENT		X		Х				60,625	0	0
MARIA OKUMURA	33 00								_	
VP/SECRETARY-TREASURER		Х		Х				81,922	0	0
MARGARITA MALDONADO	40 00	х		Х				92,190	0	0
VICE PRESIDENT FOR BARGAIN				^				92,190	0	U
TAMEKIA ROBINSON	40 00	х		х				51,774	0	0
VP FOR ORGANIZING		^		^				31,774		

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

DLN: 93493320040755

Open to Public Inspection

Form **990**

Department of the Treasury Internal Revenue Service

4 F	or the 20	014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014	,			
B C	heck if app	olicable C Name of organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		D Emplo	yer iden	tification number
— _A	ddress cha			68-0	475305	
— _N	ame chang	Doing business as				
— _{Ir}	ııtıal return			F. T. I I.	1-	
	nal turn/termi	Number and street (or P O box if mail is not delivered to street address) Room/suit 1808 14TH STREET	te	E Teleph	one numb	er
— _A	mended re					
- _A	pplication p	SACRAMENTO, CA 958117131 pending		G Gross	eceipts \$	63,175,240
		F Name and address of principal officer YVONNE WALKER 1808 14TH STREET SACRAMENTO,CA 958117131	s Н(b) д	s this a group ubordinates? re all subord ncluded?		for
[]	ax-exemp	t status	If	f "No," attach	ı a lıst (see instructions)
۱ ر	Vebsite:	► WWW SEIU1000 ORG	H(c)	Group exemp	ion num	ber ► 5304
		nization Corporation Trust Association Other F	L Year	of formation 20	001 M 9	State of legal domicile CA
P	art I	Summary				
Governance	T (S/ LE	riefly describe the organization's mission or most significant activities O REPRESENT CERTAIN CIVIL SERVICE EMPLOYEES OF THE STATE OF C ALARY, BENEFITS AND WORKING CONDITIONS, ASSISTANCE IN FILING EGAL REPRESENTATION ON BOTH AN INDIVIDUAL AND CLASS BASIS, T LASSIFICATION, AND LEGISLATIVE ADVOCACY IN SUPPORT OF PROGE	AND PUF	RSUING EMF AL ASSIST <i>A</i>	LOYEE NCE IN	GRIEVANCES, IJOB
Ě						
ACTIVITIES &	4 No 5 To 6 To	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2014 (Part V, line 2a)	 		3 4 5 6	63 63 212 0
		et unrelated business taxable income from Form 990-T, line 34			7b	0
	<u> </u>		T .	Prior Year	1 75 1	Current Year
	8	Contributions and grants (Part VIII, line 1h)			0	0
ĕ	1	Program service revenue (Part VIII, line 2g)		59,586,	653	62,154,194
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		123,	947	55,308
芒	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		997,	919	965,738
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		60,708,	519	63,175,240
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$)			0	
		Benefits paid to or for members (Part IX, column (A), line 4)	156,835			134,000
8		Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)		21,750,	21,263,191	
⊕		Professional fundraising fees (Part IX, column (A), line 11e)			0	0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 🕨				
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		37,227,	592	34,556,705
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		59,135,		
					550	55,953,896
		Revenue less expenses Subtract line 18 from line 12		1,573,		55,953,896 7,221,344

Year

20,015,085

16,217,157

21,878,969

10,823,478

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Net assets or fund balances Subtract line 21 from line 20

Total liabilities (Part X, line 26)

Sign Here Signature of officer

YVONNE WALKER PRESIDENT

Total assets (Part X, line 16) .

Type or print name and title

Paid Preparer **Use Only**

20

21

22

Print/Type preparer's name SCOTT E HALLBERG CPA

Firm's address - 7501 WISCONSIN AVE 1200W

BETHESDA, MD 20814

Preparer's signature SCOTT E HALLBERG CPA

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

For Paperwork Reduction Act Notice, see the separate instructions.

4e Total program service expenses ►

Part IV Checklist of Required Schedules

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line $1?$ If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			<u></u>
•	Entrolle combination Day 2 (firm 4006 E.)		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 83 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	Yes	
	were not tax deductible?	6b	Yes	
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	טפ		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
С	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O	contains a rec	chance or no	ote to any	line in th	c Dart V/I								J
Check if Schedule O	Contains a res	sponse or no	ote to any	iiiie iii tiii	2 Lair AT			•	•	 		•	.,,*

5 e	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	:		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3		3		No
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νο
6	Did the organization have members or stockholders?	6	Yes	
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?	, 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal I	201100	ua Cad	- 1
		Revent	ue cou	e.)
		Keveni	Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a			Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.
 - Own website Another's website V Upon request V Other (explain in Schedule O)
- 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 ►THERESA TAYLOR
 - 1808 14TH STREET
 - SACRAMENTO, CA 95811 (866) 471-7348

Form 990 ((2014)
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n ıs l	ne l both	box, an d	heck unless officer stee)	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total				
C	Total from continuation sheets to Part VII, Section A	۱			
d	Total (add lines 1b and 1c)	▶	0	0	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CALIFORNIA STATE EMPLOYEES ASSOCIATION 1108 O STREET SACRAMENTO, CA 95816	ADMINISTRATIVE SERVICES	4,351,802
HOLIDAY INN SACRAMENTO-CAPITOL PLAZA 300 J STREET SACRAMENTO, CA 95814	CONFERENCE SERVICES	437,649
MARRIOTT BUSINESS SERVICES PO BOX 402642 ATLANTA, GA 30384	CONFERENCE SERVICES	418,024
COMMERCE PRINTING SERVICES 322 N 12TH STREET SACRAMENTO, CA 95811	PRINTING SERVICES	277,089
XO COMMUNICATIONS FILE 50550 LOS ANGELES, CA 900740550	COMMUNICATIONS	201,979
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Form 99		·					Page 9
Part V	/	Statement of Revenue Check if Schedule O contains a	response or note to any lir	ne 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
s &	1a	Federated campaigns	1a				
ant	b	Membership dues	1b				
و ق	С	Fundraising events	. 1c				
iffs ar /	d	Related organizations	1d				
s, G imil	e	Government grants (contributions)	1e				
lion r Si	f	All other contributions, gifts, grants, an similar amounts not included above	d 1f	İ			i
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines					
id C		1a-1f \$					
<u>၂</u> ၂	h	Total. Add lines 1a-1f	F				
e II	2-	MEMBED DUEC AND ACCECC	Business Code	50.454.404	52.454.404		
Program Service Revenue	2a b	MEMBER DUES AND ASSESS	900099	62,154,194	62,154,194		
or GE	C		_				
ir vic	d		_				
Ã ⊆	e						
Gra	f	All other program service reven	ue				
Š	q	Total. Add lines 2a-2f		62,154,194			
	3	Investment income (including d	ividends, interest,	55,308			55 209
	4	and other similar amounts). Income from investment of tax-exemp	F T	55,506			55,308
	5	Royalties	_				
		(ı) Real					
	6a	Gross rents					
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss).					
	7a	(1) Securities Gross amount	(II) O ther				
		from sales of assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses					
	c	Gain or (loss)					
	d 8a	Net gain or (loss) Gross income from fundraising					
anne	, Ga	events (not including \$ of contributions reported on line	. 15)				
Other Revenue		See Part IV, line 18	a				
the.	b	Less direct expenses					
Ò	9a	Net income or (loss) from fundra Gross income from gaming activ					
		See Part IV, line 19	a				
	b	Less direct expenses					
	10a	Net income or (loss) from gamin Gross sales of inventory, less returns and allowances .	ng activities				
			а				
	b	Less cost of goods sold					
	С	Net income or (loss) from sales Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	275,982	275,982		
	ь	PAC REFUND/REIMBURSEMEN	NT 900099	275,215	275,215		
	c	STATE BAR SERVICING FEES	900099	231,229	231,229		
	d	All other revenue	_	183,312	183,312		
	e			965,738			
	12	Total revenue. See Instructions		63,175,240	62 110 022	0	FF 300
	1		I	03,173,240	63,119,932	Uį	55,308

Part IX Statement of Functional Expenses

,	on solicitory and solicitory organizations must complete an estamns 7th	other organization	ons mast comp	rece coramin (71)	
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b, 8l	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	134,000			
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	13,679,190			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	2,703,294			
9	Other employee benefits	3,343,829			
10	Payroll taxes	1,536,878			
11	Fees for services (non-employees)				
а	Management				
b	Legal	305,118			
c	Accounting	98,500			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,592,437			
12	Advertising and promotion				
13	Office expenses	1,989,552			
14	Information technology	344,133			
15	Royalties				
16	Occupancy	1,646,225			
17	Travel	3,321,190			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	226,594			
21	Payments to affiliates	15,832,639			
22	Depreciation, depletion, and amortization	745,644			
23	Insurance	176,664			
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)				
а	PAYMENTS TO CSEA	3,962,358			
b	REIMBURSEMENTS TO CA FO	2,866,265			
c	DLC ADMINISTRATION, FOR	903,995			
d	DONATIONS AND CONTRIBUT	252,724			
e	All other expenses	292,667			
25	Total functional expenses. Add lines 1 through 24e	55,953,896			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2014) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year -370,595 5,905,295 1 1 11.186.782 2 7,477,390 2 Savings and temporary cash investments 3 3 4 5.188.933 4 5.610.724 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 6 695,677 7 8 8 9 804,524 9 795,394 Land, buildings, and equipment cost or other basis Complete 10a 5.979.088 10a Part VI of Schedule D 3,983,417 h Less accumulated depreciation 10b 2,443,661 10c 1,995,671 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 66,103 94,495 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 20,015,085 16 21,878,969 4,603,901 17 4,847,622 **17** 18 18 19 538,843 19 331,529 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . 8,532,421 23 3,109,747 24 24 Unsecured notes and loans payable to unrelated third parties 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 2,541,992 25 2,534,580 26 **Total liabilities.** Add lines 17 through 25 16,217,157 26 10,823,478 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete **Fund Balances** lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 3,092,306 27 10,044,090 705,622 1,011,401 28 28 29 29 Permanently restricted net assets

ŏ

Assets

š

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		63,:	L75,240
2	Total expenses (must equal Part IX, column (A), line 25)	2			953,896
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			221,344
5	Net unrealized gains (losses) on investments	5		3,7	797,928
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			36,219
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		11,0	055,491
Par	t XII Financial Statements and Reporting				,,,,,
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	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	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of tl	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: **Software Version:**

EIN: 68-0475305

Name: UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

(A) Name and Title	(B)	D ==		(C)	0+ ~ ^L	ا م		(D)	(E)	(F)
Name and Little	Average hours per	Posit more th					3	Reportable compensation	Reportable compensation	Estimated amount of other
	week (list	perso	n ıs b	oth a	an of	ficer		from the	from related	compensation
	any hours for related	and a	dire					organization (W-	organizations (W- 2/1099-MISC)	from the
	organizations	용필	=	Office	ξ _e	멸종	Former	2/1099-MISC)	2/1099-M15C)	organization and related
	below	돌	Institutional	<u> </u>	<u>e</u>		⊒			organizations
	dotted line)	용트	₹		뒃	8 C	~			
		ੋ ਛੋ	<u> </u>		emplo) ee	<u>ặ</u>				
		Individual trustae or director	Truste			Highest compensate employee				
		-	£			jë,				
(4) 04001 15550750	2.00					۵				
(1) CAROL JEFFRIES	3 00	×						0	0	0
BOARD MEMBER	12.00									
(1) JENNIFER HORTON	12 00	×						0	0	0
BOARD MEMBER (2) KEVIN LENNON	2 00									
	2 00	×						0	0	0
BOARD MEMBER (3) JAYSON SANDOVAL	1 00						\vdash			
		х						0	0	0
BOARD MEMBER (4) CHRISTINA VILLARREAL	1 00	-					\vdash			
		×						0	0	0
BOARD MEMBER (5) MARIE STORTZ	1 00									
		×						0	0	0
BOARD MEMBER (6) SANDRA GARCIA	1 00									
BOARD MEMBER		×						0	0	0
(7) CATHERINE RAZO	1 00									
BOARD MEMBER		×						0	0	0
(8) ROSE HAAKMA	1 00									
BOARD MEMBER		×						0	0	0
(9) ALVA BENAVIDEZ	4 00									
BOARD MEMBER		×						0	0	0
(10) VERONICA RAMIREZ	1 00									
BOARD MEMBER		X						0	0	0
(11) GWENDOLYN CRAWFORD	1 00	,,								
BOARD MEMBER		X						0	0	0
(12) JOYCE MINZEY	1 00	х						0	0	0
BOARD MEMBER		_ ^						0	U	0
(13) DAVID MATANGA	1 00	x						0	0	0
BOARD MEMBER		^						Ů		•
(14) VIRGINIA FOWLER	1 00	l x						0	0	0
BOARD MEMBER								-	_	-
(15) DELEON SECREST	4 00	l x						0	0	0
BOARD MEMBER	100									
(16) CHARLENE GONZALEZ	1 00	×						0	0	0
BOARD MEMBER	6.00									
(17) BEVERLY BROCKINGTON	6 00	×						0	0	0
BOARD MEMBER (18) SANDRA ROMINE	1 00	-	<u> </u>							
		×						0	0	0
BOARD MEMBER (19) KATHY EVANS	1 00									
		×						0	0	0
BOARD MEMBER (20) MANUEL RODRIGUEZ	3 00	-								
		×						0	0	0
BOARD MEMBER (21) EDWARD FUNK	1 00									
		х						0	0	0
BOARD MEMBER (22) LARRY ROBERTS	1 00						\vdash			
BOARD MEMBER		Х						0	0	0
(23) REGINA WHITNEY	39 00									
BOARD MEMBER		Х						0	0	0
(24) WILLIAM HALL	1 00									
BOARD MEMBER		Х						0	0	0
	1							<u>i</u>	L	

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

	ompensated Employees, and Independent Contractors					p.o,cco,g.		mpensation of other compensation nizations (W- from the		
(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable Reportable compensation from the from related organizations (W-		Estimated amount of other compensation				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	related
(26) JOYCELYN ODOM	1 00	x						0	0	0
BOARD MEMBER								Ŭ		
(1) TERESA HUBBARD	37 00	×						0	0	0
BOARD MEMBER (2) RAYMOND ALTMAN	1 00					-				_
		х						0	0	0
BOARD MEMBER (3) JEROME WASHINGTON	3 00					+				
BOARD MEMBER		×						0	0	0
(4) CHRISTINA EVITT	1 00							_		
BOARD MEMBER		X						0	0	0
(5) VICTORIA JONES	1 00	х						0	0	0
BOARD MEMBER		_ ^						Ů	0	0
(6) DANA MEZA	2 00	X						0	0	0
BOARD MEMBER (7) HAROLD FONG	1.00									
	1 00	×						0	0	0
BOARD MEMBER (8) DONALD KILLMER	1 00	-				+				
		х						0	0	0
BOARD MEMBER (9) LEONARD SEITZ	1 00									
BOARD MEMBER		×						0	0	0
(10) KWAJHALIEN DORN-DAVIS	1 00							_		
BOARD MEMBER		X						0	0	0
(11) MICHAEL ROSKEY	1 00	х						0	0	0
BOARD MEMBER		_ ^						Ů	0	·
(12) FRAN PASS	1 00	l x						0	0	0
BOARD MEMBER						-				
(13) JACQUELINE MCCOLLUM	3 00	×						0	0	0
BOARD MEMBER (14) MICHELLE NEBBIO	1 00									
		x						0	0	0
BOARD MEMBER (15) KRISSE FELLS	27 00									
BOARD MEMBER		×						0	0	0
(16) GARY PANNETT	2 00	·						_		
BOARD MEMBER		X						0	0	0
(17) JEFFREY FOWLER	6 00	х						0	0	0
BOARD MEMBER								Ů	Ŭ	
(18) JOHN PACE	1 00	l x						0	0	0
BOARD MEMBER										
(19) LATREECE SMITH	1 00	×						0	0	0
BOARD MEMBER (20) RUTH IBARRA	1 00									
		×						0	0	0
BOARD MEMBER (21) EMMANUEL CHANG	1 00									
BOARD MEMBER		×						0	0	0
(22) JIM HOLVERSTOTT	10 00							_		
BOARD MEMBER		X						0	0	0
(23) JACQUELYN RAMSEY	1 00							0	0	0
BOARD MEMBER		Х						0	0	
(24) THERESA TAYLOR	34 00	x						0	0	0
BOARD MEMBER	1									

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

Compensated Employees, and Inde	nsated Employees, and Independent Contractors					1	I	1		
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion (d nan o n is b	ne b oth ctor/	ox, ι an o ⁄trus	ınless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	2/1033 14130)	2/1033 14130)	related organizations
(51) GABRIEL LEDESMA	1 00	l x						0	0	0
BOARD MEMBER								-	-	
(1) IBYANG RIVERA	1 00	l x						0	0	0
BOARD MEMBER	1.00									
(2) CYNTHIA BERRY	1 00	x						0	0	0
BOARD MEMBER	1.00									
(3) THOMAS PERINE	1 00	x						0	0	0
BOARD MEMBER	4.00									
(4) DIANA KING	4 00	x						0	0	0
BOARD MEMBER (5) RICHARD GUERRERO	28 00									
	28 00	×						0	0	0
BOARD MEMBER (6) MESHAN RACHAL	21 00					<u> </u>				
		x						0	0	0
BOARD MEMBER (7) CRUZ NARANJO	1 00									
		х						0	0	0
BOARD MEMBER (8) INNA LITKE	4 00									
		x		х				0	0	0
BOARD MEMBER (9) BRENDA MODKINS	35 00									
		x		Х				0	0	0
BOARD MEMBER (10) JOHN KERN	22 00									
BOARD MEMBER		×		Х				0	0	0
(11) SOPHIA PERKINS	38 00									
BOARD MEMBER		X		Х				0	0	0
(12) JAMES WILLIS	5 00									
BOARD MEMBER		X						0	0	0
(13) LAVERNE ARCHIE	6 00									
BOARD MEMBER		×						0	0	0
(14) ROBYN SHERLES	2 00	v								
BOARD MEMBER		X						0	0	0
(15) KIMBERLY COWART	35 00	х						0	0	0
BOARD MEMBER		_ ^						0	0	0
(16) RIONNA JONES	38 00	x						0	0	0
BOARD MEMBER		^						Ů	0	0
(17) MIGUEL CORDOVA	38 00	l x						0	0	0
BOARD MEMBER		^						0	Ů	
(18) YVONNE WALKER	38 00			×				0	0	0
PRESIDENT										
(19) MARIA OKUMURA	36 00			x				0	0	0
VP/SECRETARY-TREASURER						1				
(20) MARGARITA MALDONADO	38 00			x		1		0	0	0
VICE PRESIDENT FOR BARGAIN	39.00					-				
(21) TAMEKIA ROBINSON	38 00			х				0	0	0
VP FOR ORGANIZING	1	<u> </u>	<u> </u>	<u> </u>		1				

DLN: 93493320040755

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Political Campaign and Lobbying Activities

If the organization answered "Yes" to 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" to 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

line 35c (Proxy Tax) (see separate instructions), then

• 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" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 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 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 □ No 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? 42 ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? ┌ Yes 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 (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter directly delivered to a 0 separate political organization If none, enter-0-(1) SEIU LOCAL 1000 CANDIDATE PAC 555 CAPITAL MALL SUITE 1425 34-2032142 1,325,055 SACRAMENTO, CA 958144602

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	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))					

Grassroots lobbying expenditures

	filed Form 5768 (election under section 501(h)).					
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		a) 	Ι	(b)	
activ	nty.	Yes	No	A	moun	it
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					
а	Volunteers?			4		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			-		
c d	Media advertisements? Mailings to members, legislators, or the public?			-		
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g 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					
С	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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	501(c)(5),	or se	ctio	n
	501(c)(6).			Т	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1	Yes	140
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
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "					
_	line 3, is answered "Yes."	1 4				
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	1				
2	expenses for which the section 527(f) tax was paid).	2a				
a b	Current year Carryover from last year	2a 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	٣				
-	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				
	art IV Supplemental Information					
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information	ıp lıst),	Part I	I-A, lı	nes 1	and
	Return Reference Explanation					
PAR	THE LOCAL'S DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTI EXPENDITURES IN CONNECTION WITH STATE AND/OR LOCAL CA					ING

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320040755

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	ne of the organization		Emp	loyer identification number
UNI	ON OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		68-	0475305
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.	unds	or Accounts. Complete if the
	Takal november at and afternan	(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year		-	
<u> </u>	Aggregate value of contributions to (during year)		<u> </u>	
3	Aggregate value of grants from (during year)		-	
	Aggregate value at end of year		<u> </u>	
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	ganızatıon's exclusive legal control?		☐ Yes ☐ No
5	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?			
Pai	t II Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
<u>2</u>	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	ertifie	d historic structure
	easement on the last day of the tax year	,		
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified histo	` ′	2c	
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	d by th	ne organization during
	the tax year 🛌			
	Number of states where property subject to conservati	on easement is located ►		
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	he periodic monitoring, inspection, hand	dling of	violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation easen	nents o	during the year
	A mount of expenses incurred in monitoring, inspecting	and enforcing conservation easements	durin	g the year
'	► \$, and emoreing conservation casements	, aurini	g the year
	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(II)?) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı) Yes No
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial		
ar	Organizations Maintaining Collection Complete if the organization answered "Ye		or Ot	her Similar Assets.
а	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to these	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	ent and balance sheet
	(i) Revenue included in Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			▶ \$
	If the organization received or held works of art, historic following amounts required to be reported under SFAS		r finan	
а	Revenue included in Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990. Part X			▶ - \$

Part	Organizations Maintaining Collect	ions of Art, H	istori	cal 1	Treasu	ires, or Ot	her	Similar As	sets (continued)
3	Using the organization's acquisition, accession, a collection items (check all that apply)	nd other records,	check	·		_		significant use	ofits	
а	Public exhibition	d	Γ	Loa	n or exc	hange progra	ms			
b	Scholarly research	е	Γ	Oth	er					
c	Preservation for future generations									
4	Provide a description of the organization's collecti Part XIII	ons and explain h	ow the	y furt	her the o	organization's	exe	empt purpose	ın	
5	During the year, did the organization solicit or rec assets to be sold to raise funds rather than to be							lar	┌ Yes	□ No
Par		<u>.</u>						es" to Form 9		, 140
	Part IV, line 9, or reported an amoun									
1a	Is the organization an agent, trustee, custodian or included on Form 990, Part X?				butions	or other asse	ts n	ot	┌ Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XIII and	complete the foll	owing	table				Λ.	nount	
c	Deginning halance					 	lc	AI	ilount	
d	Additions during the year					—	ld			
e e	Additions during the year					<u> </u>	la Le			
f	Distributions during the year						le Lf			
2a	Ending balance Did the organization include an amount on Form 9	an Dart V line 21	foro	ccrov	or cust			ouluty 2	┌ Yes	
∠a h	-								, res	, 140
	If "Yes," explain the arrangement in Part XIII Ch t V Endowment Funds. Complete if the									<u> </u>
Par			(b)Prior					hree 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 y	ear end balance (I	line 1g	, colu	mn (a))	held as				
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment ►									
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should eq	ual 100%								
3a	Are there endowment funds not in the possession	of the organizatio	n that	are he	eld and a	dministered	for t	he		
	organization by (i) unrelated organizations							3a	(i) Ye	s No
	(ii) related organizations			•			•	3a		
b	If "Yes" to 3a(II), are the related organizations lis			 dule R	?			3	_	+
4	Describe in Part XIII the intended uses of the org									
Par	Land, Buildings, and Equipment. (11a. See Form 990, Part X, line 10.	Complete if the	orgar	nizatio	on ansv	wered 'Yes'	to I	orm 990, Pa	art IV,	line
	Description of property				or other estment)	(b)Cost or ot basis (other		(c) Accumulated depreciation	d (d)	Book value
1a l	and						\dashv			
b E	Buildings						\dashv			
c l	easehold improvements					1,521,	182	1,027,1	54	494,018
							270	1,801,2	10	406 460
d E	quipment		L			2,297,	3/9	1,001,2	10	496,469
e (equipment	· · · · ·				2,160,.	_	1,155,0		1,005,184

Part VII Investments—Other Securities. Co	omplete if the organization	answered 'Yes' to For	m 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 va Cost or end-of-year			
(1)Financial derivatives					
(2)Closely-held equity interests Other					
- Control					
	<u> </u>				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. (Column (b) must equal Form 990, Part X, col (B) line 12)	`omplete if the organization		orm 990 Part IV line 11c		
See Form 990, Part X, line 13.					
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year			
		Cost of the of year	market varae		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F				
Part IX Other Assets. Complete if the organization (a) Description), Part IV, line 11d See l	Form 990, Part X, line 15 (b) Book value		
(a) Desc	ziiption		(b) Book value		
Total. (Column (b) must equal Form 990, Part X, col.(B) line					
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	ganization answered 'Yes' t	o Form 990, Part IV, l	ine 11e or 11f. See		
1 (a) Description of liability	(b) Book value				
Federal income taxes					
ACCRUED VACATION	1,022,881				
CAPITAL LEASES	274,130				
PER CAPITA TAX PAYABLE	1,237,569				
Table (Calum (I) and a 15 and					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,534,580	h	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		

PART XII, LINE 4B - OTHER

ADJUSTMENTS

Part	ΧI		red 'Yes' to Form 990, Part IV, line 12a.	ts With Revenue p	er K	eturn Complete if		
1	Tota		support per audited financial statements		1	63,656,423		
2	A mo	unts included on line 1 but	not on Form 990, Part VIII, line 12					
а	Net	unrealized gains (losses) o	investments 2a					
b	Dona	ated services and use of fa	ılıtıes					
С	Reco	overies of prior year grants						
d				481,183				
e		lines 2a through 2d .			2e	481,183		
3	Subt	ract line 2e from line 1 .			3	63,175,240		
4	A mo	unts included on Form 990	Part VIII, line 12, but not on line 1					
а	Inve	stment expenses not inclu	ed on Form 990, Part VIII, line 7b . 4a					
b	Othe	er (Describe in Part XIII)	4b					
С	Add	lines 4a and 4b			4c	0		
5	Tota	I revenue Add lines 3 and	c. (This must equal Form 990, Part I, line 12)		5	63,175,240		
Part			penses per Audited Financial Stateme		per	Return. Complete		
			vered 'Yes' to Form 990, Part IV, line 12a.					
1			udited financial statements		1	57,805,037		
2			ot on Form 990, Part IX, line 25	1				
а	Dona	ted services and use of fa	lities					
b			<u>2b</u>					
С	Othe	rlosses	<u>2</u> c					
d	Othe	r (Describe in Part XIII)	<u>2d</u>	2,755,136	1			
е	Add	lines 2a through 2d			2e	2,755,136		
3	Subt	ract line 2e from line 1 .			3	55,049,901		
4	A mo	unts included on Form 990	Part IX, line 25, but not on line 1:					
а			ed on Form 990, Part VIII, line 7b 4a					
b	Othe	r (Describe in Part XIII)	4b	903,995	1			
C		ines 4a and 4b			4c	903,995		
5		<u> </u>	4c. (This must equal Form 990, Part I, line 18)		5	55,953,896		
Part	XIII	Supplemental Info	rmation					
Part \		4, Part X, line 2, Part XI,	art II, lines 3, 5, and 9, Part III, lines 1a and 4, nes 2d and 4b, and Part XII, lines 2d and 4b $$ Als			de any additional		
Return Reference		eturn Reference	Explanation					
PART :			ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE LOCAL AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN UNCERTAIN TAX POSITIONS THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE LOCAL, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2014 AND 2013, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN WHICH WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS MANAGEMENT BELIEVES THAT THE LOCAL'S TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2011 THROUGH 2013 REMAIN SUBJECT TO EXAMINATION, BASED ON THE NORMAL STATUTORY PERIODS SUBJECT TO AUDIT, NOTWITHSTANDING ANY EVENTS OR CIRCUMSTANCES THAT MAY EXIST WHICH COULD EXPAND THE OPEN PERIOD					
			DLC ADMINISTRATION, FORFEITURES AND FE	EES -903,995 PAC AC	TIVI	TY 1,385,178		
PART XII, LINE 2D - OTHER PAC EXPENSES 2,755,136 ADJUSTMENTS								

DLC EXPENSES 903,995

Selledale D (1	rage 3		
Part XIII	Supplemental Information	on (continued)	
Ret	urn Reference	Explanation	
-			
-			
-			

Schedule D (Form 990) 2014

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DLN: 93493320040755

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization **Employer identification number** UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 68-0475305 Questions Pegarding Compensation

	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee			
	Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	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 in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	` '	(E) Total of columns	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990

Schedule J (Form 990) 2014

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 3

THE TOP MANAGEMENT OFFICIAL'S (PRESIDENT) COMPENSATION IS ESTABLISHED BY A COLLECTIVE BARGAINING AGREEMENT WITH THE STATE OF CALIFORNIA, WHICH HAS BEEN APPROVED BY THE GOVERNING BODY AND MEMBERS OF THE ORGANIZATION FORM 990, PART VII, SECTION A, LINE 5 THE BOARD OF DIRECTORS USE LEAVE TIME FROM THE STATE OF CALIFORNIA TO PERFORM VARIOUS DUTIES FOR THE LOCAL THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THIS TIME BASED ON THE COLLECTIVE BARGAINING AGREEMENT IN PLACE WITH THE STATE THE REIMBURSEMENT IS BASED ON THE DIRECTOR'S ACTUAL STATE PAY (PLUS 35% FOR BENEFITS) AT THE TIME OF THE LEAVE NO DIRECTOR IS PAID DIRECTLY BY THE LOCAL A LIST OF THESE REIMBURSEMENTS TO THE STATE OF CALIFORNIA IS PROVIDED BELOW CAROL JEFFRIES - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 5,706 JENNIFER HORTON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 30,160 KEVIN LENNON -BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,475 JAYSON SANDOVAL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,023 CHRISTINA VILLARREAL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,174 MARIE STORTZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,390 SANDRA GARCIA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0 CATHERINE RAZO - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 482 ROSE HAAKMA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0 ALVA BENAVIDEZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 8,649 VERONICA RAMIREZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0 GWENDOLYN CRAWFORD - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,449 JOYCE MINZEY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0 DAVID MATANGA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 721 VIRGINIA FOWLER - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0 DELEON SECREST - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 5,570 CHARLENE GONZALEZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 209 BEVERLY BROCKINGTON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 8,309 SANDRA ROMINE - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR ${\sf OFFICIAL}$ UNION BUSINESS - 0 KATHY EVANS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS -1,328 MANUEL RODRIGUEZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 4,194 EDWARD FUNK BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0 LARRY ROBERTS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - O REGINA WHITNEY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 68,888 WILLIAM HALL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 273 JOYCELYN ODOM - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0 TERESA HUBBARD - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 46,330 RAYMOND ALTMAN - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,306 JEROME WASHINGTON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 6,343 CHRISTINA EVITT - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 419 VICTORIA JONES - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 463 DANA MEZA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - $2,\!819$ HAROLD FONG - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0 DONALD KILLMER -BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 4,936 LEONARD SEITZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0 KWAJHALIEN DORN-DAVIS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0 MICHAEL ROSKEY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0 FRAN PASS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 824 JACQUELINE MCCOLLUM - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 5,774 MICHELLE NEBBIO - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0 KRISSE FELLS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 40,139 GARY PANNETT - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 5,596 JEFFREY FOWLER - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 14,352 JOHN PACE - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS -2,295 LATREECE SMITH - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,889 RUTH IBARRA -BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 822 EMMANUEL CHANG - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 341 JIM HOLVERSTOTT- BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 25,736 JACQUELYN RAMSEY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0 THERESA TAYLOR - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 80,069 GABRIEL LEDESMA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0 IBYANG RIVERA -BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,519 CYNTHIA BERRY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,421 THOMAS PERINE - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,327 DIANA KING - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 5,337 RICHARD GUERRERO - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS -44,682 MESHAN RACHAL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 33,512 CRUZ NARANJO BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 343 INNA LITKE - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 7,464 BRENDA MODKINS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 68,631 JOHN KERN - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 65,737 SOPHIA PERKINDS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 46,773 JAMES WILLIS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 8,023 LAVERNE ARCHIE - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 9,439 ROBYN SHERLES - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,322 KIMBERLY COWART - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 111,597 RIONNA JONES - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 58,382 MIGUEL CORDOVA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 111,578 YVONNE WALKER - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 62,214 MARIA OKUMURA -BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 102,159 MARGARITA MALDONADO - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 94,614 TAMEKIA ROBINSON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 53,039

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DLN: 93493320040755

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 68-0475305

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE LOCAL REPRESENTS EMPLOYEES OF THE STATE OF CALIFORNIA WHO PAY MONTHLY DUES
FORM 990, PART VI, SECTION A, LINE 7A	THE LOCAL'S MEMBERS ELECT THE MEMBERS OF THE GOVERNING BOARD
FORM 990, PART VI, SECTION A, LINE 7B	THE OPERATING DECISIONS OF THE LOCAL ARE SUBJECT TO APPROVAL BY THE LOCAL'S BOARD OF DIRECTORS WHICH IS ELECTED BY MEMBERSHIP
FORM 990, PART VI, SECTION A, LINE 8B	MINUTES OF MEETINGS HELD BY OTHER COMMITTEES ARE NOT DOCUMENTED AS THESE COMMITTEES DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY ALL DECISIONS AND RECOMMENDATI ONS MUST BE APPROVED BY THE GOVERNING BODY
FORM 990, PART VI, SECTION B, LINE 11	COPIES OF THE LOCAL'S FORM 990, INCLUDING REQUIRED SCHEDULES, WERE PROVIDED TO EACH MEMBER OF THE LOCAL'S EXECUTIVE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS THE EXECUTIVE OFF ICERS AND MANAGEMENT REVIEWED THE FORM 990, INCLUDING REQUIRED SCHEDULES, PRIOR TO FILING WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND THE COUNCIL'S STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST POLIC Y ANNUALLY, DISCLOSURE OF RELATIONSHIPS OR INTERESTS THAT COULD GIVE RISE TO A CONFLICT I S PROVIDED TO THE EXECUTIVE BOARD THE EXECUTIVE BOARD (OFFICERS AND TRUSTEES) REVIEW THE D ISCLOSURES PROVIDED ON AN ANNUAL BASIS TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER TO IMPOSE CERTAIN RESTRICTIONS ON A PERSON WITH A CONFLICT OF INTEREST
FORM 990, PART VI, SECTION B, LINE 15	THE LOCAL'S TOP MANAGEMENT OFFICIAL (PRESIDENT) AND OFFICERS ARE COMPENSATED THROUGH THE STA TE OF CALIFORNIA, WHICH IS BASED ON THE LOCAL 1000 MASTER CONTRACT THE LOCAL REIMBURSES T HE STATE OF CALIFORNIA FOR THE OFFICER'S TIME SPENT PLUS 35% FOR ALL TIME SPENT ON UNION R ELATED BUSINESS (UNION LEAVE) NO OFFICER IS PAID DIRECTLY BY THE LOCAL
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC
FORM 990, PART VII, SECTION A, LINE 5	THE BOARD OF DIRECTORS USE LEAVE TIME FROM THE STATE OF CALIFORNIA TO PERFORM VARIOUS DUTI ES FOR THE LOCAL THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THIS TIME BASED ON THE COLLECTIVE BARGAINING AGREEMENT IN PLACE WITH THE STATE THE REIMBURSEMENT IS BASED ON THE DIRECTOR'S ACTUAL STATE PAY (PLUS 35% FOR BENEFITS) AT THE TIME OF THE LEAVE NO DIRECTOR IS PAID DIRECTLY BY THE LOCAL A LIST OF THESE REIMBURSEMENTS TO THE STATE OF CALIFORNIA IS PROVIDED IN SCHEDULE J, PART III
FORM 990, PART XI, LINE 9	PAC ACCOUNTS PAYABLE REMOVED FROM BALANCE SHEET 36,219
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320040755

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 **Employer identification number**

68-0475305

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							

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II 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)	Exempt Code section	(e) Public charity status (if section 501(c)(3))	(†) Direct controlling entity	Section (13) col enti	512(b) ntrolled
						Yes	No
SSS CAPITAL MALL SUITE 1425 SACRAMENTO, CA 958144602	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527		UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		No
34-2032142							
\$55 CAPITAL MALL SUITE 1425	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527		UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		No
SACRAMENTO, CA 958144602 26-3463027							

Part III	Identification of Related Organizations Taxable a	as a Partne	rship	Complete i	f the organiz	ation ansv	vered "Ye	s" on Form	990, Part	[V, line 3	4
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.				•		
	(-)	(1-)	1-1	(4)	7-1	(6)	(-)	753	(:)	723	г

	•			•								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	(j)		(k)
Name, address, and EIN of	Primary activity		Direct	Predominant	Share of		Disprop	rtionate	Code V-UBI	Genera	alor Pe	ercentage
related organization		domicile	controlling	income(related,	total income	end-of-year	allocati	ions?	amount in box	manag	ging ov	wnership
		(state or	entity	unrelated,		assets			20 of	partn	er?	
		foreign		excluded from					Schedule K-1	l		
		country)		tax under					(Form 1065)	l		
				sections 512-						l		
				514)								
							Yes	No		Yes	No	
									I			

Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
-		(state or foreign		corp,		assets	•	controlled	
		country)		or trust)				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.			
Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During	g the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Red	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Giff	ft, grant, or capital contribution to related organization(s)	1b		No
c Gıft	t, grant, or capital contribution from related organization(s)	1c		No
d Loa	ans or loan guarantees to or for related organization(s)	1d		No
e Loa	ans or loan guarantees by related organization(s)	1e		No
f Div	vidends from related organization(s)	1f		No
g Sal	le of assets to related organization(s)	1g		No
h Pur	rchase of assets from related organization(s)	1h		No
i Exc	change of assets with related organization(s)	1i		No
j Lea	ase of facilities, equipment, or other assets to related organization(s)	1j		No
k Lea	ase of facilities, equipment, or other assets from related organization(s)	1k		No
I Perf	formance of services or membership or fundraising solicitations for related organization(s)	11		No
m Perf	formance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sha	rring of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sha	aring of paid employees with related organization(s)	10		No
p Rei	ımbursement paıd to related organization(s) for expenses	1p		No
q Rei	ımbursement paıd by related organization(s) for expenses	1q	Yes	
r Oth	her transfer of cash or property to related organization(s)	1r	Yes	
	· · · · · · · · · · · · · · · · · · ·	1s		No
		<u> </u>	I	
2 If th	he 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 Amount involved Method of determining amount type (a-s)	unt ir	volved	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

1													
(a)	(b)	(c)	(d)	1	(e)	(f)	(g)	(h)	\neg	(i)	(j)	7	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are	e all partners	Share of	Share of	Disproprtionate	æ I	Code V-UBI	General or	r J	Percentage
	1 ' ''	domicile	ıncome	1	section	total	end-of-year	allocations?	Į.	amount in	managing	4 1	ownership
	1	(state or	(related,	[[501(c)(3)	ıncome	assets	1	J	box 20	partner?	- 1	
	1 '	`foreign	unrelated,		ganizations?	1 '	1	1	Į.	of Schedule	<i>(</i> '	J	('
	1		excluded from		,	1 '	1	1	J	K-1	1	J	(!
	1	1	tax under	1	,	1 '	1	1	J	(Form 1065)	1	J	('
	1 '	1	sections 512-	1	,	1 '	1	1	Į.	(1 01111 2000,)	1	J	1
	1 '	1			 '	4 '	1			4 /		$\overline{}$	
	1	1	514)	Yes	No	1 '	1	Yes	No	()	Yes	No	(
	 '		4'	——'	 '	 '						اللك	1
	1 '	1	1	1 '	1 '	1 '	1	, 1	, 1	1			
				$\overline{}$					$\overline{}$			_	

Schedule R (Form 990) 2014 Page **5**

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

DLN: 93493320136036

63

210

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public
- ▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

A For the 2015 ca	lendar year, or tax year beginning 01-01-2015 , and ending 12-31-20	15		
B Check if applicable Address change Name change	C Name of organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 Doing business as		D Employer i	identification number 305
Initial return Final return/terminated Amended return	Number and street (or P O box if mail is not delivered to street address) Room/su 1808 14TH STREET	uite	E Telephone r	umber
Application pending	City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 958117131		G Gross receip	ots \$ 63,136,079
	F Name and address of principal officer YVONNE WALKER 1808 14TH STREET SACRAMENTO,CA 958117131		Is this a group reti subordinates? No Are all subordinate	Yes ✓
I Tax-exempt status	501(c)(3) ✓ 501(c) (5) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527	(5)	ıncluded?	Yes No
J Website: ► WV	/W SEIU1000 ORG	l ,	If "No," attach a li Group exemption	st (see instructions) number ► 5304
K Form of organization	▼ Corporation Trust Association Other ►	L Yea	r of formation 2001	M State of legal domicile CA
Part I Sum	mary			
TO RÉPR SALARY, LEGAL RI	scribe the organization's mission or most significant activities ESENT CERTAIN CIVIL SERVICE EMPLOYEES OF THE STATE OF C BENEFITS AND WORKING CONDITIONS,ASSISTANCE IN FILING, EPRESENTATION ON BOTH AN INDIVIDUAL AND CLASS BASIS, T ICATION, AND LEGISLATIVE ADVOCACY IN SUPPORT OF PROGR	AND PUF	RSUING EMPLOYE AL ASSISTANCE	EE GRIEVANCES, IN JOB

Juliinal y					
TO RÉPRESENT CERTAIN CIVIL SALARY, BENEFITS AND WORKI LEGAL REPRESENTATION ON B	. SERVICE EMPLOYEES (ING CONDITIONS,ASSIS OTH AN INDIVIDUAL AN	OF THE STATE OF STANCE IN FILING ND CLASS BASIS,	AND PURSUING EMPI TECHNICAL ASSISTA	OYEE NCE IN	GRIEVANCES, JOB
2 Check this box ▶ ☐ if the organi	zation discontinued its ope	erations or disposed	d of more than 25% of it	s net a	ssets
3 Number of voting members of the	governing body (Part VI,	line 1a)		3	
4 Number of independent voting me	embers of the governing bo	ody (Part VI, line 1b)	4	
5 Total number of individuals empl	oyed ın calendar year 201	5 (Part V, line 2a)		5	2
	1 Briefly describe the organization's TO REPRESENT CERTAIN CIVIL SALARY, BENEFITS AND WORKI LEGAL REPRESENTATION ON B CLASSIFICATION, AND LEGISL 2 Check this box ▶ ☐ if the organi 3 Number of voting members of the	1 Briefly describe the organization's mission or most significa TO REPRESENT CERTAIN CIVIL SERVICE EMPLOYEES (SALARY, BENEFITS AND WORKING CONDITIONS, ASSIS LEGAL REPRESENTATION ON BOTH AN INDIVIDUAL AN CLASSIFICATION, AND LEGISLATIVE ADVOCACY IN S 2 Check this box ▶ ☐ If the organization discontinued its ope 3 Number of voting members of the governing body (Part VI, 4 Number of independent voting members of the governing body	1 Briefly describe the organization's mission or most significant activities TO REPRESENT CERTAIN CIVIL SERVICE EMPLOYEES OF THE STATE OF SALARY, BENEFITS AND WORKING CONDITIONS, ASSISTANCE IN FILING LEGAL REPRESENTATION ON BOTH AN INDIVIDUAL AND CLASS BASIS, CLASSIFICATION, AND LEGISLATIVE ADVOCACY IN SUPPORT OF PROG 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b)	1 Briefly describe the organization's mission or most significant activities TO REPRESENT CERTAIN CIVIL SERVICE EMPLOYEES OF THE STATE OF CALIFORNIA IN THE F SALARY, BENEFITS AND WORKING CONDITIONS, ASSISTANCE IN FILING AND PURSUING EMPL LEGAL REPRESENTATION ON BOTH AN INDIVIDUAL AND CLASS BASIS, TECHNICAL ASSISTAI CLASSIFICATION, AND LEGISLATIVE ADVOCACY IN SUPPORT OF PROGRAMS BENEFICIAL TO	1 Briefly describe the organization's mission or most significant activities TO REPRESENT CERTAIN CIVIL SERVICE EMPLOYEES OF THE STATE OF CALIFORNIA IN THE FOLLOW SALARY, BENEFITS AND WORKING CONDITIONS, ASSISTANCE IN FILING AND PURSUING EMPLOYEE LEGAL REPRESENTATION ON BOTH AN INDIVIDUAL AND CLASS BASIS, TECHNICAL ASSISTANCE IN CLASSIFICATION, AND LEGISLATIVE ADVOCACY IN SUPPORT OF PROGRAMS BENEFICIAL TO STATE 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net a 3 Number of voting members of the governing body (Part VI, line 1a)

6 T	Fotal number of volunteers (estimate if necessary)	6	0
7a ⊺	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
ь Ne	et unrelated business taxable income from Form 990-T, line 34	7b	0
	Prior Year		Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0

10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,308	15,406
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	965,738	62,081
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,175,240	63,136,079
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 145,000 134,000 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15

21,263,191 21,294,147 0 0 Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a

b Total fundraising expenses (Part IX, column (D), line 25) \triangleright 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 34,556,705 37,186,408

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 55,953,896 58,625,555

Revenue less expenses Subtract line 18 from line 12 . 7,221,344 4,510,524 End of Year Beginning of Current Year

Assets or d Balances 20 21,878,969 31,007,140 Total assets (Part X, line 16) . 21 10,823,478 15,404,382 Total liabilities (Part X, line 26) . . Net assets or fund balances Subtract line 21 from line 20

Signature Block

Under penalties of perjury, I declare that I have examined this return, ii my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge

	,		
Sign Here	['	gnature of officer	
	Ту	pe or print name and title	
		Print/Type preparer's name	Preparer's signature

Paid	Print/Type preparer's name SCOTT E HALLBERG CPA	Preparer's signatur SCOTT E HALLBERG		
Preparer	Firm's name ► CALIBRE CPA GROUP PLLC			
•	Firm's address ► 7501 WISCONSIN AVE 12	200W		
Use Only	BETHESDA, MD 20814			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

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

IV	Checklist of Required Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000			

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

Νo

24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c

24d

25b

25a

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Form 990 (2015)

No	
Nο	

Nο

Νo

Νo

Νo

Nο

Nο

Nο

Νo

Nο

Nο

Pai	rt 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			<u> </u>
1-	Entor	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 10.	, —	Yes	No
			_		
			<u>'</u>		
С		ne organization comply with backup withholding rules for reportable payments to vendors and reportable in grandly winnings to prize winners?	1c	Yes	
22	-	the number of employees reported on Form W-3, Transmittal of Wage and		103	
20		tatements, filed for the calendar year ending with or within the year covered			
	by this	s return	-		
b		east one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
-		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
		ne organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a		y time during the calendar year, did the organization have an interest in, or a signature or other authority a financial account in a foreign country (such as a bank account, securities account, or other financial			
	-	int)?	4a		No
b	If"Ye	es," enter the name of the foreign country			
	Seein	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAF	R)			
		he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			
_	Б		5c	· ·	
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did the ization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
ь	_	es," did the organization include with every solicitation an express statement that such contributions or gift	, —		
		not tax deductible?	6b	Yes	
7	Organ	nizations that may receive deductible contributions under section 170(c).			
а		ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
h		ces provided to the payor?	7b		
		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t			
•		orm 8282?	7 c		
d	If"Ye	rs," indicate the number of Forms 8282 filed during the year			
e	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
_			7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g		organization received a contribution of qualified intellectual property, did the organization file Form 8899 a	5 7g		
ь	requir	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	/g		
•		1098-C?	7h		
8		soring organizations maintaining donor advised funds.			
		donor advised fund maintained by the sponsoring organization have excess business holdings at any time	8		
Qa	Did th	ne sponsoring organization make any taxable distributions under section 4966?	9a		
		ne sponsoring organization make any taxable distributions under section 4,500°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°	9b		
10		on 501(c)(7) organizations. Enter			
		tion fees and capital contributions included on Part VIII, line 12 10a			
		receipts, included on Form 990, Part VIII, line 12, for public use of club	╡ !		
	facılıtı		_	! 	' I
11		on 501(c)(12) organizations. Enter			
		sincome from members or shareholders	4		
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)			
17~	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		es," enter the amount of tax-exempt interest received or accrued during the	124		
U	year	12b			
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.			
2	Ic +b~	a organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
đ		e organization licensed to issue qualified health plans in more than one state? Note. See the instructions for onal information the organization must report on Schedule O	13a		
b		the amount of reserves the organization is required to maintain by the states			
		ch the organization is licensed to issue qualified health plans	4		
		the amount of reserves on hand			
		ne organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If"Ye	rs," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	1990 (2015)			Page
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 63			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 63			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . 12a Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Did the organization have a written whistleblower policy? 13 Yes Did the organization have a written document retention and destruction policy? . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes ${f b}$ Other officers or key employees of the organization 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b

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

Section C. Disclosure

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website. Another's website. Upon request. Upon request.

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

State the name, address, and telephone number of the person who possesses the organization's books and records

▶THERESA TAYLOR 1808 14TH STREET SACRAMENTO, CA 95811 (866) 471-7348

Part VII

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours	erage Position (do not che rs per more than one box, un k (list person is both an offi hours and a director/truste						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
				_						

(A) Name and Title	(B) Average hours per week (list any hours	more t	tion (han (in is	one l both	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										
1b Sub-Total						•				
c Total from continuation sheetd Total (add lines 1b and 1c) .	•			•	•	. 🔭		0	0	9,037
2 Total number of individuals (ir	ocluding but not		o the		ıctor		ایدر (۵	<u> </u>	<u> </u>	3,037
\$100,000 of reportable comp						. abov	C / WI	to received more th	iuii	

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	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5	Yes	

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CALIFORNIA STATE EMPLOYEES ASSOCIATION	ADMINISTRATIVE SERVICES	4,677,924
1108 O STREET		
SACRAMENTO, CA 95816		
HOLIDAY INN SACRAMENTO-CAPITOL PLAZA	CONFERENCE SERVICES	643,762
300 J STREET		
SACRAMENTO, CA 95814		
HILTON - SAND DIEGO BAYFRONT	CONFERENCE SERVICES	445,528
1 PARK BLVD		
SAN DIEGO, CA 92101		
COMMERCE PRINTING SERVICES	PRINTING SERVICES	357,714
		•
322 N 12TH STREET		
SACRAMENTO, CA 95811		
KDC CONSTRUCTION DBA KDC SERVICE & MAINT	CONSTRUCTION SERVICE	271,318
		'
1442 E LINCOLN AVE 334		
ORANGE, CA 92865		
	·	

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 ▶ 24

Form 99								Page 9
Part V	/ + + +	Statement of						_
		Check If Sched	lule O contains a respo	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
- <u>v</u>	1a	Federated cam	npaigns 1a					
ant	ь	Membership di	ues 1b					
G.	С	Fundraising ev	ents 1c					
ifts. ar∆	d	Related organı	zations 1d					
ë ë	е	Government grant	ts (contributions) 1e					
ons Sii	l f	All other contributi	ions, gifts, grants, and 1f		ł			
buti the		similar amounts n						
Contributions, Gifts, Grants and Other Similar Amounts	g	1a-1f \$	cions included in lines					
Co a a	h	Total. Add line	es 1a-1f	· · · ·				
<u> 1</u>				Business Code				
Ven	2a	MEMBER DUES AN	ND ASSESS	900099	63,058,592	63,058,592		
å	b							
.¥C€	d							
₹ -	e							
Iran	f	All other progr	am service revenue					
Program Service Revenue	g	Total Add line	es 2a-2f	•	63,058,592			
	3		come (including dividen					
	١.		lar amounts)	proceeds •	15,406			15,406
	5			`				
		,,	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental inco	ome or (loss)	•				
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and						
		sales expenses Gain or (loss)						
	c d		ss)					
		_	from fundraising					
Other Revenue		events (not inc \$ of contribution See Part IV , III	s reported on line 1c)					
the	b		xpenses b					
O	C		(loss) from fundraising	events ▶				
	9a		from gaming activities ne 19 a					
			xpenses b (loss) from gaming acti					
	'	Net illcome of	(1055) ITOTH Gailing acti	Vittes ▶				
	10a	Gross sales of returns and all						
	1	_	goods sold b	L.				
	C	Net income or Miscellaneou	(loss) from sales of inv	entory ► Business Code				
	11a		ERVICING FEES	900099	287,936	287,936		
	ь	MISCELLANE	_	900099	52,433	52,433		
	С	PAC REFUND	REIMBURSEMENT	900099	21,190	21,190		
	d	All other reven	nue		-299,478	-299,478		
	е	Total. Add line		•	62,081			
	12	Total revenue.	. See Instructions .			62 120 672		15 400
				•	63,136,079	63,120,673	0	15,406

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4		

Check if Schedule O contains a response or note to any line in this Part IX $\,$. $\,$.

Do no 'b, 8b	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	145,000			
5	Compensation of current officers, directors, trustees, and key employees	143,000			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	13,534,390			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,845,902			
9	Other employee benefits	3,321,617			
10	Payroll taxes				
11	Fees for services (non-employees)	1,592,238			
а	Management				
b	Legal	338,713			
c	Accounting	100,400			
d	Lobbying	36,081			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,278,339			
12	Advertising and promotion				
13	Office expenses	1,831,161			
14	Information technology	404,799			
15	Royalties				
16	Occupancy	1,576,897			
17	Travel	4,294,554			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	194,317			
21	Payments to affiliates	15,670,545			
22	Depreciation, depletion, and amortization	841,687			
23	Insurance	180,455			
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)				
а	PAYMENTS TO CSEA	4,148,684			
b	REIMB TO CA FOR UL	3,347,205			
c	DLC ADMINISTRATION, FOR	1,048,308			
d	INTERNAL ELECTION EXPEN	407,252			
е	All other expenses	487,011			
25	Total functional expenses. Add lines 1 through 24e	58,625,555			
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any lii	ne in this Part X				
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			5,905,295	1	6,077,720
	2	Savings and temporary cash investments			7,477,390	2	4,191,691
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			5,610,724	4	5,738,539
	5	Loans and other receivables from current and former offickey employees, and highest compensated employees CSchedule L	omplete Part II	of		5	
ets	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see inst	(c)(3)(B), and section 501(c)((9)		6	
SS	,	Notes and leans reservable, not				7	
⋖		Notes and loans receivable, net				8	
		Prepaid expenses and deferred charges			795,394	9	845.524
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		• 17,833,350	,	-	040,024
	ь	Less accumulated depreciation	10b	3,754,817	1,995,671	10c	14,078,533
		Investments—publicly traded securities	<u> </u>			11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			94,495	15	75,133
	16	Total assets.Add lines 1 through 15 (must equal line 34			21,878,969	16	31,007,140
	17	Accounts payable and accrued expenses			4,847,622	17	5,220,100
	18	Grants payable				18	
	19	Deferred revenue			331,529	19	297,268
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV	of Schedule D			21	
lities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di	ees,				
<u>.</u>		persons Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrelated third	parties		3,109,747	23	7,427,926
	24	Unsecured notes and loans payable to unrelated third pa	irties			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D		parties,	2,534,580	25	2,459,088
	26	Total liabilities.Add lines 17 through 25			10,823,478	26	15,404,382
ses	20	Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.		omplete	10,020,470	20	10,101,002
6 Loans and other receively employees, and his Schedule L 6 Loans and other receively employees, and his Schedule L 6 Loans and other receively exclusive employees and other receively evoluntary employees in ordinary employees. If of Schedule L 7 Notes and loans receively employees and the section of Schedule L 8 Inventories for sale of the section of Schedule L 9 Prepaid expenses and the complete Part VI of Schedule L 10 Less accumulated de the section of Schedule L 11 Investments—publicity of Schedules and the section of Schedules	Unrestricted net assets			10,044,090	27	14,766,848	
Bal		Temporarily restricted net assets		•	1,011,401	28	835,910
<u> </u>				•	1,011,401	29	000,510
or Fur		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	heck here ▶ ┌	and		-3	
ts (30	Capital stock or trust principal, or current funds				30	
sse		Paid-in or capital surplus, or land, building or equipment	fund			31	
A		Retained earnings, endowment, accumulated income, or				32	
Zet Vet		Total net assets or fund balances			11,055,491	33	15,602,758
_	34	Total liabilities and net assets/fund balances			21,878,969	34	31,007,140
		,	<u> </u>				Form 990 (2015)

	0.110011.11.0	01104410	001110	ч.оор.
1	Total revenue (m	ust equal F	Part VIII.	colum
_				

Net unrealized gains (losses) on investments

1

Cash ✓ Accrual COther

Both consolidated and separate basis

63,136,079

n (A), line 12)

Total expenses (must equal Part IX, column (A), line 25) . . . 2 58,625,555 Revenue less expenses Subtract line 2 from line 1

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

3 4,510,524 11,055,491

Page **12**

36,743

▽

No

Νo

15,602,758

4

5

6

7

8

9

10

Yes If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on 2b Yes If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes If the organization changed either its oversight process or selection process during the tax year, explain in 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Nο **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b Form 990 (2015)

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Donated services and use of facilities .

Investment expenses .

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

BOARD MEMBER

Software ID: Software Version:

EIN: 68-0475305

Name: UNION OF CALIFORNIA STATE WORKERS

0

SEIU LOCAL 1000 Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization Individual or director Highest compensi organizations Institutional MISC) MISC) and related director below organizations employee dotted line) trustee Trustee ig ed 4 00 CAROL JEFFRIES 0 300 BOARD MEMBER JOYCE WHEELER-OWENS Х 0 0 300 BOARD MEMBER 2 00 KEVIN LENNON Х 0 0 BOARD MEMBER BEVERLY ARIAS Х 0 0 BOARD MEMBER JAYSON SANDOVAL Х 0 0 BOARD MEMBER CHRISTINA VILLARREAL Х 0 BOARD MEMBER 1 00 VERA HOLLOWAY Х 0 0 BOARD MEMBER 1 00 JESSE DIAZ 0 BOARD MEMBER 1.00 MARIE STORTZ Х 0 0 BOARD MEMBER 1 00 SYBLE TOMPKINS

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Compensated Employees, and Inde					rus	stee	s, r	key Employe	es, Hignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unles	sition ore t ss pe	(C) (do han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
SANDRA GARCIA BOARD MEMBER	1 00	×						0	0	0
CAROLELYNN LEONARDO BOARD MEMBER	5 00	х						0	0	0
CATHERINE RAZO BOARD MEMBER	1 00	x						0	0	0
JANETTE HALL BOARD MEMBER	1 00	х						0	0	0
ALVA BENAVIDEZ BOARD MEMBER	1 00	х						0	0	С
RACHEL CHANG BOARD MEMBER	1 00	x						0	0	С
GWENDOLYN CRAWFORD	2 00									

Χ

Х

Χ

1 00

1 00

1 00

.....

BOARD MEMBER

JOYCE MINZEY

BOARD MEMBER

DAVID MATANGA

BOARD MEMBER

STEVEN ALARI

BOARD MEMBER

0

0

Compensated Employees, and Inde	pendent Co	ntrac	tor	s .		 -, .			
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe offi direct	han erso cer tor/t	not one n is and trus	an Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
VIRGINIA FOWLER BOARD MEMBER	1 00	x					0	0	0
DELEON SECREST BOARD MEMBER	8 00	х					0	0	0
CHARLENE GONZALEZ BOARD MEMBER	1 00	x					0	0	420
BEVERLY BROCKINGTON BOARD MEMBER	1 00	x					0	0	0
KATHY EVANS BOARD MEMBER	6 00	x					0	0	600
MANUEL RODRIGUEZ BOARD MEMBER	40 00	×					0	0	0
EDWARD FUNK	1 00	.,							

Χ

Х

Χ

1 00

1 00

40 00

BOARD MEMBER

BOARD MEMBER

LARRY ROBERTS

BOARD MEMBER

REGINA WHITNEY

BOARD MEMBER

DENNIS GONZALES

100

600

Compensated Employees, and Inde	pendent Co	ntrac	ctor	s		-, -			
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	unles	ore ti	than ersor icer tor/t	o not n one on is and trus	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
WILLIAM HALL BOARD MEMBER	1 00	x					0	0	С
JOYCELYN ODOM BOARD MEMBER	1 00	х					0	0	С
TERESA HUBBARD BOARD MEMBER	40 00	х					0	0	C
JEROME WASHINGTON BOARD MEMBER	6 00	х					0	0	(
CHRISTINA EVITT BOARD MEMBER	1 00	x					0	0	
VICTORIA JONES BOARD MEMBER	1 00	x					0	0	100
JAIME MOLINA	1 00	×					0	0	1.00

3 00

1 00

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BOARD MEMBER

BOARD MEMBER

HAROLD FONG

BOARD MEMBER

BARBARA BELL

BOARD MEMBER

DANA MEZA

1,200

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Compensated Employees, and Inde					ru	stee	s, r	key Employe	es, Hignest		
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
DONALD KILLMER	1 00	x						0	0	0	
BOARD MEMBER		^						V	U	V	
LEONARD SEITZ	1 00	l x						0	0	0	
BOARD MEMBER		,,						-	-	-	
RODERICK GONZALEZ BOARD MEMBER	1 00	x						0	0	0	
KWAJHALIEN DORN-DAVIS BOARD MEMBER	2 00	х						0	0	0	
MICHAEL ROSKEY BOARD MEMBER	1 00	х						0	0	0	
FRANCISCA PASS BOARD MEMBER	1 00	х						0	0	0	
SHELIA BYARS	40 00										

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BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

VINCENT CASTANON

KRISSE FELLS

JACQUELINE MCCOLLUM

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

(A) (B) (C) (D) (E)

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe offi	han erso cer tor/t	(do not check nan one box, rson is both an eer and a or/trustee)		an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
GARY PANNETT BOARD MEMBER	1 00	Х						0	0	0
JEFFREY FOWLER BOARD MEMBER	2 00	x						0	0	0
CAREY WILSON BOARD MEMBER	2 00	×						0	0	0
LATREECE SMITH BOARD MEMBER	1 00	×						0	0	0
TOMMY CORNELIUS BOARD MEMBER	1 00	x						0	0	0
RUTH IBARRA BOARD MEMBER	1 00	×						0	0	0
JIM HOLVERSTOTT BOARD MEMBER	1 00	×						0	0	1,020
CYNTHIA POWERS BOARD MEMBER	1 00	Х						0	0	300

1 00

1 00

150

CHUCK LEONG BOARD MEMBER

JACQUELYN RAMSEY

BOARD MEMBER

360

300

0

0

Compensated Employees, and Inde					rus	stee	э, г	tey Employed	es, nighest		
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition nore tl ss pe	(C) (do than ersor icer a	not one on is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
EVE DICKSON BOARD MEMBER	1 00	x						0	0	599	
RENAY LEVINGSTON	2 00	×						0	. 0	0	
GABRIEL LEDESMA BOARD MEMBER	1 00	X			H			0	0	300	
IBYANG RIVERA BOARD MEMBER	1 00	×						0	0	288	
SYLVIA RAMOS BOARD MEMBER	1 00	×						0	0	1,200	
CYNTHIA BERRY BOARD MEMBER	1 00	х						0	0	600	

1 00

1 00

4 00

1 00

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CINDY DOYEL

BOARD MEMBER

THOMAS PERINE

BOARD MEMBER

BOARD MEMBER

JAVIER CARDENAS

BOARD MEMBER

DIANA KING

Compensated Employees, and Inde					ı u	stee	э, г	tey Employe	es, mgnest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unle:	ition ore t	(C (do han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
MESHAN RACHAL BOARD MEMBER	1 00	×						0	0	0
CRUZ NARANJO BOARD MEMBER	1 00	x						0	0	0
RICK CALKINS BOARD MEMBER	1 00	×						0	0	0
INNA LITKE BOARD MEMBER	2 00	×						0	0	0
BRENDA MODKINS BUNC CHAIR OF BARGAINING U	40 00	×						0	0	0
KIMBERLY COWART BUNC CHAIR OF BARGAINING U	40 00	×						0	0	0
				1	1	1		ı	ı	ı

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SOPHIA PERKINS

RIONNA JONES

MIGUEL CORDOVA

JAMES WILLIS

BUNC CHAIR OF BARGAINING U

.....

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300

Compensated Employees, and Inde					ı u.	,,,,,	<i>3,</i> r			
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles	ore ti ss pe offi	than erso icer tor/t	do not check an one box, son is both an er and a r/trustee) Highest compensated Highest compensated		an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MARIA PATTERSON BUNC CHAIR OF BARGAINING U	10 00	x						0	0	С
BRUCE THEEL BUNC CHAIR OF BARGAINING U	9 00	x						0	0	С
LAVERNE ARCHIE BUNC CHAIR OF BARGAINING U	9 00	x						0	0	С
ROBERT VEGA BUNC CHAIR OF BARGAINING U	4 00	x						0	0	C
ROBYN SHERLES BUNC CHAIR OF BARGAINING U	4 00	x						0	0	C
JOHN KERN BUNC CHAIR OF BARGAINING U	2 00	x						0	0	(
YVONNE WALKER	40 00				Г					

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MARIA OKUMURA

THERESA TAYLOR

VP/SECRETARY-TREASURER

VICE PRESIDENT FOR BARGAIN

MARGARITA MALDONADO

VP/SECRETARY-TREASURER (FORMER)

PRESIDENT

Compensated Employees, and Independent Contractors (A) (E) Name and Title Position (do not check Reportable Reportable Estimated Average more than one box,

(F)

amount of

compensation compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

	week (list any hours for related	unless person is both an officer and a director/trustee)					an	from the organization (W- 2/1099-	from related organizations (W- 2/1099-	other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Q E	key en		Former	Misc)	Misc)	organization and related organizations
TAMEKIA ROBINSON	40 00	V		J				0	0	0
VP FOR ORGANIZING		X		×				U	U	U

DLN: 93493320136036

Employer identification number

68-0475305

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

SEIU LOCAL 1000

UNION OF CALIFORNIA STATE WORKERS

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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

Service

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

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

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

Par	t I-A Complete if the o	organization is exempt under s	section 501(c	or is a section 52:	7 organization.
1	Provide a description of the o	organization's direct and indirect politic	al campaign activ	rities in Part IV	
2	Political expenditures			>	\$
3	Volunteer hours				
Par	t I-B Complete if the o	organization is exempt under s	section 501(c)(3).	
1		se tax incurred by the organization und		>	\$
2	Enter the amount of any exci	se tax incurred by organization manage	ers under section	4 955 ▶	\$
3	If the organization incurred a	section 4955 tax, did it file Form 472	O for this year?		Yes No
4 a	Was a correction made?	☐ Yes ☐ No			
b	If "Yes," describe in Part IV				, ,
Par	t I-C Complete if the o	rganization is exempt under :	section 501(c), except section 50	01(c)(3).
1	Enter the amount directly ex	pended by the filing organization for se	ction 527 exempt	function activities 🕨	\$
2	Enter the amount of the filing exempt function activities	organization's funds contributed to oth	ner organizations	for section 527 ▶	\$
3	Total exempt function expen	ditures Add lines 1 and 2 Enter here a	and on Form 1120	-POL, line 17b ►	¢
4	Did the filing organization file	Form 1120-POL for this year?			↑
5	organization made payments amount of political contributi	and employer identification number (EI For each organization listed, enter the ons received that were promptly and di a political action committee (PAC) If a	e amount paid fron rectly delivered to	n the filing organization's o a separate political org	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) 9	SEIU LOCAL 1000 CANDIDATE PAC	555 CAPITAL MALL SUITE 1425 SACRAMENTO, CA 958144602	34-2032142		1,010,697
2					
3					
4					
5					
_					

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2015

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Pā	art II-	A	Complete if the organization is exempt under section $501(c)(3)$ and file under section $501(h)$.	ed Form 5768	(election
	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated groexpenses, and share of excess lobbying expenditures)	up member's name	e, address, EIN
i	Check		If the filing organization checked box A and "limited control" provisions apply		
			Limits on Lobbying Expenditures	(a) Filing organization's	(b) Affiliated group totals

	expenses, and share of excess lo	obying expenditures)	· .	-,,
В		box A and "limited control" provisions apply Dying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a b	Total lobbying expenditures to influence public lobbying) Total lobbying expenditures to influence a legi			
c d	Total lobbying expenditures (add lines 1a and Other exempt purpose expenditures			
e f				
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g h i	Subtract line 1g from line 1a If zero or less, e Subtract line 1f from line 1c If zero or less, er	nter - 0 -	20	

┌ Yes ┌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 (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

PART I-A, LINE 1

	edule C (Form 990 or 990-EZ) 2015				Pá	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	1OT				
or o	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(;	a)		(b)	
ctiv			No	,	\ moun	t
		Yes		1		
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					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
c	Media advertisements?			1		
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?					
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	;01(c)(5), (or se	Yes	n No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	Yes	-140
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2	103	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		-	3		No
	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C				
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).					
а	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				
_	art IV Supplemental Information					
	• • •	ın lıc+\	Dart II		inos 1	
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information	.μ iist),	, raft II	A,I	mes 1	and
	Return Reference Explanation					

THE LOCAL'S DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES INCLUDE MAKING

EXPENDITURES IN CONNECTION WITH STATE AND/OR LOCAL CANDIDATE ELECTIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D

(Form 990)

Department of the

Treasury

Supplemental Financial Statements

▶ 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.

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

OMB No 1545-0047

DLN: 93493320136036

Open to Public Inspection

Na UN	me of the organization ION OF CALIFORNIA STATE WORKERS U LOCAL 1000				oyer identification number
	Organizations Maintaining Donor Complete if the organization answere				
	·	(a) Donor advised fo		(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 a funds are the organization's property, subject to t	_		or advis	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				
Pa	rt II Conservation Easements. Comple	ete if the organizati	on answered "Yes" o	n Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	ie organization (check	all that apply)		
	Preservation of land for public use (e g , recre	eation or	_		
	education) —		•		ically important land area
	Protection of natural habitat		Preservation of a	certifie	d historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conse	rvation contribution in t	he form	T
_	Total number of concervation eachments				Held at the End of the Year
a	Total number of conservation easements	. mta		2a	
b	Total acreage restricted by conservation easeme		ludad in (a)	2b	
C	Number of conservation easements on a certified			2 c	
d	Number of conservation easements included in (c historic structure listed in the National Register	.) acquired after 8/17,	706, and not on a	2d	
3	Number of conservation easements modified, tran	nsferred, released, ext	inguished, or terminate	ed by the	e organization during the
	tax year ▶				
4	Number of states where property subject to cons	ervation easement is	located ▶		
5	Does the organization have a written policy regard violations, and enforcement of the conservation e	ding the periodic mon	·	dling of	□Yes □No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling o	f violations, and enforc	ing cons	servation easements during the
	>				
7	A mount of expenses incurred in monitoring, inspering \$\)	ecting, handling of viol	ations, and enforcing c	onserva	tion easements during the year
8	Does each conservation easement reported on Iii (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy	the requirements of sec	tion 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the		•	·
Pai	rt IIII Organizations Maintaining Collective		orical Treasures,	or Oth	ner Similar Assets.
	Complete if the organization answere				
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footr	assets held for public	exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public	•		
	(i) Revenue included on Form 990, Part VIII, line 1	1		> \$	

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

> \$ _

3011	cuaic D	(101111 330) 2013											rage Z
Par	t III	Organizations Maintaining (continued)	Collections of Art	, Hi	storio	cal T	rea	sures,	or Ot	her Sim	ilar As	sets	
3	Using	the organization's acquisition, acc	ession, and other recor	ds, c	heck a	ny of	the	following t	hat ar	e a signific	ant use	ofits	
а		tion items (check all that apply) Public exhibition		d	_			exchange					
b				e	 	Oth		exchange	progr	ailis			
	·	Scholarly research			•	Oth	CI						
C A	•	Preservation for future generations	is collections and ownla	ın ho	w thou	, furth	or +h	o organiz	ation's	ovemet e	urnoco	n	
4	Part X	de a description of the organization IIII	s confections and expla	111 110	willey	riuitii	iei ti	ie organiz	ations	s ехешрі р	urpose i	11	
5		g the year, did the organization soli s to be sold to raise funds rather th									Yes		No
Pa	rt IV	Escrow and Custodial Arra	ngements.								•	•	
		Complete if the organization a Part X, line 21.	answered "Yes" on F	orm	990,	Part	IV,	line 9, oi	r repo	orted an a	amount	on Fo	rm 990,
1a	Is the	organization an agent, trustee, cus	stodian or other interme	ediary	y for co	ontrib	utior	ns or othe	rasse	ts not			
	ınclud	ed on Form 990, Part X?									☐ Yes	<u></u>	No
b	If"	Yes," explain the arrangement in P	art XIII and complete t	he fo	llowing	g tabl	e				A mo	unt	
C	Beg	Jinning balance							1 c				
d		ditions during the year						-	1d				
e	Dis	tributions during the year						-	1e				
f		ling balance							1f				
2a	Did th	e organization include an amount o	n Form 990, Part X, line	e 21,	for es	crow	orcu	ıstodial ad	ccount	t liability?	☐ Yes	<u></u>	No
b	If"Vo	s," explain the arrangement in Part	VIII Chack hare if the	ovn	lanatio	n hac	hoo	n provide	d in D:	art VIII			П
	rt V	Endowment Funds. Comple											
			(a)Current year		rıor yea			Two years b		d) Three year		(e)Four	years back
1 a	Begir	ning of year balance											
b	Contr	ributions											
c	Net II losse	· · · · · · · · · · · · · · · · · · ·											
d	Grant	s or scholarships											
е		r expenditures for facilities rograms											
f	• A dmi	nistrative expenses											
g		f year balance											
_	•	· · · · ·											
2	Provid	de the estimated percentage of the	current year end baland	e (lu	ne 1g,	colur	nn (a	i)) held as					
а	Board	designated or quasi-endowment >											
b	Perma	anent endowment ▶											
c		orarıly restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%										
3 a		nere endowment funds not in the po	ssession of the organiz	ation	that a	re he	ld an	d admınıs	tered	for the			
	_	ization by related organizations									3a(Yes	s No
		lated organizations		٠.	٠						3a(-	+-
b		s" on 3a(ıı), are the related organız		d on	Sched	ule R	? .				. 31	,	
4		ibe in Part XIII the intended uses		down	nent fu	nds							
Pa	rt VI	Land, Buildings, and Equip Complete if the organization a		rm C	200 D	ort I'	V li	no 11a S	ioo Er	orm 990	Dart V	line 1	0
		Description of property	aliswered les to lo	<u> </u>		a)	V, II	(b)	ee it		nulated		ok value
				C	ost or of (invest	ther ba tment)		Cost or other		(c)depre	ciation		
1a	Land							1	.55,893				155,893
b	Buildin	gs					T		140.022		00 774		E 251 252
_	· ·	old improvements		\vdash			\dashv		140,023 533,300		88,771 107,246		5,351,252 7,526,054
	Equipm	·		-			\dashv		04,155		,968,214		435,941
	Other						\dashv	۲,٦	, 100	<u> </u>	,,		,55,541
				- 1			- 1	2.1	00 070	1 4	590 586		600 303

14,078,533

See Forr						
(a)	Description of security or ca (including name of security		(b) Bo	ook value		:)Method of valuation r end-of-year market val
1)Financial derivative						
2) Closely-held equity 3) Other	y interests					
	equal Form 990, Part X, col (B) line		•			
Part VIII Invest Comple	ments—Program Relatete if the organization and	ted. swered 'Yes' on Fori	m 990. Part I\	/, line 11c.c	oo Form Of	O Dart V June 12
Comple	(a) Description of investme			ook value	(c) Method of valuation
					Cost o	r end-of-year market valu
	equal Form 990, Part X, col (B) line		>			
	Assets. Complete if the org	anızatıon answered 'Ye	es' on Form 990	, Part IV , line	11d See Fo	
	Assets. Complete if the org		▶ es' on Form 990	, Part IV , line	11d See Fo	rm 990, Part X, line 15 (b) Book value
	Assets. Complete if the org	anızatıon answered 'Ye	▶ es' on Form 990	, Part IV , line	11d See Fo	
	Assets. Complete if the org	anızatıon answered 'Ye	▶ es' on Form 990	, Part IV , line	11d See Fo	
	Assets. Complete if the org	anızatıon answered 'Ye	▶ es' on Form 990	, Part IV , line	11d See For	
	Assets. Complete if the org	anızatıon answered 'Ye	▶ es' on Form 990	, Part IV , line	11d See For	
	Assets. Complete if the org	anızatıon answered 'Ye	▶ es' on Form 990	, Part IV , line	11d See Fol	
	Assets. Complete if the org	anızatıon answered 'Ye	▶ es' on Form 990	, Part IV , line	11d See For	
	Assets. Complete if the org	anızatıon answered 'Ye	▶ es' on Form 990	, Part IV , line	11d See Fo	
	Assets. Complete if the org	anızatıon answered 'Ye	es' on Form 990	, Part IV , line	11d See Fo	
	Assets. Complete if the org	anızatıon answered 'Ye	es' on Form 990	, Part IV , line	11d See For	
Part IX Other A	Assets. Complete if the org.	anization answered 'Ye	es' on Form 990	, Part IV , line		
otal. (Column (b) mus	Assets. Complete if the org. (a) (a) (b) (c) (c) (c) (d) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f)	anization answered 'Ye				(b) Book value
Part IX Other A Total. (Column (b) mus Part X Other L See For	Assets. Complete if the org. (a (a st equal Form 990, Part X, col (iabilities. Complete if the org.	anization answered 'Ye	wered 'Yes' o			(b) Book value
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Part IX Other A Fotal. (Column (b) mus Part X Other L See Form L. (a Federal Income taxes ACCRUED VACATIO CAPITAL LEASES	Assets. Complete if the org. (a (a st equal Form 990, Part X, col (iabilities. Complete if the org. m 990, Part X, line 25. Description of liability	anization answered 'Yes (b) Inne 15) he organization ans				(b) Book value
Part IX Other A Fotal. (Column (b) mus Part X Other L See Form L. (a Federal Income taxes ACCRUED VACATIO CAPITAL LEASES	Assets. Complete if the org. (a (a st equal Form 990, Part X, col (iabilities. Complete if the org. m 990, Part X, line 25. Description of liability	anization answered 'Yes (b) Inne 15) he organization ans	wered 'Yes' of value			(b) Book value
Part IX Other A Fotal. (Column (b) mus Part X Other L See Form L. (a Federal Income taxes ACCRUED VACATIO CAPITAL LEASES	Assets. Complete if the org. (a (a st equal Form 990, Part X, col (iabilities. Complete if the org. m 990, Part X, line 25. Description of liability	anization answered 'Yes (b) Inne 15) he organization ans				(b) Book value
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Part IX Other A Fotal. (Column (b) mus Part X Other L See Form L. (a Federal Income taxes ACCRUED VACATIO CAPITAL LEASES	Assets. Complete if the org. (a (a st equal Form 990, Part X, col (iabilities. Complete if the org. m 990, Part X, line 25. Description of liability	anization answered 'Yes (b) Inne 15) he organization ans				(b) Book value
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Fotal. (Column (b) mus Part X Other L See Form L. (a Federal Income taxes ACCRUED VACATIO	Assets. Complete if the org. (a (a st equal Form 990, Part X, col (iabilities. Complete if the org. m 990, Part X, line 25. Description of liability	anization answered 'Yes (b) Inne 15) he organization ans				(b) Book value
Total. (Column (b) mus Part X Other L See Form 1. (a Federal Income taxes ACCRUED VACATIO CAPITAL LEASES	Assets. Complete if the org. (a (a st equal Form 990, Part X, col (iabilities. Complete if the org. m 990, Part X, line 25. Description of liability	anization answered 'Yes (b) Inne 15) he organization ans				(b) Book value
Total. (Column (b) mus Part X Other L See For	Assets. Complete if the org. (a (a st equal Form 990, Part X, col (iabilities. Complete if the org. m 990, Part X, line 25. Description of liability	anization answered 'Yes (b) line 15) he organization ans (b) Book				(b) Book value

1	Total revenue, gains, and othe	r support per audited financial statements			1	64,108,573
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of fa	acılıtıes	2b			
c	Recoveries of prior year grants		2 c			
d	Other (Describe in Part XIII)					
			2d	972,494		
е	Add lines 2a through 2d				2e	972,494
3	Subtract line 2e from line 1 .		•		3	63,136,079
4		0, Part VIII, line 12, but not on line 1	I	ı		
а	·	uded on Form 990, Part VIII, line 7b .	4a			
b	,		4b			
c					4c	0
5		4c.(This must equal Form 990, Part I, line			5	63,136,079
Part		kpenses per Audited Financial St lization answered 'Yes' on Form 990,			s per	Return.
1		raudited financial statements			1	58,638,031
2	·	t not on Form 990, Part IX, line 25	•		<u> </u>	30,030,031
a		acilities	2a	I		
b			2b		1	
c	Other losses		2c		1	
d	Other (Describe in Part XIII)		2d	1,060,784	1	
e	Add lines 2a through 2d			1,000,704	2e	1,060,784
3			•		3	57,577,247
4		O, Part IX, line 25, but not on line 1:	•		<u> </u>	37,377,247
a		uded on Form 990, Part VIII, line 7b.	. 4a	I		
b	·		4b	1,048,308	1	
c	·			1,040,300	4c	1,048,308
5		nd 4c. (This must equal Form 990, Part I, li			5	58,625,555
	Total expenses Add lines 3 al	id 4c. (This must equal Form 990, Fait 1, ii	ne 10	<u>,</u>		30,023,333
Pari	XIII Supplemental Inf	ormation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
PART	X, LINE 2	ACCOUNTING PRINCIPLES GENERALL REQUIRE MANAGEMENT TO EVALUAT RECOGNIZE A TAX LIABILITY (OR ASS TAX POSITIONS THAT MORE LIKELY TEXAMINATION BY THE INTERNAL REV TAX POSITIONS TAKEN BY THE LOCAL 2015 AND 2014, THERE ARE NO UNCE TAKEN WHICH WOULD REQUIRE RECOIN THE CONSOLIDATED FINANCIAL S LOCAL'S TAX RETURNS FOR THE YEAR SUBJECT TO EXAMINATION, BASED O	E TAX SET) IF HAN N ENUE L, AND RTAIN GNITI TATEN S END N THE	POSITIONS TAKEN BY THE ORGANIZATION NOT WOULD NOT BE SUSERVICE MANAGEMED HAS CONCLUDED THAT ITAX POSITIONS TAKEON OF A LIABILITY (OMENTS MANAGEMENT DED DECEMBER 31,201 NORMAL STATUTORY	THE HAS T JSTAI NT HA AT AS EN OF RASS BELIE PERI	LOCAL AND TAKEN UNCERTAIN NED UPON S ANALYZED THE OF DECEMBER 31, EXPECTED TO BE SET) OR DISCLOSURE VES THAT THE ROUGH 2014 REMAIN ODS SUBJECT TO

COULD EXPAND THE OPEN PERIOD

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.

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental		
Return Reference	Explanation	
PART XII, LINE 2D - OTHER ADJUSTMENTS	PAC EXPENSES 1,060,784	
PART XII, LINE 4B - OTHER ADJUSTMENTS	DLC EXPENSES 1,048,308	

Schedule J (Form 990)

Department of the

Treasury

Compensation Information

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

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

► Attach to Form 990.

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

DLN: 93493320136036 OMB No 1545-0047

2015

Open to Public Inspection

	ne of the organization ON OF CALIFORNIA STATE WORKERS	Employe	Employer identification number					
	U LOCAL 1000	68-047	75305					
Pa	rt I Questions Regarding Compensatio							
				Yes	No			
1a		ovided any of the following to or for a person listed on I to provide any relevant information regarding these						
	First-class or charter travel	Housing allowance or residence for persona	al use					
	Travel for companions	Payments for business use of personal res	ıdence					
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees	;					
	Discretionary spending account	Personal services (e g , maid, chauffeur, ch	nef)					
b		rganization follow a written policy regarding payment escribed above? If "No," complete Part III to explair						
2	Did the organization require substantiation prior to a directors, trustees, officers, including the CEO/Exec	reimbursing or allowing expenses incurred by all cutive Director, regarding the items checked in line 1	1a? 2					
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all thused by a related organization to establish compens		Part III					
	Compensation committee	Written employment contract						
	Independent compensation consultant	Compensation survey or study						
	Form 990 of other organizations	A pproval by the board or compensation co	mmittee		ļ			
4	During the year, did any person listed on Form 990, or a related organization	, Part VII, Section A , line 1a with respect to the filing	j organization					
а	Receive a severance payment or change-of-control	payment?	4a		No			
ь	Participate in, or receive payment from, a suppleme		4b		No			
c	Participate in, or receive payment from, an equity-b		4c		No			
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item in Part II	II					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	itions must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any						
а	The organization?		5а					
b	Any related organization?		5b					
	If "Yes," on line 5a or 5b, describe in Part III							
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	t, line 1a, did the organization pay or accrue any						
а	The organization?		6a					
b	Any related organization?		6b					
	If "Yes," on line 6a or 6b, describe in Part III							
7	For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 67 If "Yes," of	A, line 1a, did the organization provide any non-fixed describe in Part III	7					
8	Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regulations section 53 4958-4(a)(3)? If "Yes," de	escribe 8					
9	If "Yes" on line 8, did the organization also follow th section 53 $4958-6(c)$?	ne rebuttable presumption procedure described in Reg						

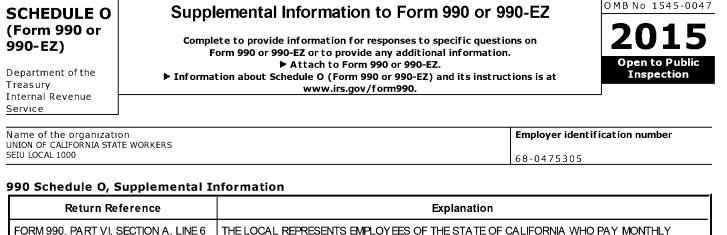
Page 2							Page 2		
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.									
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from 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	ame and Title (B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in		
						column(B) reported as deferred on prior Form 990			

Schedule J (Form 990) 2015

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	r 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 Explanation
PART I, LINE 3	THE TOP MANAGEMENT OFFICIAL'S (PRESIDENT) COMPENSATION IS ESTABLISHED BY A COLLECTIVE BARGAINING AGREEMENT WITH THE STATE OF CALIFORNIA, WHICH HAS BEEN APPROVED BY THE GOVERNING BODY AND MEMBERS OF THE ORGANIZATION FORM 990, PART VII, SECTION A, LINE 5 THE BOARD OF DIRECTORS USE LEAVE TIME FROM THE STATE OF CALIFORNIA TO PERFORM VARIOUS DUTIES FOR
	THE LOCAL THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THIS TIME BASED ON THE COLLECTIVE BARGAINING AGREEMENT IN PLACE WITH THE STATE THE REIMBURSEMENT IS BASED ON THE DIRECTOR'S ACTUAL STATE PAY (PLUS 35% FOR BENEFITS) AT THE TIME
	OF THE LEAVE A LIST OF THESE SALARY AND BENEFITS REIMBURSEMENTS TO THE STATE OF CALIFORNIA IS PROVIDED BELOW NO DIRECTOR WAS PAID DIRECTLY BY THE LOCAL FOR SALARY AND BENEFITS IN 2015 THE COMPENSATION REPORTED IN PART VII WAS ONLY FOR MINOR EXPENSE STIPENDS CAROL JEFFRIES - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION
	BUSINESS - 6,883 KEVIN LENNON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,902 JAYSON SANDOVAL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 238 CHRISTINA VILLARREAL -
	BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 5,850 MARIE STORTZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 537 SANDRA GARCIA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA
	FOR OFFICIAL UNION BUSINESS - 1,425 CATHERINE RAZO - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 249 ALVA BENAVIDEZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0
	GWENDOLYN CRAWFORD - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,827 JOYCE MINZEY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 692 DAVID MATANGA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,498 VIRGINIA FOWLER - BOARD MEMBER PAYMENTS TO STATE
	OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 279 DELEON SECREST - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 12,572 CHARLENE GONZALEZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION
	BUSINESS - 871 BEVERLY BROCKINGTON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,995 KATHY EVANS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 9,622 MANUEL RODRIGUEZ -
	BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 46,177 EDWARD FUNK - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,492 LARRY ROBERTS - BOARD MEMBER PAYMENTS TO STATE OF
	CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0 REGINA WHITNEY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 71,106 WILLIAM HALL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,418
	JOYCELYN ODOM - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 194 TERESA HUBBARD - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 49,471 JEROME WASHINGTON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 14,972 CHRISTINA EVITT - BOARD MEMBER PAYMENTS TO STATE
	OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,095 VICTORIA JONES - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,703 DANA MEZA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS -
	5,092 HAROLD FONG - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,785 DONALD KILLMER - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 455 LEONARD SEITZ - BOARD MEMBER PAYMENTS
	TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,763 KWAJHALIEN DORN-DAVIS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,016 MICHAEL ROSKEY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR
	OFFICIAL UNION BUSINESS - 2,192 FRAN PASS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 903 JACQUELINE MCCOLLUM - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,567 KRISSE FELLS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 36,469 GARY PANNETT - BOARD MEMBER
	PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,593 JEFFREY FOWLER - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 4,078 LATREECE SMITH - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR
	OFFICIAL UNION BUSINESS - 1,271 RUTH IBARRA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,068 JIM HOLVERSTOTT- BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,153 JACQUELYN
	RAMSEY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 816 THERESA TAYLOR - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 47,896 GABRIEL LEDESMA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL
	UNION BUSINESS - 1,935 CYNTHIA BERRY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 430 THOMAS PERINE - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,444 DIANA KING - BOARD
	MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 5,298 MESHAN RACHAL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 322 CRUZ NARANJO - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR
	OFFICIAL UNION BUSINESS - 1,485 INNA LITKE - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 5,045 BRENDA MODKINS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 77,668 JOHN KERN -
	BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 6,754 SOPHIA PERKINDS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 47,329 JAMES WILLIS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 19,974 LAVERNE ARCHIE - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR
	OFFICIAL UNION BUSINESS - 14,019 ROBYN SHERLES - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 6,067 KIMBERLY COWART - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 133,549
	RIONNA JONES - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 55,759 MIGUEL CORDOVA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 106,557 YVONNE WALKER - BOARD MEMBER
	PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 48,250 MARIA OKUMURA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 64,743 MARGARITA MALDONADO - BOARD MEMBER PAYMENTS TO STATE OF ICALIFORNIA FOR OFFICIAL UNION BUSINESS - 88,037 TAMEKIA ROBINSON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR
	OFFICIAL UNION BUSINESS - 49,311 MARIA PATTERSON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 10,959 BRUCE THEEL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 29,142 ROBERT
	VEGA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 9,439 JOYCE WHEELER-OWENS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 6,929 BEVERLY ARIAS - BOARD MEMBER PAYMENTS TO
	STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,510 VERA HOLLOWAY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,095 JESSE DIAZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION
	BUSINESS - 1,454 SYBLE TOMPKINS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 438 CAROLELYNN LEONARDO - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 7,329 JANETTE HALL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,071 RACHEL CHANG - BOARD MEMBER
	PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0 STEVEN ALARI - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 869 DENNIS GONZALES - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR
	OFFICIAL UNION BUSINESS - 955 JAIME MOLINA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,243 BARBARA BELL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,076 RODERICK
	GONZALEZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 377 SHELIA BYARS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 89,188 VINCENT CASTANON - BOARD MEMBER PAYMENTS TO
	STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,419 CONTINUED ON SCHEDULE O



THE LOCAL'S MEMBERS ELECT THE MEMBERS OF THE GOVERNING BOARD

DLN: 93493320136036

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DUES

FORM 990, PART VI. SECTION A. LINE

7A

Return Reference Explanation FORM 990. PART VI. SECTION THE OPERATING DECISIONS OF THE LOCAL ARE SUBJECT TO APPROVAL BY THE LOCAL'S BOARD OF

A, LINE 7B	DIRECTORS WHICH IS ELECTED BY MEMBERSHIP
FORM 990, PART VI, SECTION A, LINE 8B	MINUTES OF MEETINGS HELD BY OTHER COMMITTEES ARE NOT DOCUMENTED AS THESE COMMITTEES DO NOT
	HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY ALL DECISIONS AND RECOMMENDATI

ONS MUST BE APPROVED BY THE GOVERNING BODY

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return Reference

FORM 990, PART VI, SECTION B, LINE 11	COPIES OF THE LOCAL'S FORM 990, INCLUDING REQUIRED SCHEDULES, WERE PROVIDED TO EACH MEMBER OF THE LOCAL'S EXECUTIVE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS THE EXECUTIVE OFFICERS AND MANAGEMENT REVIEWED THE FORM 990, INCLUDING REQUIRED SCHEDULES, PRIOR TO FILING WITH THE IRS
, ,	ALL BOARD MEMBERS AND STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY ANNUALLY, D ISCLOSURE OF RELATIONSHIPS OR INTERESTS THAT COULD GIVE RISE TO A CONFLICT IS PROVIDED TO THE EXECUTIVE BOARD THE EXECUTIVE BOARD(OFFICERS AND TRUSTEES) REVIEW THE DISCLOSURES PRO VIDED ON AN ANNUAL BASIS TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER TO IMPOSE CERTAIN RESTRICTIONS ON A PERSON WITH A CONFLICT OF INTEREST

Explanation

Return
Reference

FORM 990, PART
VI, SECTION B,
CALIFORNIA, WHICH IS BASED ON THE LOCAL 1000 MASTER CONTRACT THE LOCAL REIMBURSES THE STATE OF

990 Schedule O, Supplemental Information

LINE 18

	CALIFORNIA FOR THE OFFICER'S TIME SPENT PLUS 35% FOR ALL TIME SPENT ON UNION RELATED BUSINESS(UNION LEAVE) NO OFFICER IS PAID DIRECTLY BY THE LOCAL
FORM 990, PART VI, SECTION C,	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST

990 Schedule O. Supplemental Information Return Reference Explanation GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT FORM 990. PART VI. SECTION C. LINF 19 AVAILABLE TO THE PUBLIC THE BOARD OF DIRECTORS USE LEAVE TIME FROM THE STATE OF CALIFORNIA TO PERFORM VARIOUS FORM 990. PART VII. SECTION A. LINE 5 DUTI ES FOR THE LOCAL THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THIS TIME BASED ON THE COLLECTIVE BARGAINING AGREEMENT IN PLACE WITH THE STATE THE REIMBURSEMENT IS BASED ON THE DIRECTOR'S ACTUAL STATE PAY (PLUS 35% FOR BENEFITS) AT THE TIME OF THE LEAVE A LIST OF T HESE SALARY AND BENEFITS REIMBURSEMENTS TO THE STATE OF CALIFORNIA IS PROVIDED IN SCHEDULE J. PART III AND CONTINUED BELOW NO DIRECTOR WAS PAID DIRECTLY BY THE LOCAL FOR SALARY ΑN D BENEFITS IN 2015 THE COMPENSATION REPORTED IN PART VII WAS ONLY FOR MINOR EXPENSE STIPE NDS CAREY WILSON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINE SS - 4.498 TOMMY CORNELIUS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL LINI ON BUSINESS - 1.572 CYNTHIA POWERS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFL CIAL UNION BUSINESS - 3.388 CHUCK LEONG - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 115 EVE DICKSON - BOARD MEMBER PAYMENTS TO STATE OF

CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2.148 RENAY LEVINGSTON - BOARD MEMBER PAYMENTS TO STATE OF C ALIFORNIA FOR OFFICIAL UNION BUSINESS - 3.557 SYLVIA RAMOS - BOARD MEMBER PAYMENTS TO STAT E OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1.492 CINDY DOYEL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3.772 JAVIER CARDENAS - BOARD MEMBER PA YMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2.629 RICK CALKINS - BOARD MFM BER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3.217

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART XI, LINE 9	PAC ACCOUNTS PAYABLE REMOVED FROM BALANCE SHEET 36,743

FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR

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DLN: 93493320136036OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

UNION OF CALIFORNIA STATE WORKERS

► Attach to Form 990.

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

Employer identification number

SEID LOCAL 1000				68-04753	05		
Part I Identification of Disregarded Entities Com	plete if the organization	answered "Yes" o	n Form 990, Pa	art IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		he organization an	swered "Yes"	on Form 990, Pa	rt IV, line 34 because it	had on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	tion Public charity s (if section 501(d	tatus Direct controlling entity	Section (13) c en	(g) n 512(b ontrolle ntry?
(1)SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE 555 CAPITAL MALL SUITE 1425 SACRAMENTO, CA 958144602 34-2032142	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527		UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000	Yes	No No
(2)SEIU LOCAL 1000 KEEPING CALIF HEALTHY AND SAFE AND STRONG 555 CAPITAL MALL SUITE 1425 SACRAMENTO, CA 958144602 26-3463027	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527		UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		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		(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	ral or aging	(k) Percentage ownership
							Yes	No]	Yes	No	
												1
												1
												1
												1
												1
												1
												1
												,
												1
												1
												1
Part IV Identification of Related Organizations Taxable a	s a Carnor	ation	or Truct C	amalata if th	0.00000170	tion and		"\\ o o !!		000 [) n == 1	TV June

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.

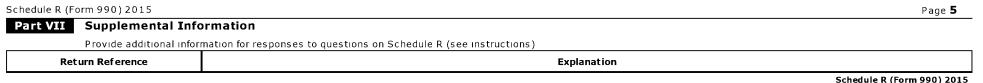
(i) Section 512 (b)(13) controlled entity?	Yes No				
(h) Percentage ownership					
(g) Share of end- of-year assets					
(f) Share of total Income					
(e) Type of entity (C corp, S corp, or trust)					
(d) Direct controlling entity					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of related organization					

Part V Transactions With Related Organizations Complete if the organization a					Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					res	INC
During the tax year, did the orgranization engage in any of the following transactions with one or m	J			<u> </u>		L .
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
c Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
Performance of services or membership or fundraising solicitations for related organization(s)				11		No
				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1 q	Yes	\Box
r Other transfer of cash or property to related organization(s)				1r	Yes	\vdash
s Other transfer of cash or property from related organization(s)				1s		No
If the answer to any of the above is "Yes," see the instructions for information on who must con	nplete this line, including co	overed relationships	and transaction thresholds	;		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	mount ı	nvolved	l
						—

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section $501(c)(3)$ anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ²		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership
			311,	Yes	No			Yes	No		Yes	No	
												1 .	
	l				1	<u> </u>				C-l	lula D /Fai		0) 2015



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319157047 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

2016

Int

_		foundations)					
-	ment of the Treasi l Revenue Service	urv Information	r social security numbers on this form as it about Form 990 and its instructions is at <u>v</u>	,		C	pen to Public Inspection
A Fo	or the 2016 o	 calendar year, or tax year b	peginning 01-01-2016 , and ending 12	2-31-2016			
B Chec	ck ıf applıcable dress change me change	C Name of organization UNION OF CALIFORNIA STATE SEIU LOCAL 1000					ication number
	tıal return	Doing business as					
□ detur	n/terminated nended return	1808 14TH STREET	ix if mail is not delivered to street address) Room	n/suite	E Telephone ni	umber	
⊔ Apı	plication pending	City or town, state or province SACRAMENTO, CA 95811713	e, country, and ZIP or foreign postal code				
		,			G Gross receip		5,759,876 ————————————————————————————————————
		F Name and address of pri YVONNE WALKER 1808 14TH STREET SACRAMENTO, CA 958117	,		Is this a group return subordinates? Are all subordinates included?	ı for	□Yes ☑No □Yes □No
I Tax	x-exempt status	☐ 501(c)(3) ☑ 501(c)(5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 52	I .	If "No," attach a list		•
J W	ebsite:► WV	WW SEIU1000 ORG		H(c)	Group exemption nu	mber	▶ 5304
K Forn	n of organization	Corporation Trust	Association ☐ Other ►	L Year	of formation 2001 M	State	of legal domicile CA
Pa	rt I Sum	nmary					
Activities & Governance	AND WOF	RKING CONDITIONS, ASSISTA	CE EMPLOYEES OF THE STATE OF CALIFORING EMPLOYEE NICAL ASSISTANCE IN JOB CLASSIFICATIOPLOYEES	GRIEVANC	ES, LEGAL REPRESEN	ITATIO	ON ON BOTH AN
(20)	2 Check th	nis box 🕨 🗌 if the organization	on discontinued its operations or disposed o	of more tha	n 25% of its net asse	ts.	
× 0 √ 6			verning body (Part VI, line 1a)			3	64
Αŧ	1	•	ers of the governing body (Part VI, line 1b)			4	64
Acti	1		in calendar year 2016 (Part V, line 2a) . if necessary)			6	0
•	1	·	n Part VIII, column (C), line 12			7a	18,772
			e from Form 990-T, line 34		• •	7a 7b	-2,822
	D Net unit	elated business taxable income	e nom roim 990-1, inte 54		Prior Year	/	Current Year
_	8 Contribu	itions and grants (Part VIII, lir	ne 1h)		0	 	0
ēnue		service revenue (Part VIII, lii			63,058,592		65,779,852
Raver	10 Investm	ent income (Part VIII, column	(A), lines 3, 4, and 7d)		15,406		10,990
ш.	11 Other re	venue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)		62,081		969,034
	12 Total rev	venue—add lines 8 through 11	(must equal Part VIII, column (A), line 12	2)	63,136,079		66,759,876
	13 Grants a	and similar amounts paid (Part	IX, column (A), lines 1-3)		0		0
	14 Benefits	paid to or for members (Part	IX, column (A), line 4)		145,000		142,770
£	15 Salaries,	, other compensation, employ	ee benefits (Part IX, column (A), lines 5–10	0)	21,294,147		21,889,686
Expenses	16a Professi	onal fundraising fees (Part IX,	column (A), line 11e)		0		0
S		draising expenses (Part IX, column	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
ш			lines 11a–11d, 11f–24e)		37,186,408	 	41,888,991
	l '	,	st equal Part IX, column (A), line 25)		58,625,555	 	63,921,447
Seo.	19 Revenue	e less expenses Subtract line	18 from line 12	Beg	4,510,524 inning of Current Year	_	2,838,429 End of Year
Net Assets or Fund Balances	20 Total ass	sets (Part X, line 16)		<u> </u>	31,007,140		36,430,972
t As		bilities (Part X, line 26)			15,404,382	 	18,026,984
Ş.	1		line 21 from line 20		15,602,758	_	18,403,988
		nature Block					
knowl			examined this return, including accompany plete Declaration of preparer (other than o				
	Signat	ture of officer			2017-11-15 Date		
Sign Here	. '						
	1.0011	NE WALKER PRESIDENT or print name and title					
	<u> y </u>	Print/Type preparer's name	Preparer's signature	Date	PTIN		
Paic	1.	SCOTT É HALLBERG CPA	SCÔTT E HALLBERG CPA	<u> </u>	Check L If P01(self-employed	081188	<u> </u>
	parer 📙	Firm's name CALIBRE CPA GR			Firm's EIN ► 47-090		
		Firm's address > 7501 WISCONSI	N AVE 1200W		Phone no (202) 331-	-9880	

BETHESDA, MD 20814

Use Only

☑ Yes ☐ No

Form	990 (2016)				Page 2
Par	t IIII Stateme	ent of Program Service Ac	complishments		
	Check if S	Schedule O contains a response oi	note to any line in this Part III		🗆
1		the organization's mission			
	ROVIDE ASSISTAN OYEES AND RETIF		ICATION, AND LEGISLATIVE ADVOCA	CY IN SUPPORT OF PROGRAMS	BENEFICIAL TO STATE
2	Did the organizat	tion undertake any significant pro	gram services during the year which v	vere not listed on	
	the prior Form 99	90 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe	e these new services on Schedule	0		
3	Did the organizat	tion cease conducting, or make si	gnificant changes in how it conducts, a	any program	
					☐ Yes ☑ No
4	Describe the organization Section 501(c)(3	anization's program service accor	nplishments for each of its three large required to report the amount of grai ervice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data		,	, ,	,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program s (Expenses \$	services (Describe in Schedule O) including		(Revenue \$)
4e	Total program	service expenses ▶			

Section 501(c)(3) organizations.

or X as applicable

Form 990 (2016) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Νo 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Nο

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Yes

Yes

Yes

Nο

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Nο

No

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No

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Form **990** (2016)

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			

Dage 1

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Nο

No

Νo

Nο

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

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31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Form 990 (2016)

	column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 109	1 1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	4 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			140
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand]		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	990 (2	2016)					Page 6
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 t 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu	ıle Ö	See instructions	" respo	nse to li	
		Check if Schedule O contains a response or note to any line in this Part VI					✓
Se	ction	A. Governing Body and Management			-		
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	64		Yes	No
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	64			
2		ny officer, director, trustee, or key employee have a family relationship or a busines r, director, trustee, or key employee?	s rela	tionship with any other	2		No
3		ne organization delegate control over management duties customarily performed by icers, directors or trustees, or key employees to a management company or other p			3		No
4	Did th	ne organization make any significant changes to its governing documents since the	prior F	Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the orgar	nizatio	n's assets? .	5		No
6	Did th	ne organization have members or stockholders?			6	Yes	
7a		ne organization have members, stockholders, or other persons who had the power t pers of the governing body?	o elec	t or appoint one or more	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?			7b	Yes	
8		ne organization contemporaneously document the meetings held or written actions of Illowing	undert	aken during the year by			
а	The g	overning body?			8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?			8b		No
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who e dization's mailing address? <i>If "Yes," provide the names and addresses in Schedule C</i>			9		No
Se	ction	B. Policies (This Section B requests information about policies not requi	red b	y the Internal Revenu	e Code		
						Yes	No
		ne organization have local chapters, branches, or affiliates?			10a	Yes	
b		s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt pu			10b	Yes	
11a	Has to	he organization provided a complete copy of this Form 990 to all members of its go	vernin	g body before filing the	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13	•		12a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annually int cts?	erests • •	that could give rise to	12b	Yes	
С	Did th Sched	ne organization regularly and consistently monitor and enforce compliance with the dule O how this was done	policy •	? If "Yes," describe in • • •	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?	•		13	Yes	
14	Did th	ne organization have a written document retention and destruction policy?			14	Yes	
15		ne process for determining compensation of the following persons include a review a ns, comparability data, and contemporaneous substantiation of the deliberation and					
		rganization's CEO, Executive Director, or top management official			15a	Yes	
b	Other	officers or key employees of the organization			15b	Yes	
		s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
	taxab	ne organization invest in, contribute assets to, or participate in a joint venture or sir le entity during the year?			16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organization to venture arrangements under applicable federal tax law, and take steps to safegues with respect to such arrangements?	ard th		16b		
		C. Disclosure					
17		ne States with which a copy of this Form 990 is required to be filed					
18	avaıla	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 able for public inspection. Indicate how you made these available. Check all that appropriate the contract of the contract	oly				
		Own website Another's website 🗹 Upon request 🗹 Other (explain in Sc		•			
19	policy	ribe in Schedule O whether (and if so, how) the organization made its governing door, and financial statements available to the public during the tax year					
20	>tate ►THE	the name, address, and telephone number of the person who possesses the organi RESA TAYLOR 1808 14TH STREET SACRAMENTO, CA 95811 (866) 471-7348	zation	s dooks and records			

compensated employees, and former such persons

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

and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

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

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

- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

(C) (A) (B) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wanv hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest co Individual trustee or director Former Q#||5€| organizations related MISC) Institutional Trustee below dotted employee organizations line) compensated

See Additional Data Table Form 990 (2016)

GIVE SOMETHING BACK

4640 NORTHGATE BLVD SUITE 180 SACRAMENTO, CA 95834

compensation from the organization ▶ 32

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

Page **8**

(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, u n off	t che inles ficer	and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (V	v-	(F) Estima amount o compens from	ited f other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trust⊭e	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		organizati relati organiza	ed
See Additional Data Table												
										+		
										+		
										+		
										\dagger		
										_		
1b Sub-Total										\perp		
c Total from continuation sheets to P	•		•			*						
d Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece	69,616 eived more than \$1	00,000)		10,412
											Yes	No
3 Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			ee, k	ey er •	mple •	oyee,	or his	ghest compensated	employee on	3		No
For any individual listed on line 1a, is organization and related organization individual									n the	4		No
5 Did any person listed on line 1a recei services rendered to the organization								-	vidual for	5	Yes	
Section B. Independent Contract								1 1	+400.000 5			
Complete this table for your five high from the organization Report compe	nsation for the c								n's tax year	ipens		
	(A) and business addre	ess							(B) ription of services		(C Compen	sation
CALIFORNIA STATE EMPLOYEES ASSOCIATION 1108 O STREET								ADMINISTRA	ATIVE SERVICES		2,	,639,168
SACRAMENTO, CA 95816 HOLIDAY INN SACRAMENTO DOWNTOWN-ARENA								CONFERENC	E SERVICES		2,	,096,898
300 J STREET SACRAMENTO, CA 95814												
KDC CONSTRUCTION DBA KDC SERVICE & MAINT 1442 E LINCOLN AVE 334								CONSTRUCT	TON SERVICE		1,	,583,460
ORANGE, CA 92865 IMAGE POINTE								PRINTING S	ERVICES			731,610
1224 LA PORTE RD WATERLOO, IA 50702												
GIVE SOMETHING BACK								RENOVATIO	NS			662,288

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

Part		I Statement of	Revenue							rage 3
				a respo	nse or note	to any li	ne in this Part VIII	. .		🗆
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1.2	Federated campaign	ns	1a				revenue		512-514
nts		• Membership dues		1b						
iran 10 u		Fundraising events		1c						
s. G Am		d Related organization								
iji je		_		1d						
ons, Gifts, Grants Similar Amounts		Government grants (co		1e						
Contributions, Gifts, Grants and Other Similar Amounts	†	All other contributions, and similar amounts no	, girts, grants, ot included	1f						
tributio Other	١,	above Noncash contribution	ne included							
E G	•		ons included							
Contained	h	Total.Add lines 1a-1	.f		•					
<u>ı</u>					В	usiness C	Code			
ษาเ	2a	MEMBER DUES AND ASS	SESS			g	900099 65,7	79,852 65,7	79,852	
Service Revenue	ь			_						
1Ce				_						
Şer.	d			_						
m.	е			_						
Program	f	All other program se	rvice revenue			65.77	/n e=1		l l	
ΔŤ	g.	Total. Add lines 2a-2f			>	65,77	9,852			
		Investment income (ir			nterest, and	other	10,990			10,990
		imilar amounts) . Income from investme			and proceeds	P s ▶				
		Royalties		-		• •				
			(ı) Rea		(II) Perso	onal				
	6a	Gross rents								
	b	Less rental expenses								
	_	,								
	С	Rental income or (loss)								
	d	 Net rental income or	r (loss) . .			<u> </u>				
			(ı) Securit		(II) Oth					
		Gross amount								
		from sales of assets other								
		than inventory								
	b	Less cost or other basis and								
	c	sales expenses Gain or (loss)								
		Net gain or (loss)				▶				
	8a	Gross income from fu	undraising ev	ents						
ne		(not including \$ contributions reporte		of						
Other Revenue		See Part IV, line 18		a	l					
Re	b	Less direct expenses	s	b						
ıer		Net income or (loss)			ents	<u> </u>				
Ott	9a	Gross income from g See Part IV, line 19		ies						
				a	l					
	b	Less direct expenses	s	b						
		Net income or (loss)		activit	ies	<u> </u>				
	10a	Gross sales of invent returns and allowanc	ory, less							
				а)					
	b	Less cost of goods s	sold	b						
	С	Net income or (loss)		invent	ory	<u> </u>				
		Miscellaneous	Revenue		Business					
	11	a MISCELLANEOUS				900099	598,210	598,21	.0	
					•					
	b	STATE BAR SERVICI	NG FEES			900099	275,098	275,09	98	
	c	PRIOR PERIOD INCO	OME			900099	69,598	69,59	88	
		All other revenue .					26,128	7,35	18,77	2
	е	Total. Add lines 11a	-11d			>	969,034	1		
	12	Total revenue. See	Instructions			▶	66,759,876	66,730,11	.4 18,77	2 10,990
							35,757,070		10,77	Form 990 (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX		<u></u>	<u> </u>
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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members	142,770			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,453,424			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,609,795			
9 Other employee benefits	3,178,615			
10 Payroll taxes	1,647,852			
11 Fees for services (non-employees)				
a Management				
b Legal	264,074			
c Accounting	102,400			
d Lobbying	39,231			
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,415,182			
12 Advertising and promotion				
13 Office expenses	2,945,086			
14 Information technology	550,585			
15 Royalties				
16 Occupancy	912,723			
17 Travel	7,564,554			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	362,866			
21 Payments to affiliates	15,631,002			
22 Depreciation, depletion, and amortization	957,957			
23 Insurance	196,544			
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 REIMB TO CA FOR UL	5,112,200			
b PAYMENTS TO CSEA	2,512,763			
c DLC ADMINISTRATION, FOR	1,112,871			
d MISCELLANEOUS EXPENSES	634,062			
e All other expenses	574,891			
25 Total functional expenses. Add lines 1 through 24e	63,921,447			
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part IX .			🗀
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	6,077,720	1	8,490,341
2 Savings and temporary cash investments	4,191,691	2	4,202,604
3 Piedges and grants receivable net		3	

Page **11**

75.249

36,430,972

7.383,295

328,616

7.255.032

3.060.041

18.026,984

16,020,882

2,383,106

18,403,988

36.430.972

Form **990** (2016)

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34

75.133

31,007,140

5,220,100

297,268

7.427.926

2.459.088

15,404,382

14.766.848

15,602,758

31,007,140

835.910

_	Takings and somporary sacriments and a second secon	, ,	_	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	5,738,539	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	

6,230,239 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

,		voluntary employees' beneficiary organizations Part II of Schedule L	(see in:	structions) Complete		6	
ets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			845,524	9	591,467
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	20,981,023			
	ь	Less accumulated depreciation	10 b	4,139,951	14,078,533	10c	16,841,072
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties . 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 26 Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances

13

14

15

16

17

18

19

20

21

Liabilities 22

Fund Balances

Assets or

Net

Investments—program-related See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees,

Intangible assets

Accounts payable and accrued expenses

Grants payable . . .

Deferred revenue . . .

Other assets See Part IV, line 11 . . .

Tax-exempt bond liabilities

☐ Both consolidated and separate basis

2c

3a

3b

Yes

Nο

Form 990 (2016)

Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Separate basis

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 68-0475305

Name: UNION OF CALIFORNIA STATE WORKERS

Form 990 (2016)

EMPLOYEES OF THE STATE OF CALIFORNIA

Form 990, Part III, Line 4a:

SEIU LOCAL 1000

EXPENSES INCURRED FOR THE LOCAL FOR ITS TAX EXEMPT PURPOSES OF REPRESENTING AND MAINTAINING DESIRABLE WORKING CONDITIONS FOR CIVIL SERVICE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensat Former Individual trustee or director Institutional MISC) related organizations MISC) below dotted organizations employee line)

YVONNE WALKER	70 00	_	v		30,309	
PRESIDENT		^	^		30,309	
TAMEKIA ROBINSON	70 00					
VICE PRESIDENT FOR ORGANIZING	•••••	×	X		25,730	
MARGARITA MALDONADO	70 00	.,	,		0.454	
VICE PRESIDENT FOR BARGAINING		X	Х		8,451	

VICE PRESIDENT FOR ORGANIZING	•••••	X	×		25,730	
MARGARITA MALDONADO	70 00	X	х		8,451	
VICE PRESIDENT FOR BARGAINING						
THERESA TAYLOR	40 00	×	x		5.126	
/ICE PRESIDENT AND SECRETARY-TREASURER					,	

KEVIN LENNON

BOARD MEMBER

BEVERLY ARIAS

BOARD MEMBER

BOARD MEMBER

SYBLE TOMPKINS

BOARD MEMBER

SANDRA GARCIA

BOARD MEMBER

CHARLIE VERA HOLLOWAY

RGARITA MALDONADO		×	x		8.451	
E PRESIDENT FOR BARGAINING			,,		3,131	
RESA TAYLOR E PRESIDENT AND SECRETARY-TREASURER	40 00	X	x		5,126	
CE WHEELED-OWENS	10 00					

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VICE PRESIDENT FOR BARGAINING		X	Х		8,451	U	
THERESA TAYLOR	40 00	×	X		5.126	0	
VICE PRESIDENT AND SECRETARY-TREASURER		^	^		3,120		
JOYCE WHEELER-OWENS	10 00	×			0	0	
BOARD MEMBER					Ĭ	Ĭ	

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensat Former Individual trustee or director Institutional organizations MISC) MISC) related below dotted organizations employee line) 37 00

CAROLELYNN LEONARDO Χ BOARD MEMBER 1 00 JANETTE HALL Х

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BOARD MEMBER

BOARD MEMBER

JOYCE MINZEY

BOARD MEMBER

DAVID MATANGA

BOARD MEMBER

BOARD MEMBER

DELEON SECREST

CHARLENE GONZALEZ

BEVERLY BROCKINGTON

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

KATHY EVANS

STEVEN ALARI

GWENDOLYN CRAWFORD

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensa Former Individual trustee or director Institutional organizations MISC) MISC) related below dotted organizations employee line) Truste

			ग		ted ted			
MANUEL RODRIGUEZ	37 00	_v				0	0	
BOARD MEMBER		_ ^				0	0	
JACK FUNK	1 00					0	0	
BOARD MEMBER		^				9	0	
DENNIS GONZALES	1 00							

		ΙX			 	1 07	
BOARD MEMBER		,					
DENNIS GONZALES	1 00	l 🗸			0	0	
BOARD MEMBER		_ ^			Ĭ		
REGINA WHITNEY	36 00	×			0	0	
SOARD MEMBER		,				ű	

DENNIS GONZALES		,				_	,	
BOARD MEMBER		_ ^				J	٥	
REGINA WHITNEY	36 00	l 🗸				0	0	
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JOYCELYN ODOM

BOARD MEMBER

TERESA HUBBARD

JEROME WASHINGTON

BOARD MEMBER

BOARD MEMBER

CHRISTINA EVITT

BOARD MEMBER

JAIME MOLINA

BOARD MEMBER

DENNIS GONZALES	1 00	×			0	0	
BOARD MEMBER		^					
REGINA WHITNEY	36 00	×			0	0	
BOARD MEMBER					Ţ		
WILLIAM HALL	1 00	×			0	0	

BOARD MEMBER	•••••	×			0	0	0	1
REGINA WHITNEY	36 00	×			0	0	0)
BOARD MEMBER		^				Ū		
WILLIAM HALL	1 00	×			0	0	0	1
BOARD MEMBER		^			ľ	Ĭ	Ĭ	

Compensated Employees, and Independent, Contractors (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation amount of other compensation person is both an officer week (list from the from related compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and Highest coi individual to or director Office Former Institution organizations MISC) MISC) related below dotted emplo organizations line)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

		trustee	ol Trustee) ee	mpensated				
DANA MEZA	3 00	l								
BOARD MEMBER		*						٥	U	
HAROLD FONG	1 00	l						0	0	
ROARD MEMBER		^	1	l			l	ľ	١	

DANA MEZA	3 00						
BOARD MEMBER		_ ^			٥	l o	
HAROLD FONG	1 00	l 🗸			0	0	
BOARD MEMBER		^			0	0	
BARBARA BELL	1 00	l 🗸			0	0	
BOARD MEMBER		^			٥	0	

HAROLD FONG	1 00	_v			_	0	0
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BARBARA BELL	1 00	×			0	0	600
BOARD MEMBER		_ ^					550
LEONARD SEITZ	1 00	×			0	0	0
BOARD MEMBER		_ ^					
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BOARD MEMBER									
BARBARA BELL	1 00	v					0	0	600
BOARD MEMBER		^						0	900
LEONARD SEITZ	1 00							0	0
BOARD MEMBER		_ ^					0	0	0
KWAJHALIEN DORN-DAVIS	1 00	, , , , , , , , , , , , , , , , , , ,							0
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BARBARA BELL	1 00						600
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MICHAEL ROSKEY

BOARD MEMBER

BOARD MEMBER

SHELIA BYARS

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

VINCENT CASTANON

KRISSE FELLS

FRAN PASS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director Institutional organizations MISC) MISC) related director below dotted organizations employee line) Trustee

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CAREY ROLAND WILSON	34 00	I ↓				0	
BOARD MEMBER		_ ^				0	
LATREECE SMITH	1 00	l 🗸				0	
BOARD MEMBER		_ ^				Ŭ	
TOMMY CORNLIUS	1 00						
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BOARD MEMBER JIM HOLVERSTOTT

BOARD MEMBER

CYNTHIA POWERS

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

IBYANG RIVERA

BOARD MEMBER

SYLVIA ROMOS

BOARD MEMBER

BOARD MEMBER

CINDY DOYEL

RENAY LEVINGSTON

EVE DICKSON

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Office Highest compens Former Individual trustee or director Institutional organizations MISC) MISC) related below dotted organizations employee line)

			व		ಯಕರ			
DIANA KING	2 00					0	0	
BOARD MEMBER		'`						
ANGELICA MILLER	15 00							

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ANGELICA MILLER	15 00	V		
BOARD MEMBER		_ ^		
JAVIER CARDENAS	1 00			

BOARD MEMBER

CRUZ NARANJO

BOARD MEMBER

RICK CALKINS

INNA LITKE

BUNC CHAIR

BRUCE THEEL

BUNC CHAIR

BUNC CHAIR

BUNC CHAIR

SOPHIA PEKINS

JAMES BRAD WILLIS

BOARD MEMBER

BOARD MEMBER

BRENDA MODKINS

Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless compensation hours per compensation week (list person is both an officer from the from related

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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RIONNA JONES

MIGUEL CORDOVA

	any hours and a director/trustee)					ustee)	organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ROBERT VEGA	40 00										
BUNC CHAIR		×						0	0	0	
MARIA PATTERSON	40 00										

(F)

Estimated

amount of other

compensation

		trustee	ol Trustee	,ee	നാലായുടി			
ROBERT VEGA BUNC CHAIR	40 00	х				0	0	
MARIA PATTERSON BUNC CHAIR	40 00	x				0	0	
KIMBERLY COWART	40 00							

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

OMB No 1545-0047

DLN: 93493319157047

Schedule C (Form 990 or 990-EZ) 2016

Cat No 50084S

Open to Public Inspection

EZ) Department of the Treasury www.irs.gov/form990. Internal Revenue Service

SCHEDULE C (Form 990 or 990-

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 **Employer identification number** UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 68-0475305 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 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 Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV 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 fileForm 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3 5 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

Return Reference

PART I-A, LINE 1

(b)

(a)

activi	ity	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	 1		
а	Volunteers?	1		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	(1
c	Media advertisements?	1		1
d	Mailings to members, legislators, or the public?	1		
e	Publications, or published or broadcast statements?	1		
f	Grants to other organizations for lobbying purposes?	1		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	1 ,		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	ı		
i	Other activities?	ı		
j	Total Add lines 1c through 1i	ı		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ι ,	1	
b	If "Yes," enter the amount of any tax incurred under section 4912	ı		1
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ι ,	1	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1 '	1	
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) (6).)(5), o	r secti	
1	Were substantially all (90% or more) dues received nondeductible by members?		٢	Yes No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		H	2 No
3	Did the organization make only in house lobbying expenditures of \$2,000 or less. Did the organization agree to carry over lobbying and political expenditures from the prior year?		H	3 No
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	1/5). (or sect	3 110
سنكا	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part 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).			
а	Current year	2a		
b	Carryover from last year	2b		
С	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		-
P	art IV Supplemental Information		-	-
	ovide the descriptions required for Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), tructions), and Part II-B, line 1 Also, complete this part for any additional information	Part II-	-A, lines	1 and 2 (see

IN CONNECTION WITH STATE AND/OR LOCAL CANDIDATE ELECTIONS

Explanation

THE LOCAL'S DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES INCLUDE MAKING EXPENDITURES

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

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493319157047

OMB No 1545-0047

2016

Supplemental Financial Statements

▶ 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.

Open to Public Inspection

Internal Revenue Service

Department of the Treasury

(Form 990)

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

	me of the organization ON OF CALIFORNIA STATE WORKERS		Emplo	yer identification	number	
	U LOCAL 1000		68-047			
Pa	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar Fund 'Yes' on Form 990, Part IV, line 6.	ds or Accou	ınts.		
		(a) Donor advised funds	(b) Fu	nds and other acco	unts	
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 funds are the organization's property, subject to t		or advised		 Yes □ No	
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			_	Yes 🗌 No	
Pa	rt III Conservation Easements. Complet	e if the organization answered "Yes" on	Form 990, P	art IV, line 7.		
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)				
	\square Preservation of land for public use (e g , rec	reation or education) \square Preservation	of an historica	lly important land	area	
	Protection of natural habitat	☐ Preservation	of a certified h	istoric structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	neld a qualified conservation contribution in the		nservation Held at the End o	of the Year	
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easemen	ts	2b			
С	Number of conservation easements on a certified historic structure included in (a) 2c					
d	Number of conservation easements included in (c) structure listed in the National Register	acquired after 8/17/06, and not on a historic	2d			
3	Number of conservation easements modified, trantax year ▶	nsferred, released, extinguished, or terminate	d by the orgar	nization during the		
4	Number of states where property subject to conse	ervation easement is located >				
5	Does the organization have a written policy regar and enforcement of the conservation easements i		dling of violatio	<u> </u>		
				☐ Yes	∐ No	
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing conservation	on easements durir	ng the year	
7	Amount of expenses incurred in monitoring, insper ▶ \$	ecting, handling of violations, and enforcing co	onservation ea	sements during the	e year	
8	Does each conservation easement reported on lin and section $170(h)(4)(B)(II)^2$	e 2(d) above satisfy the requirements of sect	ıon 170(h)(4)(B)(≀) ☐ Yes	□ No	
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text	of the footnote to the organization's financial		ment, and		
Par	the organization's accounting for conservation ear till Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historical Treasures, or	Other Simi	lar Assets.		
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	AS 116 (ASC 958), not to report in its revent eld for public exhibition, education, or researc	h in furtherand			
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1		1	> \$		
(i	i)Assets included in Form 990, Part X		ł	▶ \$		
2	If the organization received or held works of art, following amounts required to be reported under			· ·		
а	Revenue included on Form 990, Part VIII, line 1			▶ \$		
b	Assets included in Form 990, Part X			▶ \$		

 ${f d}$ Equipment .

	edule D (Form 990) 2016										Page 2
Par	t IIII Organizations Ma	aintaining Collections	of Art, Histo	rical T	reasu	res, or	Other	Similar As	sets (continued)	
3	Using the organization's acquitems (check all that apply)	usition, accession, and oth	er records, che	ck any of	the fol	llowing t	hat are a	significant u	ise of its	s collection	
а	Public exhibition		C		Loan	or excha	ange prog	ırams			
b	Scholarly research		€	: 🗆	Other						
С	Preservation for future	generations									
4	Provide a description of the c Part XIII	organization's collections ar	nd explain how	they furt	her the	organız	ation's e	xempt purpo	se in		
5	During the year, did the orga assets to be sold to raise fun							nılar	☐ Ye	es 🗆 N	lo
Pa		odial Arrangements. ganization answered "Ye	es" on Form 9	90, Part	: IV, lır	ne 9, or	reporte	ed an amou	int on F	-orm 990,	Part
1a	Is the organization an agent, included on Form 990, Part X		r intermediary	or contr	ibutions	s or othe	er assets	not	☐ Ye	es 🗆 N	lo
b	If "Yes," explain the arrange	ment in Part VIII and com-	lete the follows	na table		ſ		Δ	mount		_
c	Beginning balance	ment in rait xiii and comp	nete the followi	ing table		ŀ	1c		- Inounc		_
d	Additions during the year					Ì	1d				_
е	Distributions during the year						1e				_
f	Ending balance						1f				_
2 a	Did the organization include	an amount on Form 990, P	art X, line 21, f	or escrov	v or cus	stodial a	ccount lia	ability?	☐ Ye	es 🗆 N	— lo
b	II Tes, explain the arranger									<u> Ц</u>	
Pa	rt V Endowment Fund	is. Complete if the orga									
	D	(a)Curr	ent year (t	Prior yea	ar ((c)Two ye	ears back	(d)Three yea	ırs back	(e)Four yea	rs back
	Beginning of year balance . Contributions										
	Net investment earnings, gain	as and losses			+				\longrightarrow		
	Grants or scholarships				-+				\longrightarrow		
	Other expenditures for facilitie and programs										
f	Administrative expenses .										
g	End of year balance										
2	Provide the estimated percer	ntage of the current year e	nd balance (line	1a, colu	ımn (a)) held a	s				
а	Board designated or quasi-er		•	3,	()	,					
ь	Permanent endowment >										
С	Temporarily restricted endow	vment ▶									
За	The percentages on lines 2a, Are there endowment funds organization by	·		hat are h	neld and	d admını	stered fo	r the		Yes	No
	(i) unrelated organizations								3:	a(i)	
	(ii) related organizations .									a(ii)	
b	If "Yes" on 3a(II), are the rela	ated organizations listed as	required on So	hedule F	۲۶.					3b	
4	Describe in Part XIII the inte		ion's endowmer	nt funds							
Pa	rt VI Land, Buildings, a Complete if the org	and Equipment. ganization answered 'Ye	s' on Form 99	0, Part	IV, lın	e 11a.	See For	m 990, Par	t X, lın	e 10.	
	Description of property	(a) Cost or other basis (investment)	(b)Cost or oth	er basis (other)	(c)Accı	umulated d	epreciation	((d)Book valu	e
1a	Land			2	09,330						209,330
	Buildings				61,329			322,019			7,139,310
	Leasehold improvements		+		20.145			171.163			7.448.982

3,321,266

2,368,953

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

1,640,979

402,471

16,841,072

1,680,287

1,966,482

Part VII	Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.	ganızatıon ar	nswered 'Yes' on	Form 990, Part	IV, line 11b.
	(a) Description of security or category (including name of security)	(b) Bo		(c)Method of val	
(1)Financial	derivatives	:			
(3) Other		_			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12)	>	anguaged Weel o	n Farm 000 Day	+ T)/ line 11e
Part VIII	Investments—Program Related. Complete if the o See Form 990, Part X, line 13.				
	(a) Description of investment	(b) Book val		(c) Method of va st or end-of-year n	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 990,	Part IV, line 11d	See Form 990, Pa	t X, line 15 (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15)			•	
Part X	Other Liabilities. Complete if the organization answerse Form 990, Part X, line 25.	ered 'Yes' on	Form 990, Part	IV, line 11e or 1	1f.
1.	(a) Description of liability	(b) Book value	-	
(1) Federal I	ncome taxes				
ACCRUED V	ACATION		1,099,123		
CAPITAL LEA	ASES		708,407		
PER CAPITA	TAX PAYABLE		1,252,511		
(4)			, -,	1	
(5)				1	
(6)				-	
(7)				1	
(8)				-	
(9)				-	
	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	3,060,041	_	
	or uncertain tay positions. In Part VIII, provide the text of the				

Part XI

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а

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c

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b

d

е 3

а

b

c

Part XIII

5

4

b

Part XII

Schedule D (Form 990) 2016

Page 4

-1,220,682

66,759,876

66,759,876

63,943,706

1,135,130

62.808.576

1,112,871

63,921,447

Schedule D (Form 990) 2015

Recoveries of prior year grants . . . Other (Describe in Part XIII) . . Add lines 2a through 2d

Other (Describe in Part XIII)

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII)

Supplemental Information

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Subtract line 2e from line 1 .

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

2c Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2d

4b

Explanation

2a

2b

2d -1,220,682 4a 4b

2e 3 4c

1,135,130

1.112.871

2e

3

4c

5

Page 5	Schedule D (Form 990) 2015
inued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

Software ID: **Software Version:**

EIN: 68-0475305

Name: UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Supplemental Information Return Reference

Explanation

PART X. LINE 2

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMEN T TO EVALUATE TAX POSITIONS TAKEN BY THE LOCAL AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN UNCERTAIN TAX POSITIONS THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE T AX POSITIONS TAKEN BY THE LOCAL, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2016 AND 2015,

MANAGEMENT BELIEVES THAT THE LOCAL'S TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2013 TH ROUGH 2015 REMAIN SUBJECT TO EXAMINATION, BASED ON THE NORMAL STATUTORY PERIODS SUBJECT TO AUDIT, NOTWITHSTANDING ANY EVENTS OR CIRCUMSTANCES THAT MAY EXIST WHICH COULD EXPAND THE

OPEN PERIOD

THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN WHICH WOULD REOUIRE REC OGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	DLC ADMINISTRATION, FORFEITURES AND FEES -1,061,479 PAC ACTIVITY -159,203

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upplemental Information					
Return Reference	Explanation				
PART XII, LINE 2D - OTHER ADJUSTMENTS	PAC EXPENSES 1,135,130				

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Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DLC EXPENSES 1,112,871

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efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319157047

OMB No 1545-0047

2015

Open to Public

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.

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

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

Name of the organization Employer identification number UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 68-0475305 **Questions Regarding Compensation** Part I Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4с Νo 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. 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 The organization? 5а 5h Any related organization? If "Yes," on line 5a or 5b, describe in Part III 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 The organization? 6a 6b Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

ın Part III

section 53 4958-6(c)?

8

Schedule J (Form 990) 2015							Page 2
Part II Officers, Directors	, Trustees, Key E	mployees, and Hig	ghest Compensate	ed Employees. Use	duplicate copies i	f additional space is	needed.
For each individual whose compensa instructions, on row (ii) Do not list a Note. The sum of columns (B)(i)-(iii)	ny individuals that are	not listed on Form 990	, Part VII	.,	-	·	
(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	Base (ı) compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(1)-(D)	column(B) reported as deferred on prior Form 990

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

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FOR OFFICIAL UNION BUSINESS - 122,100 RIONNA JONES - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION		· ·
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efile GRAPH	IIC print - DO NOT PROCESS	As Filed Data -		DLN:	93493319157047	
SCHEDUL	E O Supplement	tal Informatic	on to Form 990 or 9	90 EZ	OMB No 1545-0047	
(Form 990 or EZ) Department of the T	2016 Open to Public Inspection					
Internal Revenue Se Name of the org UNION OF CALIFO SEIU LOCAL 1000	anization RNIA STATE WORKERS			Employer ident	ification number	
990 Schedul	e O, Supplemental Informatio	n				
Return Reference			Explanation			
FORM 990, PART VI, SECTION A, LINE 6	PART VI, SECTION A,					

Return Explanation
Reference

LINE 7A

FORM 990, THE LOCAL'S MEMBERS ELECT THE MEMBERS OF THE GOVERNING BOARD SECTION A,

Return Explanation

LINE 7B

FORM 990, PART VI, SECTION A.

THE OPERATING DECISIONS OF THE LOCAL ARE SUBJECT TO APPROVAL BY THE LOCAL'S BOARD OF DIRECTORS WHICH IS ELECTED BY MEMBERSHIP

Return Explanation
Reference

LINE 8B

FORM 990, MINUTES OF MEETINGS HELD BY OTHER COMMITTEES ARE NOT DOCUMENTED AS THESE COMMITTEES DO NOT PART VI, HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY ALL DECISIONS AND RECOMMENDATI SECTION A, ONS MUST BE APPROVED BY THE GOVERNING BODY

Return Explanation
Reference

FORM 990,	COPIES OF THE LOCAL'S FORM 990, INCLUDING REQUIRED SCHEDULES, WERE PROVIDED TO EACH MEMBER
PART VI,	OF THE LOCAL'S EXECUTIVE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS THE EXECUTIVE OFF
SECTION B,	ICERS AND MANAGEMENT REVIEWED THE FORM 990, INCLUDING REQUIRED SCHEDULES, PRIOR TO FILING
LINE 11B	WITH THE IRS

Return Reference	Explanation
PART VI,	ALL BOARD MEMBERS AND STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY ANNUALLY, D ISCLOSURE OF RELATIONSHIPS OR INTERESTS THAT COULD GIVE RISE TO A CONFLICT IS PROVIDED TO THE EXECUTIVE BOARD THE EXECUTIVE BOARD (OFFICERS AND TRUSTEES) REVIEW THE DISCLOSURES PRO VIDED ON AN ANNUAL BASIS TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER TO IMPOSE CERTAIN RESTRICTIONS ON A PERSON WITH A CONFLICT OF INTEREST

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990, PART VI, SECTION B, LINE 15

ELATED BUSINESS (UNION LEAVE) IN 2016, STIPENDS WERE APPROVED FOR THE FOUR STATEWIDE OFFIC ERS. PAID DIRECTLY BY THE LOCAL

Return Explanation

FORM 990, THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST PART VI, SECTION C, LINE 18

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information Return Explanation Reference

THE BOARD OF DIRECTORS USE LEAVE TIME FROM THE STATE OF CALIFORNIA TO PERFORM VARIOUS DUTI

PART VII,	ES FOR THE LOCAL THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THIS TIME BASED ON THE
SECTION A,	COLLECTIVE BARGAINING AGREEMENT IN PLACE WITH THE STATE THE REIMBURSEMENT IS BASED ON THE
LINE 5	DIRECTOR'S ACTUAL STATE PAY (PLUS 35% FOR BENEFITS) AT THE TIME OF THE LEAVE A LIST OF T
	HESE SALARY AND BENEFITS REIMBURSEMENTS TO THE STATE OF CALIFORNIA IS PROVIDED IN SCHEDULE
	J, PART III IN 2016, STIPENDS WERE APPROVED FOR THE FOUR STATEWIDE OFFICERS, PAID DIRECT
	LY BY THE LOCAL THE COMPENSATION REPORTED IN PART VII REFLECTS THESE STIPENDS AND ADDITIO
	NAL MINOR EXPENSE STIPENDS FOR OTHER DIRECTORS
<u> </u>	

FORM 990.

Return Explanation
Reference

FORM 990, PAC ACCOUNTS PAYABLE REMOVED FROM BALANCE SHEET -37,199
PART XI,

990 Schedule O, Supplemental Information

LINE 9

Explanation Return Reference

FORM 990. THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR

990 Schedule O, Supplemental Information

PART XII, LINE 2C

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

► Attach to Form 990.

(Form 990)

Department of the Treasury

Name of the organization UNION OF CALIFORNIA STATE WORKERS

Internal Revenue Service

SEIU LOCAL 1000

Related Organizations and Unrelated Partnerships

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

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

2016

DLN: 93493319157047 OMB No 1545-0047

Open to Public

Inspection Employer identification number

68-0475305

Part I Identification of Disregarded Entities Complet			· · · · · · · · · · · · · · · · · · ·		/£\		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (s or foreign count		(e) End-of-year assets	s Direct controlling entity		
L) UNION OF CALIFORNIA STATE WORKERS PROPERTIES LLC 308 14TH STREET ACRAMENTO, CA 958117131	MAINTAIN, MANAGE A HOLD TITLE TO THE R PROPERTY OF THE LOC	EAL			THE UNION OF CALIFORNIA WORKERS	STATE	_
							_
							_
							_
							_
Part II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax years.		inization answered	1 "Yes" on Form 99	D, Part IV, line 34	because it had one or	more	
(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	Section (13) co	9) 512(b) ntrolled ity?
						Yes	No
1)SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE 55 CAPITAL MALL SUITE 1425 ACRAMENTO, CA 958144602 4-2032142	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527		UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		No
2)SEIU LOCAL 1000 KEEPING CALIF HEALTHY AND SAFE AND STRONG 55 CAPITAL MALL SUITE 1425 ACRAMENTO, CA 958144602 6-3463027	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527		UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		No
0-3-40,5027							
or Paperwork Reduction Act Notice, see the Instructions for Fo	 rm 990.	Cat No 501	35Y		Schedule R (Form	990) 20	016

4.3		1 // // //	1 , 1	4.15	1 4	1 40	1 .			1 ()	1 4	., 1	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income		(H Disprop alloca	rtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	ral or aging ner?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
											\vdash		
		1	1		1		1		1				
Identification of Related Organizat because it had one or more related org						zation ansv	vered "Yes	" on Fo	orm 99	90, Part IV	, line	34	
		a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ (C co	(e)	vered "Yes (f) Share of total income	Share	(g) of end- year assets	(1	1) ntage	Se (1	(I) ection 512 3) control entity?
because it had one or more related org (a) Name, address, and EIN of	ganizations treated as	a corporation	on or trus (c) egal micile	st during th	(d) controlling entity Typ (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	control
because it had one or more related org (a) Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a) Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a) Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a) Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?

Schedule R (Form 990) 2016

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		Yes	No				
1 During the tax year, did the orgranization 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	1a		No				
b Gift, grant, or capital contribution to related organization(s)	1 b		No				
c Gift, grant, or capital contribution from related organization(s)	1c		No				
d Loans or loan guarantees to or for related organization(s)	1d		No				
e Loans or loan guarantees by related organization(s)	1e		No				
f Dividends from related organization(s)	1 f		No				
g Sale of assets to related organization(s)	1 g		No				
h Purchase of assets from related organization(s)	1h		No				
i Exchange of assets with related organization(s)	1 i		No				
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No				
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No				
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No				
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No				

i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	10	No
Powerly was and be unliked assessment of a few surveys	4	No.

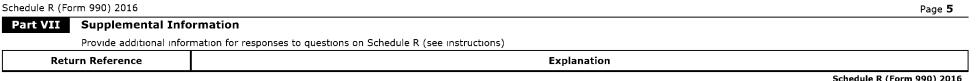
p Reimbursement paid to related organization(s) for expenses 1q Yes **q** Reimbursement paid by related organization(s) for expenses . . . 1r Yes 1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) (b) (d) (c) Name of related organization Amount involved Method of determining amount involved Transaction type (a-s)

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

1													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		<u></u>	(k) Percentage ownership
			514)	Yes	No	!		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	D) 2016



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

2017

DLN: 93493319059098 OMB No 1545-0047

Department of the Treasury

foundations) ▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www IRS qov/form990

Interna	l Reve	enue Service						.,,			Inspection		
A F	or th	e 2017 ca	lendar year, or tax yea	r beginn	ing 01-01-2017 ,	and ending 12-3:	L-2017						
B Che	ck ıf a	applicable	C Name of organization UNION OF CALIFORNIA STA	TE WORK	=RS				D Employ	er ıdentıfı	cation number		
		change	SEIU LOCAL 1000							68-0475305			
☐ Ini		nange eturn	Doing business as										
☐ Fin-	al retur	rn/terminated							E Telephone number				
☐ Amended return Number and street (or P O box if mail is not delivered to s ☐ Application pending 1808 14TH STREET					I is not delivered to stree	et address) Room/su	te		Стејерног	ie number			
⊔ Ар	piicati	ion penaing	City or town, state or provi	nce counti	ry and ZIP or foreign no	stal code							
			SACRAMENTO, CA 958117		y, and 211 of foreign po	star code			G Gross re	ceints \$ 67	' 377 279		
			F Name and address of	principal	officer		H(a)	Is this	a group re	•	,5,,,2,,		
			YVONNE WALKER				(4)		dinates?	carri roi	□Yes ☑ No		
			1808 14TH STREET SACRAMENTO, CA 9581:	17131			H(b)	Are all	subordinat	es	☐ Yes ☐No		
I Ta	k-exer	mpt status	☐ 501(c)(3) ☑ 501(c)) (5) ◀ (ı	nsert no)	a)(1) or		include		ıst (see ı	instructions)		
J W	ebsit	te:► WW	W SEIU1000 ORG	, (0) 1 (.		-/(1/ 0 01/	H(c)		exemption		•		
K Forr	n of o	rganization	✓ Corporation ☐ Trust	Associ	ation 🔲 Other 🕨		L Year (of forma	tion 2001	M State of	of legal domicile CA		
Do	rt I	Sumi	M 2 H 1										
			cribe the organization's m	ission or	most significant activ	uties							
		TO RÉPRES	SENT CERTAÎN CIVIL SER\	/ICE EMP	LOYEES OF THE STAT	TE OF CALIFORNIA							
a)			(ING CONDITIONS,ASSIS AL AND CLASS BASIS, TEC										
E C			BENEFICIAL TO STATE E										
Ĕ													
Activities & Governance													
জ জ			box $\blacktriangleright \Box$ if the organization						of its net a				
~ *	l		f voting members of the g							3	64		
Ě	l		f independent voting men						•	5	64		
} ct	ı		iber of individuals employe iber of volunteers (estima		,				•	6			
•	l		elated business revenue fr						•	7a	33,972		
	l		ated business taxable inco					•	•	7a 7b	-43		
	۳	Net uniten	ated business taxable inco	ine nom	10mm 550 1, mie 54		÷	Pric	r Year	1751	Current Year		
_	8	Contribut	ons and grants (Part VIII,	line 1h)						o	(
Ravenue	9	Program s	service revenue (Part VIII,	line 2g)					65,779,	352	66,512,603		
θΛċΙ	10	Investme	nt income (Part VIII, colur	mn (A), lı	nes 3, 4, and 7d)				10,	990	31,513		
<u> </u>	11	Other rev	enue (Part VIII, column (A	A), lines 5	5, 6d, 8c, 9c, 10c, an	d 11e)			969,	034	833,163		
	12	Total reve	nue—add lines 8 through	11 (must	equal Part VIII, colu	ımn (A), lıne 12)			66,759,	376	67,377,279		
	13	Grants an	d sımılar amounts paıd (P	art IX, co	lumn (A), lines 1–3)					0	(
	14	Benefits p	aid to or for members (Pa	ırt IX, col	umn (A), line 4).				142,	770	164,865		
${\mathfrak L}$	15	Salaries,	other compensation, empl	oyee ben	efits (Part IX, columr	n (A), lines 5-10)			21,889,	586	21,912,44		
Expenses	16 a	Professio	nal fundraising fees (Part :	IX, colum	ın (A), lıne 11e) .					0	(
Ř	l		aising expenses (Part IX, colur		· -								
ш	l	•	enses (Part IX, column (A						41,888,	_	36,239,386		
	l		enses Add lines 13–17 (m						63,921,	_	58,316,692		
. 0	19	Revenue	ess expenses Subtract lir	ne 18 fror	m line 12		D		2,838,	_	9,060,587		
Net Assets or Fund Balances							Вед	inning (of Current Y	ear	End of Year		
ss et	20	Total asse	ets (Part X, line 16)						36,430,	972	45,403,967		
A A	l	1 Total liabilities (Part X, line 26)							18,026,	984	17,865,270		
ΣŢ	22	Net asset	s or fund balances Subtra	ct line 21	from line 20				18,403,	988	27,538,697		
Pai			ture Block										
			erjury, I declare that I hav , it is true, correct, and co										
any k			, ic is true, correct, and co	viihiere	occidiation of prepa								
		TK											
C:~~		Signatu	re of officer										
Sign Here		VVONN	E WALKER PRESIDENT										
_			print name and title										
			int/Type preparer's name		Preparer's signature								
ъ.		12	COTT E HALLBERG CPA		SCOTT E HALLBERG CI								

May the IRS discuss this return with the preparer shown above? (see instruc For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address ► 7501 WISCONSIN AVE 1200W

BETHESDA, MD 20814

Paid

Preparer

Use Only

Form	990 (2	2017)				Page 2	
Par	t III	Statement of Progra	am Service Acc	omplishments			
		Check if Schedule O cont	ains a response or	note to any line in this Part III		🗆	
1	Briefly	y describe the organization	's mission				
		E ASSISTANCE IN MATTER: AND RETIREES	S OF JOB CLASSIF	ICATION, AND LEGISLATIVE ADV	OCACY IN SUPPORT OF PROGRAMS	BENEFICIAL TO STATE	
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 th	Did the organization cease conducting, or make significant changes in how it conducts, any program					
	services?					☐ Yes 🗹 No	
4	Descr Section	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) (Exp	enses \$	including grants of \$) (Revenue \$)	
	•	dditional Data				,	
4b	(Code) (Exp	enses \$	ıncludıng grants of \$) (Revenue \$)	
4c	(Code) (Exp	enses \$	including grants of \$) (Revenue \$)	
4d		r program services (Descril	pe in Schedule O) including (grants of \$) (Revenue \$)	
4e	Total	Total program service expenses ▶					

16

17

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Page 3

4

5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
.0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
.7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
.8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
.9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
		F	orm 99 0	0 (2017)

29

Part IV Checklist of Required Schedules (continued)

Yes

No

Page 4

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20b 21

Nο Nο

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes,

22 Yes 23

24a 24b 24c

24d

25a

25b

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28a

28b

28c

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35a

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Yes

Yes

Yes

Form 990 (2017)

Νo

Νo

Nο

orm	990 (2017)			Page 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	Fortunation according to 2 of Forms 1000 Fortun 0 of each completely.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 125 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
С	1 200 1			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

	990 (2017)	,		Page 0
Par	TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
				✓
Sa	Check if Schedule O contains a response or note to any line in this Part VI	• •		
30	Ction A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year a 4		103	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 64			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	'		
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗹 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records STEVE SCHMIDT 1808 14TH STREET SACRAMENTO, CA 95811 (866) 471-7348			

compensated employees, and former such persons

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

Part VII

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

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

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

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

organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

- 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

L Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the compensation from related organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest oc employee individual trustee or director Officer Former organizations MISC) related Institutional Trustee below dotted organizations employee line) compensated

See Additional Data Table Form 990 (2017)

Page **8**

Part VII Section A. Officers, Direc	ctors, Trustee	s, Key	Emp	loye	геs,	, and	Hig'	nest Co	ompen	sate	d Employees	(cont	tinued)	Page 8
(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	oox, u an off ctor/t	ot che unles fficer trust	eck moss ss pers r and a tee)	son a	Rep comp fro organi	(D) portable pensation om the properties (W-		Reportable compensation from related organizations (W-		(F) Estima amount of compens from t	ited f other sation the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/10:)99-MIS(C)	2/1099-MISC	,	organizati relate organiza	ed
See Additional Data Table												\perp		
			igg											
												$\frac{1}{2}$		
	<u></u>	<u> </u>	igspace	lacksquare		lacksquare	<u> </u>					$\frac{1}{1}$		
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		 	_	\vdash	 	_	+			-		+		
1b Sub-Total	Part VII, Sectio			<u>. </u>	<u>. </u>	 	<u></u>	<u> </u>		_		 		
d Total (add lines 1b and 1c)						▶		4	142,779	-		0		6,93
2 Total number of individuals (including of reportable compensation from the			ie lisu	ea a		e) wno	, rec	elveu	ore una	n ֆ_c				
3 Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			tee, ke		mpl/	oyee,	or hı	ghest co	ompens	ated	employee on	3	Yes	No No
For any individual listed on line 1a, is organization and related organization individual	ns greater than \$	\$150,00	00? <i>Iḟ</i>								the .			
5 Did any person listed on line 1a recei services rendered to the organization	eive or accrue cor	mpensat	tion fr						:ation or	· · indiv	vidual for	5	Yes	No
Section B. Independent Contract			<u> </u>	_	_		_							
Complete this table for your five high from the organization Report compe												npen _	sation 	
Name	(A) and business addre	ess							T	Descr	(B) option of services		(C) Compen	
CALIFORNIA STATE EMPLOYEES ASSOCIATION											ATIVE SERVICES			,845,772
.108 O STREET SACRAMENTO, CA 95816 HOLIDAY INN SACRAMENTO DOWNTOWN-ARENA									CONFE	RENC	E SERVICES			654,190
300 J STREET SACRAMENTO, CA 95814										1861.4				00 1,25
COMMERCE PRINTING SERVICE									PRINTI	NG SE	ERVICES			570,726
B22 NORTH 12TH ST SACRAMENTO, CA 95811 HILTON SAN DIEGO BAYFRONT									CONFE	RENC	E SERVICES			515,034
1 PARK BLVD										NLIVO.	_ 351/41053			313,00
SAN DIEGO, CA 92101 KDC CONSTRUCTION DBA KDC SERVICE & MAINT	ſ								CONST	RUCT	ION SERVICE			477,10
1442 E LINCOLN AVE 334 ORANGE, CA 92865														
Total number of independent contracto	ors (including bu	t not lin	nited '	to th		listed	abo	ve) who	receive	-d mc	ore than \$100.00	00 of		

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 ▶ 12

Part		I Statement of	Revenue								rage 3
				a respo	onse or note to any	line in thi	ıs Part VIII				🗆
				·		(A Total re	1)	(B) Related or exempt function	ı	(C) Jnrelated business	(D) Revenue excluded from tax under sections
	1:	a Federated campaign	ns	1a	<u> </u>			revenue			512-514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues .		1b	<u> </u>						
ira nou		c Fundraising events		1c	<u> </u> 						
s. (An		d Related organization		1d	<u> </u>						
Gift		e Government grants (co		1e	<u> </u>						
ii.		F All other contributions,	,	_ 	<u> </u>						
tior sr S		and similar amounts no above		1f							
혈	١,	g Noncash contribution	ns included								
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a-1f \$									
<u>ة</u> ك	_ t	Total. Add lines 1a-1	f		<u> </u>						
He .					Business						
٧٠.	2 a	MEMBER DUES AND ASS	SESS			900099	66,5	12,603 66	,512,603		
o <u>¥</u>	b										+
, AIC	С										+
₹	d										
ranı	e f	All other program se									
Program Service Revenue		· -			66,	512,603					
		Total.Add lines 2a-2f			interest and other	1					
		Investment income (ir similar amounts) .			interest, and other	<u> </u>	31,513				31,513
		Income from investme		-	ond proceeds	•					
	5	Royalties			•	<u> </u>					
	62	Gross rents	(ı) Rea		(II) Personal	_					
	O.	01033 10113		500							
	Ŀ	Less rental expenses		0							
		: Rental income or		500		\dashv					
		(loss)					500				
	c	Net rental income oi					500		500		
	7 a	Gross amount from sales of assets other than inventory	(ı) Securit	iles	(II) Other						
		Less cost or other basis and sales expenses									
		Gain or (loss) Net gain or (loss)				_					
		Gross income from fu			<u> </u>	_					
Other Revenue		(not including \$ contributions reporte See Part IV, line 18	d on line 1c)	of							
Re		Less direct expenses		b							
her		: Net income or (loss) i Gross income from g		-	rents •				-		
ŏ	Ja	See Part IV, line 19		e 5							
				а							
		Less direct expenses : Net income or (loss)		Ь							
		Gross sales of invent returns and allowanc	ory, less	activit	les •						
	Ŀ	Less cost of goods s	old	a b							
	C	Net income or (loss) Miscellaneous		invent	Business Code				\perp		
	11	·aMISCELLANEOUS	Revenue		90009	99	414,801	414,	801		
							ř				
	t	STATE BAR SERVICI	NG FEES		90009	99	278,309	278,	309		
	c	PRIOR PERIOD INCO	PME		90009	9	105,581	105,	581		
	c	All other revenue .					33,972			33,972	
	e	Total. Add lines 11a	-11d		•		832,663				
	12	Total revenue. See	Instructions				67.377.279		704	22.072	24 542
							0/,3//,2/9	67,311,	/94	33,972	31,513 Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX		<u></u>	<u> 🗆</u>
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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members	164,865			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,658,111			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,635,543			
9 Other employee benefits	3,036,851			
10 Payroll taxes	1,581,936			
11 Fees for services (non-employees)				
a Management				
b Legal	276,506			
c Accounting	119,500			
d Lobbying	37,513			
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,476,207			
12 Advertising and promotion				
13 Office expenses	2,344,595			
14 Information technology	473,790			
15 Royalties				
16 Occupancy	883,813			
17 Travel	4,780,141			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	339,565			
21 Payments to affiliates	15,717,456			
22 Depreciation, depletion, and amortization	937,614			
23 Insurance	194,119			
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 REIMB TO CA FOR UL	4,415,991			
b PAYMENTS TO CSEA	1,403,824			
c DLC ADMINISTRATION, FOR	1,038,085			
d MISCELLANEOUS EXPENSES	304,676			
e All other expenses	495,991			
25 Total functional expenses. Add lines 1 through 24e	58,316,692			
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 In if following SOP 98-2 (ASC 958-720)			1	1

26

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33

34

Fund Balances

Assets or

Net

7,461,804

14,211,515

6.518.403

561,171

16,572,999

78.075

45.403.967

7,456,292

311.056

7.073.609

3,024,313

24,643,477

2.895.220

27,538,697

45.403.967 Form **990** (2017)

(B) End of year

Page **11**

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

1	Cash-non-interest-bearing	8,490,341
2	Savings and temporary cash investments	4,202,604
3	Pledges and grants receivable, net	

2 3 3 6.230.239 4 Accounts receivable, net . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5

(A)

Beginning of year

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591,467

16.841.072

75.249

36.430.972

7.383.295

328.616

7.255.032

3.060.041

18.026.984

16.020.882

2.383.106

18,403,988

36.430.972

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . Assets Notes and loans receivable, net Inventories for sale or use .

Prepaid expenses and deferred charges 10a 21,657,876

basis Complete Part VI of Schedule D 5,084,877 10b

10a Land, buildings, and equipment cost or other **b** Less accumulated depreciation 11 Investments—publicly traded securities . 12 Investments—other securities See Part IV, line 11 . . .

Investments—program-related See Part IV, line 11

13

14 Intangible assets

15 Other assets See Part IV, line 11 16

17 Accounts payable and accrued expenses 18 Grants payable . . .

Total assets.Add lines 1 through 15 (must equal line 34) . . 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . .

Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

21 22 persons Complete Part II of Schedule L .

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Liabilities 23 24 25

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

and other liabilities not included on lines 17-24)

Complete Part X of Schedule D

Other liabilities (including federal income tax, payables to related third parties,

Total liabilities. Add lines 17 through 25 .

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets

Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ 🔲 and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

27

17.865,270 26

Page **12**

Yes

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5

Form 990 (2017)

5 Donated services and use of facilities 6

18,403,988 7 Investment expenses 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9

Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Check if Schedule O contains a response or note to any line in this Part XII

74,122 27,538,697 Part XIII Financial Statements and Reporting **✓**

Yes No ☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other." explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a No If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? 2b Yes 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

✓ Consolidated basis Separate basis ☐ Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

Audit Act and OMB Circular A-133? 3а Nο b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form 990 (2017)

Additional Data

Software ID: Software Version:

EIN: 68-0475305

Form 990 (2017)

EMPLOYEES OF THE STATE OF CALIFORNIA

Form 990, Part III, Line 4a:

Name: UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

EXPENSES INCURRED FOR THE LOCAL FOR ITS TAX EXEMPT PURPOSES OF REPRESENTING AND MAINTAINING DESIRABLE WORKING CONDITIONS FOR CIVIL SERVICE

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average compensation hours per than one box, unless compensation amount of other week (list person is both an officer from the from related compensation

	any hours					ustee)	ee) organization organizations		from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
YVONNE WALKER PRESIDENT	70 00 2 00	×		×				60,012	0	0
TAMEKIA ROBINSON VICE PRESIDENT FOR ORGANIZ	70 00	х		х				50,969	0	0
MARGARITA MALDONADO VICE PRESIDENT FOR BARGAIN	70 00 0 50	×		х				16,733	0	0
THERESA TAYLOR	40 00	×		х				15,065	0	0

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VICE PRESIDENT FOR BARGAIN
THERESA TAYLOR
VICE PRESIDENT AND SECRETA
JOYCE WHEELER-OWENS

.......

BOARD MEMBER

KEVIN LENNON

BOARD MEMBER

BEVERLY ARIAS

BOARD MEMBER

BOARD MEMBER

SYBLE TOMPKINS

BOARD MEMBER

SANDRA GARCIA

BOARD MEMBER

CHARLIE VERA HOLLOWAY

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average compensation hours per than one box, unless compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations

and Independent Contractors

BOARD MEMBER

STEVEN ALARI

BOARD MEMBER

DELEON SECREST

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

KATHY EVANS

MISTY DEL ROSARIO

BEVERLY BROCKINGTON

..........

	any hours	and	a dır	recto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CAROLELYNN LEONARDO BOARD MEMBER	35 00	x						0	0	0
JANETTE HALL BOARD MEMBER	2 00	х						0	0	0
GWENDOLYN CRAWFORD BOARD MEMBER	2 00	x						0	0	0
	5.00	I	1	1	1					

37412112117122		Ιx			n	0	
BOARD MEMBER		^			3	3	
GWENDOLYN CRAWFORD	2 00	_			0	0	
BOARD MEMBER		^			0	0	
DALIA JARAMILLO	5 00	×			0	C	
BOARD MEMBER		^				5	
DAVID MATANGA	2 00						

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation

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

	any hours	and	a dır	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MANUEL RODRIGUEZ BOARD MEMBER	29 00	×						0	0	0
JACK FUNK BOARD MEMBER	2 00	х						0	0	0
DENNIS GONZALES	2 00	×						0	0	0

BOARD MEMBER						
JACK FUNK	2 00	×			0	
BOARD MEMBER		^			3	
DENNIS GONZALES	2 00	×			0	
BOARD MEMBER		^			7	
REGINA WHITNEY	35 00				0	
BOARD MEMBER		*				

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and Independent Contractors

WILLIAM HALL

BOARD MEMBER

JOYCELYN ODOM

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

CHRISTINA EVITT

BOARD MEMBER

JAIME MOLINA

BOARD MEMBER

TERESA HUBBARD

JEROME WASHINGTON

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average compensation hours per than one box, unless compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

	any nours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
DANA MEZA BOARD MEMBER	2 00	x						0	0	0	
HAROLD FONG BOARD MEMBER	2 00	x						0	0	0	
BARBARA BELL BOARD MEMBER	2 00	x						0	0	600	
LEONARD SEITZ	2 00										

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BOARD MEMBER		
BARBARA BELL	2 00	
BOARD MEMBER		
LEONARD SEITZ	2 00	
BOARD MEMBER		

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and Independent Contractors

KWAJHALIEN DORN-DAVIS

BOARD MEMBER

MICHAEL ROSKEY

BOARD MEMBER

BOARD MEMBER

SHELIA BYARS

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

VINCENT CASTANON

KRISSE FELLS

FRAN PASS

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from related compensation from the

and Independent Contractors

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

IBYANG RIVERA

BOARD MEMBER

SYLVIA RAMOS

BOARD MEMBER

BOARD MEMBER

CINDY DOYEL

RENAY LEVINGSTON

...........

EVE DICKSON

	any hours	and	a dır	ecto	r/tr	ustee)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	-E	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
CAREY ROLAND WILSON BOARD MEMBER	8 00	x						0	0	0	
LATREECE SMITH BOARD MEMBER	2 00	x						0	0	0	
TOMMY CORNLIUS	2 00	×						0	0	0	

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BOARD MEMBER		^			0	0	
TOMMY CORNLIUS	2 00	×			0	0	
BOARD MEMBER		^			Ŭ	5	
JIM HOLVERSTOTT	2 00	×			0	0	
BOARD MEMBER		^			J	5	
CYNTHIA POWERS	2 00						

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average compensation hours per than one box, unless compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

INNA LITKE

BOARD MEMBER

BUNC CHAIR

BRUCE THEEL

BUNC CHAIR

BUNC CHAIR

BUNC CHAIR

SOPHIA PEKINS

JAMES BRAD WILLIS

BRENDA MODKINS

..........

	any hours					ustee		organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JOSE MEDINA BOARD MEMBER	3 00	×						0	0	0	
ANGELICA MILLER BOARD MEMBER	20 00	х						0	0	0	
JAVIER CARDENAS BOARD MEMBER	2 00	х						0	0	0	

BOARD MEMBER						
JAVIER CARDENAS	2 00	l			0	
BOARD MEMBER		^				
CRUZ NARANJO	2 00					
BOARD MEMBER		^			U	

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JAVIER CARDENAS	2 00	l 🗸			_	٥	
BOARD MEMBER		^				o d	
CRUZ NARANJO	2 00	I ↓			0	0	
BOARD MEMBER		_ ^				0	
RICK CALKINS	3 00	l			0	0	
BOARD MEMBER		^				l "	

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ANGELICA MILLER BOARD MEMBER	20 00	1 1			0	0	0
JAVIER CARDENAS BOARD MEMBER	2 00	×			0	0	0
CRUZ NARANJO BOARD MEMBER	2 00	1 1			0	0	0

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(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per person is both an officer week (list from the from related compensation

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ROBERT VEGA BUNC CHAIR	35 00	×						0	0	0	
MARIA PATTERSON BUNC CHAIR	32 00	x						0	0	0	
KIMBERLY COWART BUNC CHAIR	35 00	×						0	0	0	
RIONNA JONES BUNC CHAIR	37 00	×						0	0	0	

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BUNC CHAIR
RIONNA JONES
BUNC CHAIR
MIGUEL CORDOVA
BUNC CHAIR
CATHERINE PEACOCK

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

WANDRA PITTS

BOARD MEMBER

KERI KLINE

SHRHONDA WARD

TIFFANY CONTRERAS

.......

and Independent Contractors

and Independent Contractors (A)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	
BRENDA RODGERS BOARD MEMBER	2 00	

person is and a di Individual

Position (do not chec than one box, un person is both an c and a director/tru								
Individual trustee or director	Institutional Trustee	Officer	key employee	Chilipacaco				
x								

(C)

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

neck mor unless n officer rustee)							
	Highest compensated employee	1 01 11 12					

	COI
	or (V
Former	(V

Reportable compensation from the organization (W- 2/1099-MISC)	
0	

(D)



(E)

Reportable

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public

DLN: 93493319059098

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 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) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Inspection

f the	Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha	on Form 990, Part IV, Line 4, or Form at have filed Form 5768 (election under at have NOT filed Form 5768 (election under Form 990, Part IV, Line 5 (Proxy Tans), then	section 501(h)) Co inder section 501(h	mplete Pa)) Comple	rt II-A Do not e te Part II-B Do	complete Part o not complete	Part II-A
Nar UNI	me of the organization ON OF CALIFORNIA STATE WORKERS U LOCAL 1000	izations complete rait in			Employer ide	entification n	umber
Par	t I-A Complete if the orga	nization is exempt under secti	on 501(c) or is	a section		nization.	
1		nization's direct and indirect political ca					of
2	Political campaign activity expen	ditures (see instructions)			>	\$	
3	Volunteer hours for political cam	paign activities (see instructions)					
Par	t I-B Complete if the orga	nization is exempt under secti	on 501(c)(3).				
1	Enter the amount of any excise t	ax incurred by the organization under s	section 4955		•	\$	
2	Enter the amount of any excise t	ax incurred by organization managers	under section 4955		•	\$	
3	If the organization incurred a sec	ction 4955 tax, did it file Form 4720 for	this year?			☐ Yes	i □ No
4a	Was a correction made?					☐ Yes	i □ No
	If "Yes," describe in Part IV t I-C Complete if the orga	anization is exempt under secti	on 501(c) eve	nt section	on 501(c)(3	31	
1	<u> </u>	ded by the filing organization for section		-		\$	
2	, ,	ganization's funds contributed to other	•			\$ \$	
3		res Add lines 1 and 2 Enter here and o	on Form 1120-POL,	lıne 17b	>	\$	
4	Did the filing organization file Fo	rm 1120-POL for this year?				☐ Yes	
5	organization made payments Fo of political contributions received	employer identification number (EIN) of or each organization listed, enter the and if that were promptly and directly delive tee (PAC) If additional space is needed	nount paid from the red to a separate p	filing orga olitical org	inization's func anization, such	hich the filing ds Also enter t	he amount
	(a) Name	(b) Address	(c) EIN	filing o	ount paid from organization's If none, enter -0-	contribution and profile directly described separate organizati	nt of political ons received mptly and elivered to a e political on If none, er -0-
(1) 9	SEIU LOCAL 1000 CANDIDATE PAC	555 CAPITAL MALL SUITE 1425 SACRAMENTO, CA 958144602	34-2032142				1,572,288
2							
3							
1							
5							
5							
or P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 500845	Schedule C	C (Form 990 or 9	990-EZ) 2017

activity

Volunteers?

Media advertisements?

expenditure next year?

Return Reference

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

5

Part IV

PART I-A, LINE 1

Mailings to members, legislators, or the public?

1

(b)

Amount

(a)

No

Yes

<u>4</u>

Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a If "Yes," enter the amount of any tax incurred under section 4912 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? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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). 2a Current year Carryover from last year 2b b Total 2c C 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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

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

IN CONNECTION WITH STATE AND/OR LOCAL CANDIDATE ELECTIONS

Explanation

THE LOCAL'S DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES INCLUDE MAKING EXPENDITURES

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

Supplemental Financial Statements

► 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.

DLN: 93493319059098 OMB No 1545-0047

> Open to Public **Inspection**

(Form 990)

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 68-0475305 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) Aggregate value of grants from (during year) Aggregate value at end of year 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 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 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 Total number of conservation easements Total acreage restricted by conservation easements 2h Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 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)? 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. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

 ${f d}$ Equipment .

	edule D (Form 990) 2017									Page 2
Par	t IIII Organizations Maintaining Co	llections o	f Art, His	torical 1	reası	ures, or	Other	Similar As	sets (con	tınued)
3	Using the organization's acquisition, accession items (check all that apply)	n, and other	records, cl		f the fo	ollowing t	hat are a	significant u	ise of its co	llection
а	Public exhibition			d 🗆	Loan	or excha	ange prog	rams		
b	Scholarly research			e 🗌	Othe	er				
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	llections and	explain ho	w they fur	ther the	e organız	ation's ex	empt purpo	se in	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							ılar	☐ Yes	□ No
Par	rt IV Escrow and Custodial Arrange Complete if the organization ans X, line 21.		' on Form	990, Par	t IV, lı	ine 9, or	r reporte	ed an amou	ınt on For	m 990, Part
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ı	ntermediar	y for contr	ibution	ns or othe	er assets i	not	☐ Yes	□ No
b	If "Yes," explain the arrangement in Part XII	I and comple	te the follo	wing table		[Α	mount	
c	Beginning balance					•	1c			
d	Additions during the year					İ	1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fi	orm 990, Par	t X, line 21	, for escro	w or cu	ustodial a	ccount lia	ıbılıty?	☐ Yes	 □ No
b	If "Yes," explain the arrangement in Part XII	I Check here	e if the expl	anation ha	ıs been	provided	d in Part)	KIII		
Pa	rt V Endowment Funds. Complete	f the organ	zation an	swered "\	res" o					
		(a)Curren	t year	(b) Prior ye	ar	(c)Two ye	ears back	(d)Three yea	rs back (e)Four years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end	balance (li	ne 1g, coli	umn (a)) held a	s			
а	Board designated or quasi-endowment >									
b	Permanent endowment ▶									
С	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c show	•								
3а	organization by	ssion of the o	organizatioi	n that are	held an	nd admini	istered fo	r the		Yes No
	(i) unrelated organizations								3a(i)	-
L	(ii) related organizations	ne listed as :	equired a	Schodula !					3a(ii 3b)
ь 4	Describe in Part XIII the intended uses of the				N' •				30	
	rt VI Land, Buildings, and Equipme	=	. 5 C.1407711	.c.ic idiids						
	Complete if the organization ans		on Form	990, Par	t IV, lı	ıne 11a.	See For	<u>m 99</u> 0, Pa	rt X <u>,</u> line	10
	Description of property (a) Cost or ot (investm	her basis		other basis				lepreciation		Book value
1a	Land			7,2	230,000					7,230,000
	Buildings				717.197			641.594		7.075.603

619,952

3,837,173

2,253,554

380,775

1,770,001

116,620

239,177

2,067,172

2,136,934

Part VII Investments—Other Securities. Complete if the org	janizatior	n answered "Ye	s" on Form 990, Part	IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category		(b)	(c) Method of val	uation
(including name of security)	6	Book Zalue	Cost or end-of-year m	
1) Financial derivatives				
2) Closely-held equity interests				
A)				
В)				
C)				
D)				
F)				
G)				
H)				
otal. (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 9				
(a) Description of investment	(b) Book	value	(c) Method of val Cost or end-of-year m	
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
Fort IX Other Assets. Complete if the organization answered 'Yes' of	on Form 9	990, Part IV, line :	11d See Form 990, Par	t X, line 15
(a) Description				(b) Book value
1)				
2)				
3)				
4)				
5)				
5)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 15)				
Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.	red 'Yes'	on Form 990, F	Part IV, line 11e or 1	1f.
(a) Description of liability		(b) Book value		
1) Federal income taxes				
CCRUED VACATION		1,234		
APITAL LEASES ER CAPITA TAX PAYABLE		1,258	,431 .804	
4)		_,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5)				
5)				
7)				
3)				
9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	3,024		
2. Liability for uncertain tax positions In Part XIII, provide the text of the forganization's liability for uncertain tax positions under FIN 48 (ASC 740) C	ootnote to	the organization	s financial statements t	· ·

Schedule D (Form 990) 2017

	Complete if the organi	zation answered 'Yes' on Form 990, Par	I IV, I	ine 12a.		_
1	Total revenue, gains, and other s	upport per audited financial statements .			1	
2	Amounts included on line 1 but n	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2 c			
d	Other (Describe in Part XIII) .		2 d			
е	Add lines 2a through 2d				2e	
3	Subtract line $\bf 2e$ from line $\bf 1$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Par			Retur	1.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 .	4a			
b	Other (Describe in Part XIII) .		4b			
С	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 and 4	Ic. (This must equal Form 990, Part I, line 18) .		5	
Pai	t XIIII Supplemental Info	ormation				
Pro	vide the descriptions required for P lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide	4, Par any a	t IV, lines 1b and 2b, Pa additional information	rt V, line	4, Part X, line 2, Part
	Return Reference		Ex	planation		
See A	Addıtıonal Data Table					

Page 4

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference
Schedule D (Form 990) 2017		

Additional Data

Software Version:

Software ID:

EIN: 68-0475305 UNION OF CALIFORNIA STATE WORKERS Name:

SETULIOCAL 1000

Supplemental Information

Return Reference

Explanation ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMEN

PART X, LINE 2

OPEN PERIOD

T TO EVALUATE TAX POSITIONS TAKEN BY THE LOCAL AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF

THE ORGANIZATION HAS TAKEN UNCERTAIN TAX POSITIONS THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE MANAGEMENT HAS ANALYZED THE T

AX POSITIONS TAKEN BY THE LOCAL, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2017 AND 2016, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN WHICH WOULD REQUIRE REC OGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS MANAGEMENT BELIEVES THAT THE LOCAL'S TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2014 TH ROUGH 2016 REMAIN SUBJECT TO EXAMINATION, BASED ON THE NORMAL STATUTORY PERIODS SUBJECT TO AUDIT, NOTWITHSTANDING ANY EVENTS OR CIRCUMSTANCES THAT MAY EXIST WHICH COULD EXPAND THE

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19331	9059	098
Sch	edule J	С	ompensati	ion Information	MO	1B No	1545-0	0047
•	n 990)	▶ Attach to Form 990.				2017 Open to Public		
•	tment of the Treasurv al Revenue Service	P Information a		gov/form990.	is at		ectio	
UNI	ne of the organiz ON OF CALIFORNIA J LOCAL 1000				Employer identificat 68-0475305	ion nu	ımber	
Pa	rt I Questi	ons Regarding Compens	ation					
1a				f the following to or for a person liste by relevant information regarding the			Yes	No
	☐ Travel for ☐ Tax idem	s or charter travel r companions nification and gross-up paymen nary spending account	ts 🔲	Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (e.g., maid, chauf	nal residence on fees			
b		xes in line 1a are checked, did all of the expenses described ab		ollow a written policy regarding paym nplete Part III to explain	nent or reimbursement	1 b		
2				or allowing expenses incurred by all r, regarding the items checked in line	e 1a?	2		
3	organization's C	CEO/Executive Director Check a	ill that apply Do r	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	☐ Compens	ation committee		Written employment contract				
		lent compensation consultant		Compensation survey or study				
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	rance payment or change-of-cor	ntrol payment?			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ified retirement plan?		4b		No
С	•	or receive payment from, an equ of lines 4a-c, list the persons ar		nsation arrangement? olicable amounts for each item in Part	t III	4c		No
5	For persons list	s), 501(c)(4), and 501(c)(29 ed on Form 990, Part VII, Secti contingent on the revenues of	on A, line 1a, did	must complete lines 5-9. the organization pay or accrue any				
а	The organizatio	n ²				5a		
b	Any related org If "Yes," on line	anization? 5a or 5b, describe in Part III				5b		
6		ed on Form 990, Part VII, Secti contingent on the net earnings o		the organization pay or accrue any				
а	The organizatio	n?				6a		
b	Any related org					6b		
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Secti lescribed in lines 5 and 67 If "Ye		the organization provide any nonfixed ort III	d	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also foll	ow the rebuttable	presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	uction Act Notice, see the In	structions for Fo	orm 990. Cat No 5	50053T Schedule J	(Form	990)	2017

Schodales (Form 550) 2017							rage z
Part II Officers, Directors, Trustees, Key Employees, and Hi							·
For each individual whose compensation must be reported on Schedule J, repor		from the organization	n on row (ı) and fro	om related organiza	ations, described	ın the	
instructions, on row (ii) Do not list any individuals that are not listed on Form 9	990, Part VII	- 000 D+ \/II C	Com A line to a	lil-l- aalijaan (5) J (5)		11
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the t							
(A) Name and Title	(B) Bre	akdown of W-2 and/o	or 1099-MISC	(C) Retirement	(D) Nontaxable	(E) Total of	(F)
		compensation		and other deferred	benefits	columns (B)(ı)-(D)	Compensation in column (B)
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
							_
		1					
							_

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 3

THE TOP MANAGEMENT OFFICIAL'S COMPENSATION IS ESTABLISHED BY A COLLECTIVE BARGAINING AGREEMENT WITH THE STATE OF CALIFORNIA, WHICH HAS BEEN APPROVED BY THE GOVERNING BODY AND MEMBERS OF THE ORGANIZATION IN 2017 A STIPEND WAS APPROVED FOR THE PRESIDENT, PAID DIRECTLY BY THE LOCAL FORM 990, PART VII, SECTION A, LINE 5 THE BOARD OF DIRECTORS USE LEAVE TIME FROM THE STATE OF CALIFORNIA TO PERFORM VARIOUS DUTIES FOR THE LOCAL THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THIS TIME BASED ON THE COLLECTIVE BARGAINING AGREEMENT IN PLACE WITH THE STATE THE REIMBURSEMENT IS BASED ON THE DIRECTOR'S ACTUAL STATE PAY (PLUS 35% FOR BENEFITS) AT THE TIME OF THE LEAVE A LIST OF THESE SALARY AND BENEFITS REIMBURSEMENTS TO THE STATE OF CALIFORNIA IS PROVIDED BELOW IN 2017, STIPENDS WERE APPROVED BY THE FOUR STATEWIDE OFFICERS, PAID DIRECTLY BY THE LOCAL THE COMPENSATION REPORTED IN PART VII REFLECTS THESE STIPENDS AND ADDITIONAL MINOR EXPENSE STIPENDS FOR OTHER DIRECTORS YVONNE WALKER - PRESIDENT PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 63,672 TAMEKIA ROBINSON - VICE PRESIDENT FOR ORGANIZING PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 55,378 MARGARITA MALDONADO - VICE PRESIDENT FOR BARGAINING PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 98,789 THERESA TAYLOR - VICE PRESIDENT AND SECRETARY-TREASURER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 68,604 JOYCE WHEELER-OWENS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 18,708 KEVIN LENNON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 9,380 BEVERLY ARIAS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,142 CHARLIE "VERA" HOLLOWAY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 219 SYBLE TOMPKINS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 219 SANDRA GARCIA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,133 CAROLELYNN LEONARDO - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 49,716 JANETTE HALL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 861 GWENDOLYN CRAWFORD - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 6,265 JOYCE MINZEY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 346 DAVID MATANGA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 377 STEVEN ALARI BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 706 DELEON SECREST - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 9,027 CHARLENE GONZALEZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 219 BEVERLY BROCKINGTON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,313 KATHY EVANS -BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 56,813 MANUEL RODRIGUEZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 48,382 JACK FUNK - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 375 DENNIS GONZALES - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 477 REGINA WHITNEY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 65,319 WILLIAM HALL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 855 JOYCELYN ODOM - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 194 TERESA HUBBARD - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 40,313 JEROME WASHINGTON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 43,902 CHRISTINA EVITT - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 876 JAIME MOLINA- BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1.282 DANA MEZA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,921 HAROLD FONG - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 404 BARBARA BELL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 359 LEONARD SEITZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 444 KWAJHALIEN DORN-DAVIS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 286 MICHAEL ROSKEY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 400 FRAN PASS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 888 SHELIA BYARS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 77,001 KRISSE FELLS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 488 VINCENT CASTANON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 11.109 CAREY ROLAND (WILSON) - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 45,099 LATREECE SMITH - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 722 TOMMY CORNLIUS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,127 JIM HOLVERSTOTT - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,085 CYNTHIA POWERS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,862 EVE DICKSON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,769 RENAY LEVINGSTON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 359 IBYANG RIVERA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 578 SYLVIA ROMOS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,790 CINDY DOYEL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,982 DIANA KING - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,347 ANGELICA MILLER - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 16.395 JAVIER CARDENAS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,316 CRUZ NARANJO - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 426 RICK CALKINS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,670 INNA LITKE - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 4,068 BRENDA MODKINS - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 66,355 BRUCE THEEL - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 79,502 SOPHIA PEKINS BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 36,201 JAMES BRAD WILLIS - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 23,875 ROBERT VEGA - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS -46.047 MARIA PATTERSON - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 22.919 KIMBERLY COWART - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 122,100 RIONNA JONES - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 46,639 MIGUEL CORDOVA - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 106,390

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SCHEDUL (Form 990 or EZ)	OMB No 1545-0047 2017 Open to Public Inspection				
SEIU LOCAL 1000	anization RNIA STATE WORKERS e O, Supplemental Informatio	n		Employer ider 68-0475305	ntification number
Return Reference			Explanation		
FORM 990, PART VI, SECTION A, LINE 6	THE LOCAL REPRESENTS EMPL	OYEES OF THE STA	TE OF CALIFORNIA WHO PAY	MONTHLY DUE	rs .

Return Explanation
Reference

990 Schedule O. Supplemental Information

LINE 7A

FORM 990, THE LOCAL'S MEMBERS ELECT THE MEMBERS OF THE GOVERNING BOARD
PART VI,
SECTION A.

Return Explanation Reference

990 Schedule O, Supplemental Information

LINE 7B

FORM 990,	THE OPERATING DECISIONS OF THE LOCAL ARE SUBJECT TO APPROVAL BY THE LOCAL'S BOARD OF DIRECTORS
PART VI,	WHICH IS ELECTED BY MEMBERSHIP
SECTION A.	

Return Explanation
Reference

990 Schedule O. Supplemental Information

FORM 990, MINUTES OF MEETINGS HELD BY OTHER COMMITTEES ARE NOT DOCUMENTED AS THESE COMMITTEES DO NOT PART VI, HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY ALL DECISIONS AND RECOMMENDATI SECTION A, ONS MUST BE APPROVED BY THE GOVERNING BODY

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	COPIES OF THE LOCAL'S FORM 990, INCLUDING REQUIRED SCHEDULES, WERE PROVIDED TO EACH MEMBER
PART VI,	OF THE LOCAL'S EXECUTIVE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS THE EXECUTIVE OFF
SECTION B,	ICERS AND MANAGEMENT REVIEWED THE FORM 990, INCLUDING REQUIRED SCHEDULES, PRIOR TO FILING
LINE 11B	WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY ANNUALLY, D ISCLOSURE OF RELATIONSHIPS OR INTERESTS THAT COULD GIVE RISE TO A CONFLICT IS PROVIDED TO THE EXECUTIVE BOARD THE EXECUTIVE BOARD (OFFICERS AND TRUSTEES) REVIEW THE DISCLOSURES PRO VIDED ON AN ANNUAL BASIS TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER TO IMPOSE CERTAIN RESTRICTIONS ON A PERSON WITH A CONFLICT OF INTEREST

990 Schedule O, Supplemental Information Return Explanation

Reference FORM 990. THE LOCAL'S TOP MANAGEMENT OFFICIAL (PRESIDENT) AND OFFICERS ARE COMPENSATED THROUGH THE STA PART VI. TE OF CALIFORNIA. WHICH IS BASED ON THE LOCAL 1000 MASTER CONTRACT. THE LOCAL REIMBURSES T SECTION B. HE STATE OF CALIFORNIA FOR THE OFFICER'S TIME SPENT PLUS 35% FOR ALL TIME SPENT ON UNION R LINE 15 ELATED BUSINESS(UNION LEAVE) IN 2016. STIPENDS WERE APPROVED FOR THE FOUR STATEWIDE OFFIC ERS. PAID DIRECTLY BY THE LOCAL

Return Explanation
Reference

990 Schedule O. Supplemental Information

LINE 18

FORM 990, THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST PART VI, SECTION C.

Return Explanation

990 Schedule O. Supplemental Information

LINE 19

FORM 990, PART VI, SECTION C,

990 Schedule O, Supplemental Information Return Reference Explanation

THE BOARD OF DIRECTORS USE LEAVE TIME FROM THE STATE OF CALIFORNIA TO PERFORM VARIOUS DUTL

PART VII,
SECTION A,
LINE 5

ES FOR THE LOCAL THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THIS TIME BASED ON THE
COLLECTIVE BARGAINING AGREEMENT IN PLACE WITH THE STATE THE REIMBURSEMENT IS BASED ON THE
DIRECTOR'S ACTUAL STATE PAY (PLUS 35% FOR BENEFITS) AT THE TIME OF THE LEAVE A LIST OF T
HESE SALARY AND BENEFITS REIMBURSEMENTS TO THE STATE OF CALIFORNIA IS PROVIDED IN SCHEDULE
J, PART III IN 2016, STIPENDS WERE APPROVED FOR THE FOUR STATEWIDE OFFICERS, PAID DIRECT
LY BY THE LOCAL THE COMPENSATION REPORTED IN PART VII REFLECTS THESE STIPENDS AND ADDITIO
NAL MINOR EXPENSE STIPENDS FOR OTHER DIRECTORS

FORM 990.

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART XI, LINE 9

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, PART XII,

LINE 2C

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE R | Related

(Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493319059098

Open to Public Inspection

Name of the organization				Employer ide	ntification number		
UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000				68-0475305			
Part I Identification of Disregarded Entities Complete of	the organization answe	ered "Yes" on For	m 990, Part IV, l	ine 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (or foreign cour		(e) ne End-of-year assets	(f) Direct controlling entity		
(1) UNION OF CALIFORNIA STATE WORKERS PROPERTIES LLC 1808 14TH STREET SACRAMENTO, CA 958117131	MAINTAIN, MANAGE A HOLD TITLE TO THE R PROPERTY OF THE LOG	EAL			THE UNION OF CALIFORNIA WORKERS	STATE	_
							_
							_
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Complete if the orga	anızatıon answere	d "Yes" on Form	990, Part IV, line 34	because it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	(e) Public charity status (if section 501(c)(3))		Section (13) co	(g) n 512(b) ontrolled ntity?
(1) CEDITICE EMPLOYEE INTERNATIONAL LINION LOCAL 1000 CANDIDATE	TO CURRORT OR ORROCE	CA	527		LINION OF CALTEORNIA	Yes	
(1)SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE 555 CAPITAL MALL SUITE 1425 SACRAMENTO, CA 958144602 34-2032142	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527		UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		No
(2)SEIU LOCAL 1000 KEEPING CALIF HEALTHY AND SAFE AND STRONG 555 CAPITAL MALL SUITE 1425 SACRAMENTO, CA 958144602 26-3463027	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527		UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		No
							_
							_
							_
							1
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 50	 135Y		Schedule R (Form	990) 2	017

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomir income(rel unrelate excluded tax und sections 5 514)	nant lated, ed, from der 512-	(f) Share of total income		Disprop alloca	h) ortionate otions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	part	ral or aging ner?	(k Percer owner
					<u> </u>				Yes	No		Yes	No	
Identification of Related Organizati because it had one or more related organizati							ation ansv	vered "Yes	" on F	orm 9	90, Part IV,	line	34	
	(b)		(c)		(d)		(e)	(f)	Τ.	(g)		1)	Т	(ı) ection 5
Name, address, and EIN of related organization	Primary activity	do	egal micile or foreign	Direc	t controlling entity	(C cor	of entity p, S corp, trust)	Share of total income		e of end- year assets		ercentage wnership		ection 5 3) cont entit
			untry)			01	ti ust)			assets				Yes
		1			ı				1				1	
														ightharpoonup
														1

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		Yes	No
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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No

Page **3**

k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	n	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1r	1	No
o Sharing of paid employees with related organization(s)	10	,	No
	L		
p Reimbursement paid to related organization(s) for expenses	1 p)	No
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	
	<u> </u>	+	+

r Other transfer of cash or property to related organization(s) 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 (d)
Method of determining amount involved (c) Amount involved type (a-s)

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Of Disproprtional allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
	<u> </u>		514)	Yes	No	<u> </u>		Yes	No		Yes	No	
										Schedul	le R (Form	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

DLN: 93493319138619 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 D Employer identification number B Check if applicable ☐ Address change 68-0475305 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return **1808 14TH STREET** ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA $\,$ 958117131 $\,$ G Gross receipts \$ 56,317,274 Name and address of principal officer H(a) Is this a group return for YVONNE WALKER □Yes ☑No subordinates? **1808 14TH STREET** H(b) Are all subordinates SACRAMENTO, CA 958117131 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) (5) **◄** (insert no) □ 527 ☐ 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ► 5304 WWW SEIU1000 ORG Website: ▶ L Year of formation 2001 M State of legal domicile CA K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO REPRESENT CERTAIN CIVIL SERVICE EMPLOYEES OF THE STATE OF CALIFORNIA IN THE FOLLOWING MATTERS SALARY, BENEFITS AND WORKING CONDITIONS, ASSISTANCE IN FILING AND PURSUING EMPLOYEE GRIEVANCES, LEGAL REPRESENTATION ON BOTH AN INDIVIDUAL AND CLASS BASIS, TECHNICAL ASSISTANCE IN JOB CLASSIFICATION, AND LEGISLATIVE ADVOCACY IN SUPPORT OF Activities & Governance PROGRAMS BENEFICIAL TO STATE EMPLOYEES Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 4 63 Number of independent voting members of the governing body (Part VI, line 1b) 5 183 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 81,126 b Net unrelated business taxable income from Form 990-T, line 34 7b -19,361 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenue 66,512,603 Program service revenue (Part VIII, line 2g) . 55,111,465 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 165,519 31,513 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 833,163 1,040,290 67,377,279 56,317,274 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . n 0 162,405 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 164.865 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 21,912,441 21,479,249 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 36,239,386 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 32,656,089 58,316,692 54,297,743 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 9,060,587 2,019,531 Assets or d Balances End of Year Beginning of Current Year 46,606,601 20 Total assets (Part X, line 16) . 45,403,967 21 Total liabilities (Part X, line 26) . 17,865,270 17,522,470 Net assets or fund balances Subtract line 21 from line 20 . 27,538,697 29,084,131 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 2019-11-15 Signature of officer Date Sign Here YVONNE WALKER PRESIDENT Type or print name and title Print/Type preparer's name Date 2019-11-**1**5 Preparer's signature Check | If P00762403 Paid self-employed Firm's name ► CALIBRE CPA GROUP PLLC Firm's EIN > 47-0900880 Preparer **Use Only** Firm's address ► 7501 WISCONSIN AVENUE SUITE 1200 Phone no (202) 331-9880 BETHESDA, MD 20814 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (20	018)				Page 2
Pa	irt III	Statement of Pr	ogram Service Ac	complishments		
		Check if Schedule O	contains a response o	r note to any line in this Part III		🗆
1	Briefly	describe the organiz	ation's mission			
		ASSISTANCE IN MAT AND RETIREES	TERS OF JOB CLASSII	FICATION, AND LEGISLATIVE A	DVOCACY IN SUPPORT OF PROGRAMS	S BENEFICIAL TO STATE
2	Did the	e organization undert	ake any significant pro	ogram services during the year	which were not listed on	
	the pri	or Form 990 or 990-l	EZ?			🗌 Yes 🗹 No
	If "Yes	," describe these nev	v services on Schedule	: O		
3	Did the	e organization cease	conducting, or make s	ignificant changes in how it cor	nducts, any program	
		es?				☐ Yes ☑ No
4	Describ Section	<i>.</i> be the organızatıon's n 501(c)(3) and 501(program service accor	e required to report the amoun	ee largest program services, as measu t of grants and allocations to others, t	
4a	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
	•	, ditional Data	(, (,
4b	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
4c	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
4d	Other (Exper		escribe in Schedule O) grants of \$) (Revenue \$)
4e	_ ` '	program service ex		9,4,100 01 4) (Increme 4	

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Nο

Nο

Nο

Nο

No

Nο

No

Form **990** (2018)

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20b

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22

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

 $\hbox{Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic and the organization of domestic organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organiz$

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Form	990 (2018)			Page 4
Par	tiV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			

Yes

104

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1a

1b

No

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

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

No

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a Gross income from members or shareholders .

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

orm	990 (2018)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" resp	onse to i	lines
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 63		Yes	No_
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 63			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? \cdot	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8 b		No
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		.,	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
	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 STEVE SCHMIDT 1808 14TH STREET SACRAMENTO, CA 95811 (866) 471-7348			

Part VII

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

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

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

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

year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - f 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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons

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

(A)

(B)

(C)

(D)

(E)

(F)

(F)

Average

hours per

than one box, unless person

week (list

is both an officer and a

from the

compensation

from related

compensation

from related

Name and Title	hours per week (list any hours for related	than o	ne bo	ox, u n off or/t	inles ficer ruste	and a	on	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1005-11150)	MISC)	related organizations
See Additional Data Table										
										Form 990 (2018)

315 W 9TH STREET LOS ANGELES, CA 90015

compensation from the organization ▶ 23

Page 8

(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, u n off	t che inles ficer	ss pers	son	(D) Reportable compensation from the	on	(E) Reportable compensation from related organizations (\		(F) Estima amount o compens	ated of other sation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	· ·	key employee	Highest compensated employee	Former	2/1099-MIS	(SC)	2/1099-MISC)		organizati relati organiza	ion and ed
See Additional Data Table						-					-		
											+		
											\dashv		
											+		
											+		
											1		
-													
-													
-													
1b Sub-Total				-		<u> </u>							
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	art VII , Section			•		>		956,710	5		0		294,855
Total number of individuals (including of reportable compensation from the compensation)	but not limited	to thos			bove	e) who	rece	eived more tha	n \$10	00,000			<u> </u>
												Yes	No
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>						oyee,			ated •	employee on • •	3		No
4 For any individual listed on line 1a, is organization and related organization:										the			
5 Did any person listed on line 1a receiv									· ındı	vidual for	4	Yes	
Section B. Independent Contract	· ·	ete Stii	euuie	3 101	1 50	ich pei	3011		•		5	Yes	
Complete this table for your five higher from the organization Report comper	est compensate										nper	nsation	
Name a	(A) ind business addre	SS							Descr	(B) option of services		(C Compen	
CALIFORNIA STATE EMPLOYEES ASSOCIATION								ADMIN	ISTRA	TIVE SERVICES		1,	,418,041
1108 O STREET SACRAMENTO, CA 95816													
HOLIDAY INN SACRAMENTO DOWNTOWN-ARENA 300 J STREET								CONFE	RENCI	E SERVICES			766,737
SACRAMENTO, CA 95814 HILTON SAN DIEGO BAYFRONT								CONFE	RENCI	E SERVICES			730,880
1 PARK BLVD	PARK BLVD												
SAN DIEGO, CA 92101 COMMERCE PRINTING SERVICE													
322 NORTH 12TH ST													
SACRAMENTO, CA 95811 ONNI COAST SAVINGS LIMITED PARTNERSHIP								LANDL	ORD				323,423

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

Part	Statement of Revenue						_
	Check if Schedule O contains	a respons	e or note to any	Ine in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	Id - Fodoustad samanana				revenue		512 - 514
रु रू	1a Federated campaigns	1a					
an	b Membership dues	1b					
يَّ دَ	c Fundraising events	1c					
tts, E.Δ	d Related organizations	1d					
5 ≅	e Government grants (contributions)	1e					
ns, Sin	f All other contributions, gifts, grants,						
tributions, Gifts, Grants Other Similar Amounts	and similar amounts not included above	1f					
혈동	g Noncash contributions included						
Contributions, Gifts, Grants and Other Similar Amounts	ın lines 1a - 1f \$						
<u>ۃ ک</u>	h Total. Add lines 1a-1f		•				
ŀ			Business				
ษน	2a MEMBER DUES AND ASSESS			900099 55,1	.11,465 55,11	1,465	
æ	h						
S.	с —						
κerν	d						
5	e	_					
Program Service Revenue	f All other program service revenue	•					
P	gTotal. Add lines 2a-2f	. •	55,1	11,465			
	3 Investment income (including divid		erest and other	1			
	similar amounts)		→	165,519	P		165,519
	4 Income from investment of tax-ex						
	5 Royalties		•	<u> </u>			
	(ı) Rea	ıl	(II) Personal	_			
	6a Gross rents	1,000					
	b Less rental expenses	0		1			
	c Rental income or (loss)	1,000					
	d Net rental income or (loss)			1,000	1,000		
	(ı) Securi	ties	(II) Other				
	7a Gross amount			1			
	from sales of assets other						
	than inventory						
	b Less cost or other basis and						
	sales expenses			_			
	C Gain or (loss) d Net gain or (loss)			1			
	8a Gross income from fundraising ev	_	<u> </u>	1			
<u> </u>	(not including \$	of					
eun	contributions reported on line 1c) See Part IV, line 18						
ev	b Less direct expenses	Ъ		-			
Ή	c Net income or (loss) from fundrai		:s .	J			
Other Revenue	9a Gross income from gaming activit			1			
0	See Part IV, line 19	J					
	_	a		_			
	b Less direct expenses	Ь]			
	c Net income or (loss) from gaming	activities	· · · >	1			
	10a Gross sales of inventory, less returns and allowances						
		a					
	$oldsymbol{b}$ Less cost of goods sold $oldsymbol{.}$.	ь]			
	c Net income or (loss) from sales of	finventory	<u>⁄ ►</u>				
	Miscellaneous Revenue		Business Code				
	11a _{MISCELLANEOUS}		900099	618,115	618,11!		
		L					
	b STATE BAR SERVICING FEES		900099	311,598	311,598	<u></u>	
	c PARKING LOT REVENUE		900099	81,126	5 (81,126	
	d All other revenue			28,45:	1 28,45		
	e Total. Add lines 11a-11d		•	1 020 200			
	12 Total revenue. See Instructions			1,039,290		<u> </u>	
	I I I I I I I I I I I I I I I I I I I	- •	•	56,317,274	56,070,629	81,126	165,519

Part IX	Statement of	f Functiona	l Expenses
C . FO.	/ \/3\	/ 4 \	

For	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX $$.			<u> 🗆 </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members	162,405			
	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	14,512,762			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,840,671			
9	Other employee benefits	2,691,900			
10	Payroll taxes	1,433,916			
11	Fees for services (non-employees)				
ä	a Management				
ı	Legal	156,227			
(: Accounting	85,000			
(l Lobbying	126,178			
•	Professional fundraising services See Part IV, line 17				
1	Investment management fees	139			
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,819,979			
12	Advertising and promotion				
13	Office expenses	1,569,822			
14	Information technology	418,348			
15	Royalties				
16	Occupancy	1,692,052			
17	Travel	2,459,437			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	1,455,999			
20	Interest	318,555			
21	Payments to affiliates	12,457,683			
22	Depreciation, depletion, and amortization	836,325			
23	Insurance	207,168			
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 REIMB TO CA FOR UL	5,768,494			
	b PAYMENTS TO CSEA	1,418,041			
	c DLC ADMINISTRATION, FOR	622,771			
	d PAC EXPENSE	521,854			
	e All other expenses	722,017			
25	Total functional expenses. Add lines 1 through 24e	54,297,743			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Page **11**

46.606.601

7,992,572

282.264

6.884.197

2.363.437

17.522.470

27.154.034

1,930,097

29,084,131

46,606,601

Form **990** (2018)

		Check if Schedule O contains a response or not			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			7,461,804	1	4,540,793
	2	Savings and temporary cash investments .		[14,211,515	2	14,055,945
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		[6,518,403	4	4,748,855
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	nployees Complete		5		
ts	6 7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organization voluntary employees' beneficiary organizations Part II of Schedule L	(c)(3)(B), and If section 501(c)(9) Structions) Complete		6		
Assets	8	Inventories for sale or use		-			
AS	9	Prepaid expenses and deferred charges		· +	561.171	9	637.333
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	21,769,286	,		
	b	Less accumulated depreciation	10 b	5,915,835	16,572,999	10c	15,853,451
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line			12	6,710,290	
	13	Investments—program-related See Part IV, line	e 11 .	. [13	
	14	Intangible assets		[14	
	15	Other assets See Part IV, line 11			78,075	15	59,934

45.403.967

7,456,292

311.056

7,073,609

3,024,313

17.865.270

24.643.477

2,895,220

27,538,697

45,403,967

16

17

18

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31 32

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34

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17 18

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21

23

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26

27

28

29

30

31

32

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34

Liabilities 22

Assets or Fund Balances

Net

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Form 990 (2018)

3a

3b

Nο

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

Name: UNION OF CALIFORNIA STATE WORKERS

SEIU LOCAL 1000

Form 990 (2018)

Form 990, Part III, Line 4a: EMPLOYEES OF THE STATE OF CALIFORNIA

EXPENSES INCURRED FOR THE LOCAL FOR ITS TAX EXEMPT PURPOSES OF REPRESENTING AND MAINTAINING DESIRABLE WORKING CONDITIONS FOR CIVIL SERVICE

EIN: 68-0475305

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

any hours

and a director/trustee)

organization

organizations

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from the

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

	,				,		′	(1)	(1)	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
YVONNE WALKER PRESIDENT	70 00	×		x				62,208	0	0	
KEVIN MENAGER VICE PRESIDENT AND SECRETARY-TREASURER	33 00	×		х				0	0	0	
LONNIE OWENS VICE PRESIDENT FOR BARGAINING	38 00	X		х				0	0	0	
ANICA WALLS VICE PRESIDENT FOR ORGANIZING / REPRESENTATION	38 00	×		х				0	0	0	
KATE SPENCER	3 00										

KATE SPENCER BOARD MEMBER

KEVIN LENNON

BOARD MEMBER

BOARD MEMBER

SANDRA GARCIA

BOARD MEMBER

AHJAMU MAKALANI

and Independent Contractors

Х BOARD MEMBER 3 00 KEHINDE ADEOYE Х BOARD MEMBER 2 00 SYBLE TOMPKINS

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14 00

2 00

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related and a director/trustee) any hours organization organizations from the

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

	1 6 1				•	,	'	1 (1) 2 (4 000	1 11 24 22	l
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	ee voldme Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CAROLELYNN LEONARDO-VALDRIZ BOARD MEMBER	34 00	×						0	0	0
GWENDOLYN CRAWFORD BOARD MEMBER	4 00	×						0	0	0
DALIA JARAMILLO BOARD MEMBER	5 00	×						0	0	0
JOSE MEDINA BOARD MEMBER	4 00	×						0	0	0
STEVEN ALARI	4 00									

32 00

3 00

32 00

4 00

34 00

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BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

MANUEL RODRIGUEZ

KATHY EVANS

CHARITY REGALADO

DELEON SECREST

MELISSA DEL ROSARIO

.......

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation from the

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

and Independent Contractors

BOARD MEMBER

WILLIAM HALL

BOARD MEMBER

RONALD ROSSON

BOARD MEMBER

TERESA HUBBARD

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

KEVIN HEALY

DANA MEZA

JOEL FEW

JEROME WASHINGTON

	any hours	and	. a dır	ecto	r/tr'د	rustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
EDWARD FUNK BOARD MEMBER	4 00	x						0	0	0	
CYNTHIA VO BOARD MEMBER	4 00	х						0	0	0	
REGINA WHITNEY	33 00	×						0	0	0	

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related and a director/trustee) any hours from the

organization

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organizations

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

	6	uu u u u u u y						(14, 2/1000	(14, 2,4,000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
HAROLD FONG BOARD MEMBER	2 00	x						0	0	0	
JENNIFER CORDOVA BOARD MEMBER	2 00	×						0	0	0	
LEONARD SEITZ BOARD MEMBER	2 00	×						0	0	0	
SHRHONDA WARD	2 00	×						0	0	0	

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7 00

33 00

28 00

33 00

2 00

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BOARD MEMBER MICHAEL ROSKEY

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

RANDALL STAN

BOARD MEMBER

BOARD MEMBER

RENEE LATOUR

BOARD MEMBER

NICHOLAS MANNION

.........

BETH BARTEL

TARA ROOKS

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

		and a director/trustee/						Organization	(IV 2/4 200	mom the	
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JULIE STRATTON BOARD MEMBER	2 00	x						0	0	0	
WANDRA PITTS BOARD MEMBER	8 00	x						0	0	0	
DAVID JOHNSON BOARD MEMBER	2 00	x						0	0	0	
JAMES HOLVERSTOTT ROARD MEMBER	2 00	×						0	0	720	

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DAVID JOHNSON
BOARD MEMBER
JAMES HOLVERSTOTT
BOARD MEMBER

EVE DICKSON

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

SYLVIA RAMOS

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

ANGELICA MILLER

CINDY DOYEL

HEATHER KESSLER

.......

RENAY LEVINGSTON

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the compensation from related from the

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

and Independent Contractors

BOARD MEMBER

BOARD MEMBER

JAMES WILLIS

BUNC CHAIR

BUNC CHAIR

BUNC CHAIR

BUNC CHAIR

BUNC CHAIR

BUNC CHAIR

DELONNE JOHNSON

SUSAN RODRIGUEZ

KIMBERLY COWART

MIGUEL CORDOVA

KAREN JEFFERIES

MARIA PATTERSON

	any hours	and	a dir	ecto	or/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JAVIER CARDENAS BOARD MEMBER	6 00	×						0	0	0
FRANCINA STEVENSON BOARD MEMBER	2 00	×						0	0	0
NOREEN NELSON	6 00									

4 00

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and Independent Contractors (D) (A) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per

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

	week (list any hours	pers	on is	botl	h ar	office ustee	er	from the organization	from related organizations	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LUISA LEUMA BUNC CHAIR	36 00	×						0	0	0
TERENCE HIBBARD BUNC CHAIR	16 00	×						0	0	0
ROBERT VEGA BUNC CHAIR	30 00	×						0	0	0
THERSA TAYLOR FORMER VICE PRESIDENT AND SECRETARY-TREASURER	36 00	×		х				6,712	0	0
MARGARITA MALDONADO FORMER VICE PRESIDENT FOR BARGAINING	34 00	×		x				85,895	0	25,652
TAMEKIA ROBINSON FORMER MVICE PRESIDENT FOR ORGANIZING / REPRESENTA	32 00	×		х				25,996	0	0
BRENDA ROGERS	2 00	х						0	0	0

2 00

14 00

2 00

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BOARD MEMBER - FORMER

BOARD MEMBER - FORMER

BOARD MEMBER - FORMER

BOARD MEMBER - FORMER

JOYCE WHEELER-OWENS

KRISSE FELLS

BEVERLY ARIAS

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer from the from related week (list compensation

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

and Independent Contractors

BOARD MEMBER - FORMER

BOARD MEMBER - FORMER

BOARD MEMBER - FORMER

BOARD MEMBER - FORMER

BOARD MEMBER - FORMER

BOARD MEMBER - FORMER

TIFFANY CONTERAS

CATHERINE PEACOCK

......

CHRISTINA EVITT

JAIME MOLINA

SHELIA BYARS

1	any hours			ecto	r/trد	rustee)	<u>) </u>	organization	organizations	from the organization and related organizations	
	for related organizations below dotted line)		Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		
CHARLIE HOLLOWAY BOARD MEMBER - FORMER	2 00	1 1						0	0	0	
JANETTE HALL BOARD MEMBER - FORMER	2 00	1 1						0	0	0	
BEVERLY BROCKINGTON BOARD MEMBER - FORMER	3 00	1 1						0	0	0	
DENNIS GONZALES	2 00	1 1							0		

0

0

BOARD MEMBER - FORMER						
BEVERLY BROCKINGTON BOARD MEMBER - FORMER	3 00	×			0	
DENNIS GONZALES BOARD MEMBER - FORMER	2 00	×			0	
JOYCELYN ODOM	4 00					

4 00

4 00

2 00

35 00

2 00

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

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

	any hours	and	a dır	ecto	r/tr	ustee)	organization			
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
CYNTHIA POWERS	2 00	x						0	0	360	
BOARD MEMBER - FORMER		_ ^						0	0	300	
IBYANG RIVERA	2 00	×						0	0	200	
BOARD MEMBER - FORMER		^							0	200	
CRUZ NARANJO BOARD MEMBER - FORMER	2 00	х						0	0	0	

175

0

BOARD MEMBER - FORMER	••••••	×			0	
IBYANG RIVERA BOARD MEMBER - FORMER	2 00	х			0	
CRUZ NARANJO BOARD MEMBER - FORMER	2 00	×			0	
INNA LITKE BOARD MEMBER - FORMER	4 00	×			0	
FRANCISCA PASS	2 00					

2 00

29 00

23 00

17 00

17 00

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and Independent Contractors

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BOARD MEMBER - FORMER

BOARD MEMBER - FORMER

RICK CALKINS

BRENDA MODKINS

RIONNA JONES

SOPHIA PERKINS

BRUCE THEEL

BUNC CHAIR - FORMER

BUNC CHAIR - FORMER

BUNC CHAIR - FORMER

BUNC CHAIR - FORMER

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer from the week (list from related compensation

and a director/trustee)

organization

151,056

organizations

from the

54,185

54,185

54,578

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

	for related organizations	25	=	Q	<i>X</i>	engh High	Ţ	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related
	below dotted	individual trustee or director	rstitutional Trustee	Officer	y employee	ghest compensated iplovee	mner	THISC)	1130,	organizations
ANNE GIESE CHIEF COUNSEL	40 00					х		162,000	0	48,065
JOSHUEA WISER RESEARCH DIRECTOR	40 00					х		157,386	0	54,185
					$\overline{}$		$\overline{}$			

any hours

and Independent Contractors

DIRECTOR OF INFORMATION SERVICES

BROOKE PIERMAN	40 00			Y	154.179	0	
CONTRACTS DIRECTOR				^	134,179	0	
MARY HERNANDEZ	40 00						

BROOKE PIERMAN	40 00			×	154.179	
CONTRACTS DIRECTOR						
MARY HERNANDEZ	40 00					

Х

151,284

EXECUTIVE DIRECTOR 40.00 BRENT FITZPATRICK

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493319138619

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

SCHEDULE C (Form 990 or 990-

EZ)

▶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.

Open to Public Inspection

• S • S • S • S • S	Section 501(c) (other than section of Section 527 organizations Comple organization answered "Yes" of Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form it have filed Form 5768 (election under it have NOT filed Form 5768 (election in Form 990, Part IV, Line 5 (Proxy T	rts I-A and C below 1990-EZ, Part VI, Iin r section 501(h)) Co under section 501(h	e 47 (Lobbying Activiti mplete Part II-A Do not o)) Complete Part II-B Do	es), then complete Part II-B onot complete Part II-A
• 9	Section 501(c)(4), (5), or (6) organi	**			
UNI	me of the organization ON OF CALIFORNIA STATE WORKERS U LOCAL 1000			Employer ide 68-0475305	entification number
Par	t I-A Complete if the orga	nization is exempt under sect	ion 501(c) or is	a section 527 organ	ization.
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political c	ampaign activities in	Part IV (see instructions	for definition of
2	Political campaign activity expend	ditures (see instructions)		>	\$
3	Volunteer hours for political camp	•			
Par	t I-B Complete if the orga	nization is exempt under sect	ion 501(c)(3).		
1	Enter the amount of any excise t	ax incurred by the organization under	section 4955	•	\$
2	Enter the amount of any excise t	ax incurred by organization managers	under section 4955	>	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 fo	r this year?		☐ Yes ☐ No
4a	Was a correction made?		☐ Yes ☐ No		
b	If "Yes," describe in Part IV t I-C Complete if the orga	nization is exempt under sect	ion E01/c) over	ent costion E01(s)/3	<u> </u>
		•	. ,,		<u> </u>
1		ded by the filing organization for section	•		\$
2	function activities	ganızatıon's funds contrıbuted to other	organizations for se	ection 527 exempt	\$
3	Total exempt function expenditur	res Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file Fo	rm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments Fo of political contributions received	employer identification number (EIN) r each organization listed, enter the ar that were promptly and directly deliving (PAC) If additional space is needed	mount paid from the ered to a separate po	filing organization's fund olitical organization, such	s Also enter the amount
	(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) 5	SEIU LOCAL 1000 CANDIDATE PAC	555 CAPITOL MALL SUITE 400 SACRAMENTO, CA 958144602	34-2032142		1,568,200
(2) S	SEIU LOCAL 1000 ISSUES PAC	555 CAPITOL MALL SUITE 400 SACRAMENTO, CA 958144602	68-0475305		54
3					
4					
5					
6					
For P	Paperwork Reduction Act Notice see	the instructions for Form 990 or 990-F7	Cat	No 500945 Schedule C	(Form 990 or 990-F7) 2018

section 4911 tax for this year? 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 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2018

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? C d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? e Grants to other organizations for lobbying purposes? q Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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) 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

Supplemental Financial Statements

▶ 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.

DLN: 93493319138619 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

1 2

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6

8

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 68-0475305 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 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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 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 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 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 Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

▶ \$	

(ii) Assets included in Form 990, Part X

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

Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Par	t III	Organizations Ma	aintaining Col	lections c	of Art, Hi	stori	cal T	reası	ıres, oı	r Other	Similar As	ssets (con	tınued)	
3		g the organization's acq is (check all that apply)	uisition, accessior	n, and other	records, o	check	any of	the fo	llowing t	hat are a	significant i	use of its co	llection	
а		Public exhibition				d		Loan	or exch	ange prog	ırams			
b		Scholarly research				е		Othe	r					
c		Preservation for future	e generations											
4	Prov Part	ride a description of the XIII	organization's col	lections and	l explain h	ow the	y furtl	her the	e organiz	zation's ex	xempt purpo	se in		
5		ng the year, did the org ts to be sold to raise fur									nılar	☐ Yes	□ No	,
Pai	rt IV	Escrow and Cust Complete if the ory X, line 21.			" on Forn	n 990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	ınt on For	m 990, F	'art
1a		ne organization an agent ided on Form 990, Part I		an or other	ıntermedıa	ary for	contri	bution	s or othe	er assets	not	Yes	□ No	1
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the foll	owing	table				A	mount		•
С		nning balance		'						1c				
d	_	tions during the year								1d				
е	Dıstı	ributions during the year	-							1e				
f		ng balance								1f				
2a		the organization include	an amount on Eo	rm 000 Day	rt V line 2	1 for	occrou	v or cu	ictodial a	ecount lis	shility2		□ No	
													□ NO	1
	rt V	es," explain the arrange												
-(-	IL V	Endownient Fun	us. Complete ii	(a)Currer			rior yea				(d)Three yea)Four years	hack
1a	Begin	ning of year balance .		(a)carrer	ic year	(5)	nor yea		(0)	cars back	(a) mee yee	ars back (C	yr our yeurs	
b	Contr	ibutions												
c	Net in	vestment earnings, gair	ns, and losses											
d	Grant	s or scholarships	•											
e		expenditures for facilition	es											
f	Admır	nistrative expenses .												
g	End o	f year balance												
2	Prov	ride the estimated perce	ntage of the curre	nt year end	l balance (line 1	g, colu	mn (a)) held a	S				
а	Boar	rd designated or quasi-e	ndowment 🟲											
b	Pern	nanent endowment 🟲												
С	Tem	porarily restricted endov	wment 🟲											
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%									
3 a		there endowment funds inization by	not in the posses	sion of the	organizatio	on that	are h	eld an	d admın	istered fo	r the		Yes	No
	(i) u	ınrelated organizations					•					3a(i		
		related organizations .										3a(ii)	
ь 4		es" on 3a(II), are the rel cribe in Part XIII the inte	-		•							3b		
					n a enuow	ment i	unus							
- C	rt VI	Land, Buildings, Complete if the ord			" on Forn	n 990	, Part	IV, lı	ne 11a.	. See Foi	rm 990. Pa	rt X, line	10.	
	Desci	ription of property	(a) Cost or oth (investme	er basıs	(b) Cost o						depreciation	•	Book value	
1a	Land						7.23	30,000					7.:	230,000
	Buildii							68,491			964,974			803,517
		hold improvements						24,152			309,704			314,448
		ment						71,939			2,443,205			428,734
•							-,		1				-7	

76,752

15,853,451

2,197,952

2,274,704

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

Part VII		ne org	ganızatıon ansı	wered "Yes" on	Form 990, Pa	rt IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(i	b) Book value	Cost	(c) Method of v	aluation market value
(1) Financia	I derivatives				·	
(3) Other _	held equity interests					
	CATES OF DEPOSIT		5,823,039		С	
(B) BONDS (C)			887,251		С	
(D)						
(E)						
(F)						
(G)						
(H)						
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.	•	6,710,290			
	Complete if the organization answered 'Yes' on F	orm				
	(a) Description of investment		(b) Book value		(c) Method of v or end-of-year	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(1)					
Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered	d 'Yes'	on Form 990, Pa] art IV, line 11d S	See Form 990, Pa	art X, line 15
(1)	(a) Description	n				(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
_	mn (b) must equal Form 990, Part X, col (B) line 15)					
Part X	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	answe	ered 'Yes' on Fo	orm 990, Part I	V, line 11e or	11f.
1.	(a) Description of liability		(b) E	look value		
ACCRUED VA	ncome taxes ACATION			1,190,933		
CAPITAL LEA				399,691		
-	TAX PAYABLE			772,813		
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text o	f the f	footnote to the o	2,363,437 rganization's fina	ncial statements	that reports the
,	's liability for uncertain tax positions under FIN 48 (ASC 7			_		•

Schedule D (Form 990) 2018

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements .			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not include	d 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 4	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem			Retur	n.
1		zation answered 'Yes' on Form 990, Par			1	T
	'	dited financial statements			├	
2	Amounts included on line 1 but no		l	I		
a	Donated services and use of facili		2a		_	
b	Prior year adjustments		2b		4	
C	Other losses		2c		_	
d	Other (Describe in Part XIII) .		2d		_	
е	Add lines 2a through 2d		•		2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	,		4b		_	
c					4c	
5		lc. (This must equal Form 990, Part I, line 18) .		5	
Pai	t XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide			rt V, line	4, Part X, line 2, Part
	Return Reference		Ex	planation	· · · · · ·	
See /	Addıtıonal Data Table					

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 68-0475305

Name: UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Supplemental Information	
Return Reference	
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY AC T TO EVALUATE TAX POSITIONS TAKEN B

OD

Cupplemental Information Explanation

> CCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMEN BY THE LOCAL AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF

OTWITHSTANDING ANY EVENTS OR CIRCUMSTANCES THAT MAY EXIST WHICH COULD EXPAND THE OPEN PERI

THE ORGANIZATION HAS TAKEN UNCERTAIN TAX POSITIONS THAT MORE LIKELY THAN NOT WOULD NOT BE

SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE T AX POSITIONS TAKEN BY THE LOCAL, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2018, THERE ARE

NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN WHICH WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. MANAGEME NT BELIEVES THAT THE LOCAL'S TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2015 THROUGH 201 7 REMAIN SUBJECT TO EXAMINATION, BASED ON THE NORMAL STATUTORY PERIODS SUBJECT TO AUDIT, N

efil	e GRAPHIC pi	rint - DO NOT PROCESS As Filed	d Dat	a -	DLN: 93	49331	19138	619
Sch	edule J	Comper	ısat	ion Information	0	MB No	1545-0	0047
	n 990) tment of the Treasury	Complete if the organization ▶ Complete if the organization	ipens ansv Attack	Trustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV n to Form 990. instructions and the latest infor	, line 23.	2 ()		
•	al Revenue Service					Insp	ectio	n
UNI	me of the organiz ON OF CALIFORNIA J LOCAL 1000				Employer identifica 68-0475305	tion nu	ımber	
Pa	rt I Questi	ons Regarding Compensation						
1a		opiate box(es) if the organization provided ection A, line 1a Complete Part III to prov					Yes	No
	Travel for	s or charter travel r companions nification and gross-up payments nary spending account		Housing allowance or residence for Payments for business use of perso Health or social club dues or initiati Personal services (e g , maid, chau	nal residence on fees			
b	or provision of a	xes in line 1a are checked, did the organiz all of the expenses described above? If "No	," com	plete Part III to explain	nent or reimbursement	1 b		
2		ation require substantiation prior to reimbu ees, officers, including the CEO/Executive [e 1a?	2		
3	organization's Cused by a related Compens. Independ	of any, of the following the filing organizat EO/Executive Director Check all that applied and organization to establish compensation ation committee ent compensation consultant of other organizations	y Do	not check any boxes for methods	ın Part III			
4	During the year related organiza	, did any person listed on Form 990, Part vation	∕II, S∈	ction A, line 1a, with respect to the f	iling organization or a			
a		ance payment or change-of-control payme				4a		No
Ь	•	r receive payment from, a supplemental n	-	·		4b		No
С	If "Yes" to any o	r receive payment from, an equity-based of of lines 4a-c, list the persons and provide to (1), 501(c)(4), and 501(c)(29) organiza	he app	olicable amounts for each item in Par	t III	4c		No_
5	For persons liste	ed on Form 990, Part VII, Section A, line 1 onlingent on the revenues of		•				
а	The organization	n?				5a		
b	Any related orga If "Yes," on line	anization? 5a or 5b, describe in Part III				5b		
6		ed on Form 990, Part VII, Section A, line 1 ontingent on the net earnings of	a, dıd	the organization pay or accrue any				
а	The organization	n?				6a		
b	Any related orga					6b		
_	•	6a or 6b, describe in Part III						
7	payments not d	ed on Form 990, Part VII, Section A, line 1 escribed in lines 5 and 6? If "Yes," describ	e in Pa	rt III	d	7		
8		nts reported on Form 990, Part VII, paid c nitial contract exception described in Regul			escribe	8		
9	53 4958-6(c)?	8, did the organization also follow the rebu			_	9		
For F	Paperwork Redu	iction Act Notice, see the Instructions	for Fr	orm 990. Cat No	50053T Schedule	l (Forn	1 990)	2018

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

instructions, on row (ii) Note. The sum of columi	Do no ns (B	ot list any individuals that)(i)-(iii) for each listed in: '	t are not listed on Form 9 dividual must equal the to	90, Part VII otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D	and (E) amounts for tha	t ındıvıdual
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 ANNE GIESE CHIEF COUNSEL	(i)	156,740	0	5,260	30,883	17,182	210,065	0
	(ii)	0	0	0	0	0	0	0
2 JOSHUEA WISER RESEARCH DIRECTOR	(i)	151,650	0	5,736	29,767	24,418	211,571	0
	(ii)	0	0	0	0	0	0	0
3 BROOKE PIERMAN CONTRACTS DIRECTOR	(i)	150,630	0	3,549	29,767	24,418	208,364	0
	(ii)	0	0	0	0	0	0	0
4 MARY HERNANDEZ EXECUTIVE DIRECTOR	(i)	150,630	0	654	29,767	24,418	205,469	0
ENECOTIVE DINECTOR	(ii)	0	0	0	0	0	0	0
5 BRENT FITZPATRICK DIRECTOR OF INFORMATION	(i)	150,630	0	426	29,767	24,811	205,634	0
SERVICES	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

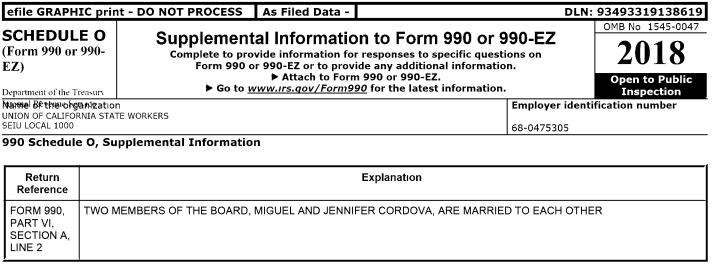
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

PART I, LINE 3

THE TOP MANAGEMENT OFFICIAL'S COMPENSATION IS ESTABLISHED BY A COLLECTIVE BARGAINING AGREEMENT WITH THE STATE OF CALIFORNIA, WHICH HAS BEEN APPROVED BY THE GOVERNING BODY AND MEMBERS OF THE ORGANIZATION IN 2016 A STIPEND WAS APPROVED FOR THE PRESIDENT, PAID DIRECTLY BY THE LOCAL FORM 990, PART VII, SECTION A, LINE 5 THE BOARD OF DIRECTORS USE LEAVE TIME FROM THE STATE OF CALIFORNIA TO PERFORM VARIOUS DUTIES FOR THE LOCAL THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THIS TIME BASED ON THE COLLECTIVE BARGAINING AGREEMENT IN PLACE WITH THE STATE THE REIMBURSEMENT IS BASED ON THE DIRECTOR'S ACTUAL STATE PAY (PLUS 35% FOR BENEFITS) AT THE TIME OF THE LEAVE A LIST OF THESE SALARY AND BENEFITS REIMBURSEMENTS TO THE STATE OF CALIFORNIA IS PROVIDED BELOW IN 2016, STIPENDS WERE APPROVED FOR THE FOUR STATEWIDE OFFICERS, PAID DIRECTLY BY THE LOCAL THE COMPENSATION REPORTED IN PART VII REFLECTS THESE STIPENDS AS TAKEN AND ADDITIONAL MINOR EXPENSE STIPENDS FOR OTHER DIRECTORS YVONNE WALKER - PRESIDENT PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS -64,914 KEVIN MENAGER - VICE PRESIDENT AND SECRETARY-TREASURER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 52,296 THERESA TAYLOR - VICE PRESIDENT AND SECRETARY-TREASURER - PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 65,781 MARGARITA MALDONADO - VICE PRESIDENT FOR BARGAINING - PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 53,004 LONNIE OWENS - VICE PRESIDENT FOR BARGAINING PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 61,293 TAMEKIA ROBINSON - VICE PRESIDENT FOR ORGANIZING / REPRESENTATION PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 31,500 ANICA WALLS - VICE PRESIDENT FOR ORGANIZING / REPRESENTATION PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 46,709 JOYCE WHEELER-OWENS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 16,277 KATE SPENCER - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,624 KEVIN LENNON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,367 AHJAMU MAKALANI - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 21,547 BEVERLY ARIAS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 149 KEHINDE ADEOYE - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,060 SYBLE TOMPKINS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 462 SANDRA GARCIA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 428 CAROLELYNN LEONARDO-VALDRIZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 52,961 GWENDOLYN CRAWFORD - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,919 DALIA JARAMILLO - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 7,046 JOSE MEDINA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 630 STEVEN ALARI - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 987 DELEON SECREST - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 47,886 MELISSA DEL ROSARIO - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,225 BEVERLY BROCKINGTON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 652 CHARITY REGALADO - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 57,439 KATHY EVANS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,303 MANUEL RODRIGUEZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 53,188 EDWARD FUNK - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 812 CYNTHIA VO - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,935 REGINA WHITNEY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 50,361 WILLIAM HALL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 648 JOYCELYN ODOM - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 440 RONALD ROSSON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,385 TERESA HUBBARD - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 40,473 JEROME WASHINGTON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 28.191 JOEL FEW - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 8,562 JAIME MOLINA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 742 KEVIN HEALY - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 51,140 DANA MEZA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,229 HAROLD FONG - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 338 LEONARD SEITZ - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 480 SHRHONDA WARD - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,624 BETH BARTEL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS -6,206 SHELIA BYARS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 83,417 TARA ROOKS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 70,437 KRISSE FELLS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 508 RANDALL STAN - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 58,714 NICHOLAS MANNION - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 68,724 TIFFANY CONTRERAS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 325 KERI KLINE - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 53,346 RENEE LATOUR - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 706 JULIE STRATTON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,112 WANDRA PITTS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 6,216 JAMES HOLVERSTOTT - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,458 EVE DICKSON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 4,786 RENAY LEVINGSTON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 598 HEATHER KESSLER - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 336 IBYANG RIVERA - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 306 SYLVIA RAMOS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,734 CINDY DOYEL - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 987 ANGELICA MILLER - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 41,046 JAVIER CARDENAS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,010 FRANCINA STEVENSON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 563 NOREEN NELSON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,349 RICK CALKINS - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,979 DELONNE JOHNSON - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,515 INNA LITKE - BOARD MEMBER PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 4,617 BRENDA MODKINS - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS 60,363 JAMES WILLIS - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 60,517 RIONNA JONES - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 35,011 SUSAN RODRIGUEZ - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 52,495 KIMBERLY COWART - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 121,240 MIGUEL CORDOVA BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 108,849 KAREN JEFFERIES - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 22,911 SOPHIA PERKINS - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS -12,174 MARIA PATTERSON - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 42,390 LUISA LEUMA - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 68,132 TERENCE HIBBARD - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 38,704 ROBERT VEGA - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 76,420 BRUCE THEEL - BUNC CHAIR PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 65,130

1 (Form 990) 2018 Schedule 1



Return Explanation

LINE 6

FORM 990, THE LOCAL REPRESENTS EMPLOYEES OF THE STATE OF CALIFORNIA WHO PAY MONTHLY DUES PART VI, SECTION A,

Return Explanation
Reference

LINE 7A

FORM 990, THE LOCAL'S MEMBERS ELECT THE MEMBERS OF THE GOVERNING BOARD PART VI, SECTION A,

Explanation Return Reference

FORM 990. THE OPERATING DECISIONS OF THE LOCAL ARE SUBJECT TO APPROVAL BY THE LOCAL'S BOARD OF DIRECTORS. PART VI. WHICH IS ELECTED BY MEMBERSHIP

SECTION A. LINE 7B

990 Schedule O, Supplemental Information

Return Explanation
Reference

LINE 8B

FORM 990, MINUTES OF MEETINGS HELD BY OTHER COMMITTEES ARE NOT DOCUMENTED AS THESE COMMITTEES DO NOT PART VI, HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY ALL DECISIONS AND RECOMMENDATI SECTION A, ONS MUST BE APPROVED BY THE GOVERNING BODY

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 11B

Return Explanation Reference

990 Schedule O. Supplemental Information

FORM 990,
PART VI,
SECTION B,
LINE 12C

ALL BOARD MEMBERS AND STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY ANNUALLY, D
ISCLOSURE OF RELATIONSHIPS OR INTERESTS THAT COULD GIVE RISE TO A CONFLICT IS PROVIDED TO
THE EXECUTIVE BOARD THE EXECUTIVE BOARD(OFFICERS AND TRUSTEES) REVIEW THE DISCLOSURES PRO
VIDED ON AN ANNUAL BASIS TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER TO
IMPOSE CERTAIN RESTRICTIONS ON A PERSON WITH A CONFLICT OF INTEREST

Return Explanation

990 Schedule O. Supplemental Information

ERS. PAID DIRECTLY BY THE LOCAL

Reference

FORM 990, PART VI, SECTION B, LINE 15 ELATED BUSINESS (UNION LEAVE) IN 2016. STIPENDS WERE APPROVED FOR THE FOUR STATEWINE STATE OF CALIFORNIA, WHICH IS BASED ON THE LOCAL 1000 MASTER CONTRACT THE LOCAL REIMBURSES TO SECTION B, LINE 15 ELATED BUSINESS (UNION LEAVE) IN 2016. STIPENDS WERE APPROVED FOR THE FOUR STATEWIDE OFFICE.

Return Explanation
Reference

LINE 18

FORM 990, THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST PART VI, SECTION C,

Return Explanation

FORM 990,	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO
PART VI,	THE PUBLIC
SECTION C,	
LINE 19	

PART VII,
SECTION A,
LINE 5

ES FOR THE LOCAL THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THIS TIME BASED ON THE
COLLECTIVE BARGAINING AGREEMENT IN PLACE WITH THE STATE THE REIMBURSEMENT IS BASED ON THE
DIRECTOR'S ACTUAL STATE PAY (PLUS 35% FOR BENEFITS) AT THE TIME OF THE LEAVE A LIST OF T
HESE SALARY AND BENEFITS REIMBURSEMENTS TO THE STATE OF CALIFORNIA IS PROVIDED IN SCHEDULE
J, PART III IN 2016, STIPENDS WERE APPROVED FOR THE FOUR STATEWIDE OFFICERS, PAID DIRECT
LY BY THE LOCAL THE COMPENSATION REPORTED IN PART VII REFLECTS THESE STIPENDS AND ADDITIO
NAL MINOR EXPENSE STIPENDS FOR OTHER DIRECTORS

Return Explanation
Reference

LINE 2C

FORM 990, PART XII,

SCHEDULE R
(Form 990)

As Filed Data Related

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

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No 1545-0047
2018

DLN: 93493319138619

Open to Public Inspection

Schedule R (Form 990) 2018

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Department of the Treasury

Internal Revenue Service

Employer identification number

SEIU LOCAL 1000				68-0475305			
Part I Identification of Disregarded Entities Complete	f the organization answer	ed "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) UNION OF CALIFORNIA STATE WORKERS PROPERTIES LLC 1808 14TH STREET SACRAMENTO, CA 958117131	MAINTAIN, MANAGE AND HOLD TITLE TO THE REAL PROPERTY OF THE LOCAL	-	48,000	14,066,448	THE UNION OF CALIFORNIA WORKERS	N STATE	_
							_
							_
Part II Identification of Related Tax-Exempt Organization 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	Section (13) co	g) n 512(b) ontrolled tity? No
(1)SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE 555 CAPITOL MALL SUITE 400 SACRAMENTO, CA 958144602 34-2032142	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527		UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		No
(2)SEIU LOCAL 1000 KEEPING CALIF HEALTHY AND SAFE AND STRONG 555 CAPITOL MALL SUITE 400 SACRAMENTO, CA 958144602 26-3463027	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527		UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		No

Cat No 50135Y

(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)		(g) Share of end-of-year assets	(I Disprop alloca	rtionate	(i) Code V-UB amount in be 20 of Schedule K- (Form 1065	General Genera	ij) eral or laging tner?	(k) Percenta owners
					314)			Yes	No		Yes	No	
											-		
												1 1	
Identification of Related Organiza because it had one or more related or						zation ansv	wered "Yes	" on Fo	orm 99	90, Part I\	/, line	34	
Identification of Related Organiza because it had one or more related or (a) Name, address, and EIN of related organization		corporation doing (state of		st during th	(d) controlling Tyentity	(e)	wered "Yes (f) Share of total income	Share	(g) of end- year assets	of- Perc	(h) entage	s (:	(I) ection 51 13) contr entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perc	(h) entage	s (:	ection 5: 13) contr
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perc	(h) entage	s (:	ection 5: 13) contr entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perc	(h) entage	s (:	ection 5 13) conti entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perc	(h) entage	s (:	ection 5 13) cont entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perc	(h) entage	s (:	ection 5 13) cont entity

Schedule R (Form 990) 2018

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	Yes	No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		res	NO			
10	1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No			
b	Gift, grant, or capital contribution to related organization(s)	1 b		No			
c	Gift, grant, or capital contribution from related organization(s)	1c		No			
d	Loans or loan guarantees to or for related organization(s)	1 d		No			
е	Loans or loan guarantees by related organization(s)	1e		No			
f	Dividends from related organization(s)	1f		No			

С	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1 d	No
е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1 g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No

f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1 i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	10	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Ye	es
r Other transfer of cash or property to related organization(s)	1r Ye	es
s Other transfer of cash or property from related organization(s)	1s	No

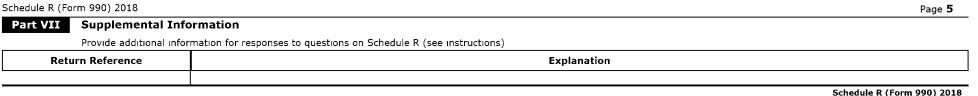
k Lease of facilities, equipment, or other assets from related organization(s)		1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)		11	No
m Performance of services or membership or fundraising solicitations by related organization(s)		1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	No
o Sharing of paid employees with related organization(s)		10	No
		4	<u> </u>
p Reimbursement paid to related organization(s) for expenses		1 p	No
q Reimbursement paid by related organization(s) for expenses		1q Yes	5
r Other transfer of cash or property to related organization(s)		1r Yes	s
s Other transfer of cash or property from related organization(s)		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 train	nsaction thresholds		
(a) (b) (c)	(d)		
Name of related organization Transaction Amount involved type (a-s)	Method of determining amo	ount involv	ed

q	Reimbursement paid by related organization(s) for expenses				1q Y	es	
r	Other transfer of cash or property to related organization(s)				1r Y	es	
5	Other transfer of cash or property from related organization(s)				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 r	elationships and trai	nsaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount invo	olved	
		Transaction			ount invo	olved	
		Transaction			ount invo	olved	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Form	1 99	0) 2018



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 1808 14TH STREET SACRAMENTO, CA 95811-7131
Prepared by	CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-0047

	For calendar year 20	19, or tax year beginning	, 2019, and ending	, 20	/	2019			
Department of the Treasury Internal Revenue Service			990-EZ, 990-PF, 1120-POI	2		2010			
Name of exempt organize			STATE WORKERS	Emp	loyer iden	tification number			
	SEIU LOC	AL 1000			68-04	75305			
Part I Type of	Return and Retu	urn Information (Wh	ole Dollars Only)						
			d enter the applicable amo						
			rn being filed with this form						
whichever is applicable,	blank (do not enter -0	-). If you entered -0- on th	ne return, then enter -0- on	the applicable line b	elow. Do n	ot complete more			
than one line in Part I.									
1a Form 990 check her	re ▶ X b	Total revenue, if any (F	orm 990, Part VIII, column	(A), line 12)	1b	49,114,035			
2a Form 990-EZ check	here b	Total revenue, if any (F	orm 990-EZ, line 9)		2b				
3a Form 1120-POL che	eck here b	Total tax (Form 1120-P	OL, line 22)		3b				
4a Form 990-PF check	here b	Tax based on investm	ent income (Form 990-PF,	Part VI, line 5)	4b				
5a Form 8868 check he	ere b	Balance due (Form 886	68, line 3c)		5b				
Part II Declara	tion of Officer								
(direct debit) e taxes owed on Treasury Finan institutions inv	ntry to the financial in: this return, and the fi cial Agent at 1-888-35	stitution account indicate nancial institution to deb i3-4537 no later than 2 b g of the electronic paym	ent to initiate an Automate ed in the tax preparation so it the entry to this account usiness days prior to the p ent of taxes to receive con	oftware for payment . To revoke a payme avment (settlement)	of the orga ent, I must date. I also	anization's federal contact the U.S. o authorize the financia			
executed the e	electronic disclosure c	with a state agency(ies) roonsent contained within ove) to the selected state	egulating charities as part this return allowing disclos agency(ies).	of the IRS Fed/State cure by the IRS of thi	program, s Form 99	I certify that I 0/990-EZ/990-PF			
Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I urther declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my ntermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.									
Sign	ngu	Julier (PRESIDENT	ר				
Here Signature of	of officer		Date	Title					
Part III Declarat	ion of Electronic	Return Originator	(ERO) and Paid Pre	parer(see instructi	ons)				
declare that I have revie	wed the above organi	zation's return and that t	he entries on Form 8453-E	O are complete and	correct to	the best of my			

knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's	ERO's signature	F. Hilly, CPA	Date 11/03/20	Check if also paid preparer	Check if self- employed	ERO's SSN or PTIN P01081188
Only	Firm's name (or yours if self-employed),	CALIBRE CPA GROUP	PLLC			EIN 47-0900880
Office	address, and ZIP code	7501 WISCONSIN AV		1200 W	EST	Phone no.
		BETHESDA, MD 2081	4			202-331-9880

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self-	PTIN
Preparer Use Only				Firm's EIN ►	
	Firm's address	Phone no.			

923061 11-08-19 LHA For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2019)

Form 990 (Rev. January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2019

Open to Public Inspection

► 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.

and ending A For the 2019 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number UNION OF CALIFORNIA STATE WORKERS Address change SEIU LOCAL 1000 Name change 68-0475305 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 1808 14TH STREET (916) 554 -1210termin-ated 49,114,035. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 95811-7131 SACRAMENTO, CA H(a) Is this a group return Applica-F Name and address of principal officer: YVONNE WALKER Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: 501(c)(3) X 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.SEIU1000.ORG H(c) Group exemption number ► 5304 K Form of organization: X Corporation Association Other > L Year of formation: 2001 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 64 Number of voting members of the governing body (Part VI, line 1a) <u>64</u> Number of independent voting members of the governing body (Part VI, line 1b) 4 183 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 89,103. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a -8,800. b Net unrelated business taxable income from Form 990-T, line 39 7b **Current Year Prior Year** 0. 274,920. Contributions and grants (Part VIII, line 1h) Revenue 55,111,465. 45,945,452. Program service revenue (Part VIII, line 2g) 165,519. 262,992. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,040,290. 2,630,671. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 56,317,274. 49,114,035. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 162,405. 147,500. Benefits paid to or for members (Part IX, column (A), line 4) 21,479,249. 20,608,298. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses **b** Total fundraising expenses (Part IX, column (D), line 25) 32,656,089 32,474,967. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 53,230,765. -4,116,730. 54,297,743. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,019,531. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 42,920,926. 46,606,601. 20 Total assets (Part X, line 16) 17,882,793. 17,522,470. 21 Total liabilities (Part X, line 26) Net/ 29,084,131. 25,038,133. 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign YVONNE WALKER, PRESIDENT Here Type or print name and title PTIN Date Preparer's signature, Print/Type preparer's name Sutt 8. Hallba Paid SCOTT E. HALLBERG, CPA 11/3/20 P01081188 Firm's name CALIBRE CPA GROUP PLLC Firm's EIN $\searrow 47-0900880$ Preparer Firm's address 7501 WISCONSIN AVENUE, SUITE 1200 Use Only WEST

X Yes No

Phone no. 202-331-9880

BETHESDA, MD 20814

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

Pa	<u>t III</u> Statement of Program Service Acc	omplishments		
	Check if Schedule O contains a response or no	ote to any line in this Part III		<u></u>
1	Briefly describe the organization's mission:			
	TO PROVIDE ASSISTANCE IN M			
	LEGISLATIVE ADVOCACY IN SU	PPORT OF PROGRAM	S BENEFICIAL TO STAT	re
	EMPLOYEES AND RETIREES.			
2	Did the organization undertake any significant progra	am services during the year whic	h were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule O			
3	Did the organization cease conducting, or make sign		ets, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O.	modrit changes withow it conduct	no, any program convideo.	
4	Describe the organization's program service accomp	lichments for each of its three la	racet program convices, as massured b	v ovnoncoo
7	Section 501(c)(3) and 501(c)(4) organizations are requ			
		uired to report the amount of gra	arits and allocations to others, the total	expenses, and
4-	revenue, if any, for each program service reported.		\ /-	
4a	(Code:) (Expenses \$ EXPENSES INCURRED FOR THE	including grants of \$) (Revenue \$ V EVENDO DIDDOCEC OF)
	REPRESENTING AND MAINTAINI			CIAIL
	SERVICE EMPLOYEES OF THE S	TATE OF CALIFORN	IA.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	1
) (Expenses #	microding grants or \$\psi\$) (πενέπαε ψ	,
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			· · · ·	
				
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants	s of \$) (Revenue \$)
4e	Total program service expenses ▶			_
				Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A			Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III			X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	25	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	d the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Form 990 (2019)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3,7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Do:	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	INO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

932004 01-20-20

Form **990** (2019)

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 183			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	the organization have unrelated business gross income of \$1,000 or more during the year?		За	Х	
b	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?				X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b 5c		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Х	
	any contributions that were not tax deductible as charitable contributions?				
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
7	were not tax deductible?				
и а	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7b		
	to file Form 8282?		7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	ا ء ا			
		10a 10b			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	100			
11 a	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	14a		
		71 7			X
	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				_v
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	t in a comp 0	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		Form	990	(2010

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 64			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 64			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
_	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	-		
7a		70	х	
h	more members of the governing body?	7a	25	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-	х	
_	persons other than the governing body?	7b	- 25	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Х	
a	The governing body?	8a	^	Х
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			₩.
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		I	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Λ	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		٠,,	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		7.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	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			
	STEVE SCHMIDT - 866-471-7348			
	1808 14TH STREET, SACRAMENTO, CA 95811			

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Page 7

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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.

ot 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	box	not c , unle cer an	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) YVONNE WALKER	70.00	.,		3.7				F 4 7 F 0	•	0
PRESIDENT	27 00	Х		Х				54,752.	0.	0.
(2) KEVIN MENAGER	37.00	Į.,		7.7					0	0
VICE PRESIDENT AND SECRETA	38.00	Х		Х				0.	0.	0.
(3) TONY OWENS	30.00	x		х				0.	0.	0
VICE PRESIDENT FOR BARGAIN	38.00	^		^				0.	0.	0.
(4) ANICA WALLS VICE PRESIDENT FOR ORGANIZ	38.00	X		х				14,579.	0.	0.
(5) KATE SPENCER	28.00	^		Δ				14,379.	0.	0.
BOARD MEMBER	20.00	x						0.	0.	0.
(6) KEVIN LENNON	3.00	122						0.	0.	0.
BOARD MEMBER	3.00	x						0.	0.	0.
(7) AHJAMU MAKALANI	23.00									•
BOARD MEMBER		x						0.	0.	0.
(8) KEHINDE ADEOYE	9.00	 								-
BOARD MEMBER		X						0.	0.	0.
(9) SYBLE TOMPKINS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) SANDRA GARCIA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) CAROLELYNN LEONARDO-VALDRIZ	35.00									
BOARD MEMBER		X						0.	0.	0.
(12) GWENDOLYN CRAWFORD	32.00									
BOARD MEMBER		Х						0.	0.	0.
(13) DALIA JARAMILLO	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JOSE MEDINA	4.00									
BOARD MEMBER		Х						0.	0.	240.
(15) STEVEN ALARI	3.00	l							_	_
BOARD MEMBER	1 20 22	Х					$ldsymbol{f eta}$	0.	0.	0.
(16) LEBRON SECREST	38.00	1								
BOARD MEMBER	1	Х						0.	0.	0.
(17) MELISSA DEL ROSARIO	6.00	۱								•
BOARD MEMBER		Х						0.	0.	0 • Form 990 (2019)

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Form 990 (2019)

Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(D)	(E)	(F)							
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) CHARITY REGALADO	36.00									
BOARD MEMBER		Х						0.	0.	0.
(19) KATHY EVANS BOARD MEMBER	4.00	x						0.	0.	0.
(20) MANUEL RODRIGUEZ	34.00									
BOARD MEMBER		Х						0.	0.	0.
(21) JACK FUNK	3.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(22) CYNTHIA VO BOARD MEMBER	8.00	X						0.	0.	0.
(23) REGINA WHITNEY	34.00									
BOARD MEMBER		Х						0.	0.	0.
(24) WILLIAM HALL	4.00									
BOARD MEMBER		Х						0.	0.	0.
(25) RONALD ROSSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(26) G PERDIGONES	23.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal							>	69,331. 776,118.	0.	240.
	c Total from continuation sheets to Part VII, Section A								0.	269,803.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but							<u> </u>	845,449.	0.	270,043.

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

Yes No
3 X

X

37

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

line 1a? If "Yes," complete Schedule J for such individual

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
HOLIDAY INN SACRAMENTO DOWNTOWN-ARENA		
300 J STREET, SACRAMENTO, CA 95814	CONFERENCE SERVICES	1,771,986.
CALIFORNIA STATE EMPLOYEES ASSOCIATION	ADMINISTRATIVE	
1108 O STREET,, SACRAMENTO, CA 95816	SERVICES	1,315,630.
HILTON SAN DIEGO BAYFRONT		
1 PARK BLVD, SAN DIEGO, CA 92101	CONFERENCE SERVICES	370,045.
COMMERCE PRINTING SERVICE		
322 NORTH 12TH ST, SACRAMENTO, CA 95811	PRINTING SERVICES	341,901.
ONNI COAST SAVINGS LIMITED PARTNERSHIP		
315 W. 9TH STREET, LOS ANGELES, CA 90015	LANDLORD	333,702.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization > 27		

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, T		mple	oyee			ligh	est			
(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average hours	Position (check all that apply)					ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) JEROME WASHINGTON	15.00									_
BOARD MEMBER		Х						0.	0.	0.
(28) JOEL FEW	7.00	ļ								
BOARD MEMBER		Х						0.	0.	500.
(29) KEVIN HEALY	37.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(30) DANA MEZA	2.00	1								
BOARD MEMBER	1 00	Х						0.	0.	0.
(31) HAROLD FONG	4.00	ļ								
BOARD MEMBER	10.00	Х						0.	0.	0.
(32) JENNIFER CORDOVA	12.00	١							_	200
BOARD MEMBER	4 00	Х						0.	0.	300
(33) LEONARD SEITZ	4.00	١,,							_	_
BOARD MEMBER	24 00	Х						0.	0.	0.
(34) SHRHONDA WARD	34.00	١,,								_
BOARD MEMBER	5.00	Х						0.	0.	0.
(35) SOPHIA PERKINS	3.00	x						0.	0.	0.
BOARD MEMBER (36) BETH BARTEL	6.00	^						0.	0.	0 ,
BOARD MEMBER	0.00	X						0.	0.	300.
(37) TARA ROOKS	36.00	<u> </u>						0.	0.	300
BOARD MEMBER	30.00	X						0.	0.	0.
(38) RANDALL STAN	30.00	122						0.	0.	0.
BOARD MEMBER	30,00	x						0.	0.	1,200
(39) NICHOLAS MANNION	36.00							0.0		
BOARD MEMBER		x						0.	0.	0.
(40) MARY DE LA CRUZ	4.00									
BOARD MEMBER		X						0.	0.	0.
(41) JULIE STRATTON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(42) DAVID JOHNSON	4.00									
BOARD MEMBER		Х						0.	0.	0.
(43) RAQUEL HINES	2.00									
BOARD MEMBER		Х						0.	0.	275.
(44) EVE DICKSON	9.00									
BOARD MEMBER		Х	L	L	L	L		0.	0.	599.
(45) RENAY LEVINGSTON	4.00									
BOARD MEMBER		Х						0.	0.	0.
(46) HEATHER KESSLER	2.00									
BOARD MEMBER		X	1	ı	l	l	l	0.	0.	300.

Form 990

Form 990 SEIU LOC										5305			
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)				
(A)	(B)				C)			(D) (E) (F)					
Name and title	Average	Position						Reportable	Reportable	Estimated			
	hours	(check all that apply)						compensation	compensation	amount of			
	per							from	from related	other			
	week					Highest compensated employee		the	organizations	compensation			
	(list any hours for	lirecto				d em b		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization			
	related	e or c	stee			satec		(88-2/1099-181130)		and related			
	organizations	truste	al trus		yee	mper				organizations			
	below	Individual trustee or director	Institutional trustee	 	Key employee	est co	er			3			
	line)	Indiv	Instit	Officer	Keye	High	Former						
(47) SYLVIA RAMOS	29.00												
BOARD MEMBER		Х						0.	0.	1,200.			
(48) CINDY DOYEL	4.00												
BOARD MEMBER		Х						0.	0.	0.			
(49) ANGELICA MILLER	29.00												
BOARD MEMBER		Х						0.	0.	0.			
(50) JAVIER CARDENAS	2.00												
BOARD MEMBER		Х						0.	0.	0.			
(51) FRANCINA STEVENSON	15.00												
BOARD MEMBER		Х						0.	0.	0.			
(52) NOREEN NELSON	2.00												
BOARD MEMBER		Х						0.	0.	0.			
(53) DELONNE JOHNSON	3.00												
BOARD MEMBER		Х						0.	0.	330.			
(54) JARED REECE	3.00												
BOARD MEMBER		Х						0.	0.	660.			
(55) WANDA YANEZ	2.00												
BOARD MEMBER	25.00	Х			<u> </u>			0.	0.	0.			
(56) KIMBERLY COWART	37.00									•			
BUNC CHAIR	24 00	Х						0.	0.	0.			
(57) MIGUEL CORDOVA	34.00	,,							•	0			
BUNC CHAIR	25 00	Х						0.	0.	0.			
(58) KAREN JEFFERIES	35.00	,,							•	0			
BUNC CHAIR	25 00	Х						0.	0.	0.			
(59) MARIA PATTERSON	35.00	x							0	0			
BUNC CHAIR	38.00	Δ						0.	0.	0.			
(60) LUISA LEUMA	30.00	х						0.	0.	^			
BUNC CHAIR	38.00	^						0.	0.	0.			
(61) TERENCE HIBBARD	30.00	x						0.	0.	0.			
BUNC CHAIR (62) ROBERT VEGA	38.00	^						0.	0.	0.			
BUNC CHAIR	30.00	x						0.	0.	0.			
(63) PATRICE VALLIER-GLASS	2.00	^			<u> </u>			0.	0.	0.			
BUNC CHAIR	2.00	Х						0.	0.	0.			
(64) SUSAN RODRIGUEZ	31.00							0.	0.	•			
BUNC CHAIR	31.00	Х						0.	0.	0.			
(65) BRAD WILLIS	38.00	 		\vdash	\vdash	\vdash			.	J •			
BUNC CHAIR	33.00	Х						0.	0.	0.			
(66) MICHAEL ROSKEY	2.00	 								<u></u>			
		Х						0.	0.	0.			
BOARD MEMBER - FORMER		122						U .					

Form 990 SEIU LOC	AL 1000								68-047	5305
Part VII Section A. Officers, Directors, Tr	rustees, Key Eı	nplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)	
(A)	(B)		(D)	(E)	(F)					
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(c	heck	all t	that apply)			compensation	compensation	amount of
	per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(CE) TARRY GOLLTYS	line)	프	ii ii	₽	s s	垩	요			
(67) LARRY COLLINS	2.00	x						0.	0.	^
BOARD MEMBER - FORMER	2.00	^						0.	0.	0.
(68) RENEE LATOUR	2.00	х						0.	0.	0.
BOARD MEMBER - FORMER	2.00	^						0.	0.	0.
(69) JAMES HOLVERSTOTT	2.00	х						0.	0.	^
BOARD MEMBER - FORMER	40.00	^						0.	0.	0.
(70) ANNE GIESE	40.00					7.		162,400.	0.	40 247
CHIEF COUNSEL	40.00					Х		102,400.	0.	49,347.
(71) MARGARITA MALDONADO	40.00					x		164,325.	0.	56 Q1 <i>1</i>
CHIEF OF STAFF (72) BROOKE PIERMAN	40.00					^		104,323.	0.	56,914.
CONTRACTS DIRECTOR	40.00					x		150,230.	0.	53,938.
(73) SAMANTHA GORDON	40.00					^		130,230.	0.	33,930.
FIELD DIRECTRO	40.00					Х		148,933.	0.	48,760.
(74) BRENT FITZPATRICK	40.00					122		140,733.	0.	40,700.
DIRECTOR OF INFORMATION SE	40.00					X		150,230.	0.	55,180.
								200,200	.	, , , , ,
Total to Part VII, Section A, line 1c								776,118.		269,803.

ı a	I L V	•••	Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Check if Schedule O contains a response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ts t	1 :	a	Federated campaigns 1a					
iran			Membership dues 1b					
S, G			Fundraising events 1c					
ar /			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
rioi			All other contributions, gifts, grants, and					
the			similar amounts not included above 1f	274,920.				
	(g	Noncash contributions included in lines 1a-1f					
S Ĕ	Ì	h	Total. Add lines 1a-1f		274,920.			
				Business Code				
e l	2 8	а	MEMBER DUES	900099	45,945,452.	45,945,452.		
Program Service Revenue	ı	b						
Sign	(С						
eve	(d						
P O G		е						
ᇫ	1	f	All other program service revenue					
	(g	Total. Add lines 2a-2f		45,945,452.			
	3		Investment income (including dividends, interest	est, and				
			other similar amounts)	>	262,992.			262,992.
	4		Income from investment of tax-exempt bond p	oroceeds >				
	5		Royalties					
			(i) Real	(ii) Personal				
	6 a	a	Gross rents 6a 35,285.					
	ı	b	Less: rental expenses 6b 0.					
	(С	Rental income or (loss) 6c 35,285.	,				
			Net rental income or (loss)		35,285.	35,285.		
	7 8	a	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
o l	ı	b	Less: cost or other basis					
ň			and sales expenses					
Revenue			Gain or (loss) 7c					
er B			Net gain or (loss)					
Othe	8 8	а	Gross income from fundraising events (not					
١			including \$ of					
			contributions reported on line 1c). See					
		h	Part IV, line 18 8a Less: direct expenses 8b	 				
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
		u	Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	•				
			Gross sales of inventory, less returns					
			and allowances 10a					
	ı	b	Less: cost of goods sold 10k	 				
			Net income or (loss) from sales of inventory					
s				Business Code				
e g	11 a	а	MISCELLANEOUS	900099	1,314,559.	1,314,559.		
ane	ı	b	CSEA INCOME	900099	928,943.	928,943.		
eve eve	(С	STATE BAR SERVICING FEES	900099	241,531.	241,531.		
Miscellaneous Revenue	(d	All other revenue	900099	110,353.	21,250.	89,103.	
		е	Total. Add lines 11a-11d)	2,595,386.			
	12		Total revenue. See instructions		49,114,035.	48,487,020.	89,103.	262,992.

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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 respon	(A)	tnis Part IX(B)	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	145 500			
	Benefits paid to or for members	147,500.			
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	14 122 011			
	Other salaries and wages	14,133,911.			
	Pension plan accruals and contributions (include	2 724 675			
	section 401(k) and 403(b) employer contributions)	2,734,675.			
	Other employee benefits	2,516,012.			
	Payroll taxes	1,223,700.			
	Fees for services (nonemployees):				
а	Management	454 054			
b	Legal	151,951.			
С	Accounting	80,201.			
d	Lobbying	119,751.			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	95.			
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,792,182.			
2	Advertising and promotion				
	Office expenses	1,850,068.			
	Information technology	402,859.			
	Royalties				
i	Occupancy	1,701,506.			
	Travel	6,268,797.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	4,175.			
	Interest	305,996.			
	Payments to affiliates	9,972,615.			
	Depreciation, depletion, and amortization	876,779.			
	Insurance	223,377.			
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	REIMB TO CA FOR UL	5,837,812.			
	PAYMENTS TO CSEA	1,403,928.			
_	DLC ADMINISTRATION, FOR	865,521.			
d	INTERNAL ELECTION EXPEN	218,434.			
	All other expenses	398,920.			
	Total functional expenses. Add lines 1 through 24e	53,230,765.			
	Joint costs. Complete this line only if the organization	,, , , , , ,			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			1	

Part X Balance Sheet

Fai	IL A	Dalance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			4,540,793.	1	2,782,833.
	2	Savings and temporary cash investments			14,055,945.	2	8,507,750.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4,748,855.	4	5,633,590.
	5	Loans and other receivables from any current or	forme	r officer, director,			
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			605 000	8	504 545
⋖	9	Prepaid expenses and deferred charges			637,333.	9	724,547.
	10a	Land, buildings, and equipment: cost or other		00 064 004			
		basis. Complete Part VI of Schedule D		22,061,031.	15 050 451		15 000 060
	l	Less: accumulated depreciation		6,780,963.	15,853,451.	10c	15,280,068.
	11	Investments - publicly traded securities			C 710 000	11	0 000 000
	12	Investments - other securities. See Part IV, line 1			6,710,290.	12	9,908,928.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			E0 024	14	02 210
	15	Other assets. See Part IV, line 11			59,934. 46,606,601.	15	83,210. 42,920,926.
	16	Total assets. Add lines 1 through 15 (must equa			7,992,572.	16	8,802,861.
	17	Accounts payable and accrued expenses	F	1,332,312.	17	0,002,001.	
	18	Grants payable	282,264.	18 19	228,933.		
	19	Deferred revenue			202,204.		220,755.
	20 21	Tax-exempt bond liabilities				20 21	
"	22	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or form trustee, key employee, creator or founder, subst					
iiq		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrela			6,884,197.	23	6,686,442.
	24	Unsecured notes and loans payable to unrelated			, , .	24	, , , , ,
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D			2,363,437.	25	2,164,557.
	26	Total liabilities. Add lines 17 through 25			17,522,470.	26	17,882,793.
		Organizations that follow FASB ASC 958, che					
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			27,154,034.	27	22,725,440.
Ba	28	Net assets with donor restrictions		1,930,097.	28	2,312,693.	
nu		Organizations that do not follow FASB ASC 9	eck here 🕨 🗌				
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds			29		
sse	30	Paid-in or capital surplus, or land, building, or ed	Juipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Š	32	Total net assets or fund balances			29,084,131.	32	25,038,133.
	33	Total liabilities and net assets/fund balances			46,606,601.	33	42,920,926.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				35.
2	Total expenses (must equal Part IX, column (A), line 25)	2				65.
3	Revenue less expenses. Subtract line 2 from line 1	3				30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29			31.
5	Net unrealized gains (losses) on investments	5		7	0,7	32.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	25	,03	8,1	33.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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:		ļ			
	Separate basis Consolidated basis Both consolidated and separate basis		ļ			
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	ļ			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O	ا.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audi	it			
	or guidite, explain why on Schodule O and describe any stone taken to undergo such guidite		l.	2h		I

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

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

OMB No. 1545-0047

2019

Name of the organization

UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Employer identification number

68-0475305

Filers of:		Section:
Form 990	or 990-EZ	X 501(c)(5) (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
	•	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special F	Rules	
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the cions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year
but it mu	st answer "No" on l	eat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
UNION OF CALIFORNIA STATE WORKERS
SEIU LOCAL 1000

Employer identification number

68-0475305

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
UNION OF CALIFORNIA STATE WORKERS
SEIU LOCAL 1000

Employer identification number

68-0475305

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization Employer identification number UNION OF CALIFORNIA STATE WORKERS 68-0475305 SEIU LOCAL 1000 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

(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(u) Description of now gift is field
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
	(b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	Transferee's name, address, and ZIP + 4 (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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. Inspection

• 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.

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 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) organiza 				
	F CALIFORNIA STA	TE WORKERS	Empl	oyer identification number
	CAL 1000			68-0475305
Part I-A Complete if the org	ganization is exempt und	er section 501(c) c	or is a section 527 o	rganization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa 	tures		 ►\$	
Part I-B Complete if the org	anization is exempt und	er section 501(c)(3	3).	
1 Enter the amount of any excise tax				
2 Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	▶\$	
3 If the organization incurred a section	n 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.		504/		() (0)
Part I-C Complete if the org	•	* **		, , , ,
1 Enter the amount directly expended				
2 Enter the amount of the filing organ		•		
exempt function activities 3 Total exempt function expenditures			▶\$	-
line 17b			> ¢	
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	nployer identification number (EII ttion listed, enter the amount paic omptly and directly delivered to a	N) of all section 527 poli d from the filing organiza a separate political organ	tical organizations to whic tion's funds. Also enter th nization, such as a separa	th the filing organization ne amount of political
(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
SEIU LOCAL 1000	SACRAMENTO, CA			
CANDIDATE PAC	95814-4602	34-2032142	0.	956,495.
SEIU LOCAL 1000	SACRAMENTO, CA	60 0475305		451 420
ISSUES PAC	95814-4602	68-0475305	0.	451,439.

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

SEE PART IV FOR CONTINUATION

68-0475305 Page 2

Part II-A Complete if the organize section 501(h)).	zation is exe		on 501(c)(3) and file	ed Form 5768 (6	election under
A Check ► if the filing organization be expenses, and share of € B Check ► if the filing organization organ	excess lobbying	expenditures).		group member's nar	me, address, EIN,
	Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1	a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ad	d lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter the					
If the amount on line 1e, column (a) or (b) i	s: The lob	bying nontaxable an	nount is:		
Not over \$500,000		the amount on line 16	I		
Over \$500,000 but not over \$1,000,000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500,00		•	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,0		00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
 g Grassroots nontaxable amount (enter 2) h Subtract line 1g from line 1a. If zero or legions is subtract line 1f from line 1c. If zero or legions is an amount other than zero on reporting section 4911 tax for this year? 	ess, enter -0- ess, enter -0- either line 1h or	line 1i, did the organi			Yes No
(Some organizations that m	See the separ	ate instructions for I	ines 2a through 2f.)	of the five columns	below.
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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					

Schedule C (Form 990 or 990-EZ) 2019

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	(a)		(k)
of the lobbying activity.	Yes	No	Amo	ount
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) (d), on 501(c)(5), or se	ction		
501(c)(6).	J. 00 (0)(o,, o. oo	01.011	
			Yes	N
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures).	cai			
expenses for which the section 527(f) tax was paid).		20		
a Current year				
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 exceeds the amount on line 3, what portion of the exceeds the amount on line 3.				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		4 5		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
5 Taxable amount of lobbying and political expenditures (see instructions)	o list); Part II-	5	and 2 (see	
Taxable amount of lobbying and political expenditures (see instructions) 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 instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:		5		ES
5 Taxable amount of lobbying and political expenditures (see instructions) 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 instructions); and Part II-B, line 1. Also, complete this part for any additional information.	NDITUR	A, lines 1 a		ES
Taxable amount of lobbying and political expenditures (see instructions) 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 instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1: THE LOCAL, THROUGH ITS CANDIDATE AND INDEPENDENT EXPE	NDITUR	A, lines 1 a E PAC AKING	, MAKI	

932043 11-26-19

Part IV Supplemental Information (continued)
CAMPAIGN ACTIVITIES INCLUDE MAKING EXPENDITURES IN CONNECTION WITH
LOCAL AND STATEWIDE BALLOT MEASURES.
PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:
SEIU LOCAL 1000 CANDIDATE PAC
555 CAPITOL MALL, SUITE 400 SACRAMENTO, CA 95814-4602
SEIU LOCAL 1000 ISSUES PAC
555 CAPITOL MALL, SUITE 400 SACRAMENTO, CA 95814-4602

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Employer identification number 68-0475305

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Pai	·		IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concernation	accoments during the year
′	S	diling of violations, and emorcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above	we satisfy the requirements of section 170/h//	IVRVi)
Ü	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservat		
•	balance sheet, and include, if applicable, the text of the foot	-	
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	ince sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce 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 tre		
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019

932051 10-02-19

 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a Public exhibition b Scholarly research d Loan or exchange program e Other 		
a Public exhibition d Loan or exchange program		
h Scholarly recognish		
b		
c Preservation for future generations		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XI	II.	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets		1
	'es 📖	No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line reported an amount on Form 990, Part X, line 21.	9, or	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included		
	′es 🔲	No
b If "Yes," explain the arrangement in Part XIII and complete the following table:		
Ar	mount	
c Beginning balance 1c		
d Additions during the year1d		
e Distributions during the year		
f Ending balance		
	′es 🔲	No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	<u></u>	
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)	e) Four years b	oack
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)	
	Ba(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	
4 Describe in Part XIII the intended uses of the organization's endowment funds.		
Part VI Land, Buildings, and Equipment.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.		
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation) Book value)
1a Land 7,230,000. 7,	230,00	00.
	506,20	
c Leasehold improvements 624,152. 380,791.	243,36	
	,183,92	23.
e Other 2,357,903 2,241,323.	116,58	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	,280,06	<u> 8</u>

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 SETU LOCAL	1000	68	-04/5305 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	0 107 713	COCE	
(A) CERTIFICATES OF DEPOSIT	8,197,713.	COST	
(B) BONDS	1,711,215.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	0 000 020		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	9,908,928.		
Part VIII Investments - Program Related.	5 000 B + N/ II +		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line 1 (b) Book value	(c) Method of valuation: Cost or end	d of year market value
` ' '	(b) DOOK Value	(C) Method of Valuation. Cost of end	u-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1d See Form 990 Part X line 15	
	Description	14. 200 i ann 200, i ant 7, iii a 10.	(b) Book value
(1)			. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	•	
Part X Other Liabilities.	,	,	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED VACATION			1,129,270
(3) CAPITAL LEASES			266,928
(4) PER CAPITA TAX PAYABLE			768,359
(5)			,
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

2,164,557.

1

Schedule D	(Form 990) 2019	SEIO	TOCAL	1000			00-04
Part XI	Reconciliation of	Reven	ue per Au	udited Financial	Statements W	Vith Revenue per l	Return.
	Complete if the organization	zation ans	wered "Yes	s" on Form 990, Part I	V, line 12a.		

	o implication and original anion of the first original anion original anion original anion original anion original anion original anion original anion original anion orig		
1	Total revenue, gains, and other support per audited financial statements	1	49,317,334.
2			
а	Net unrealized gains (losses) on investments	•	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
	Other (Describe in Part XIII.) 2d 132,567	•	
	Add lines 2a through 2d	2e	203,299.
3	Subtract line 2e from line 1	3	49,114,035.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	49,114,035.

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. 53,193,565. Total expenses and losses per audited financial statements

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 2c c Other losses

-37,200Other (Describe in Part XIII.) -37,200.2e e Add lines 2a through 2d 53,230,765. Subtract line 2e from line 1

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.) c Add lines 4a and 4b 4c

Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE LOCAL AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN UNCERTAIN TAX POSITIONS THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE LOCAL, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2019, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN WHICH WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. MANAGEMENT BELIEVES THAT THE LOCAL'S TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2016 THROUGH 2018 REMAIN SUBJECT TO EXAMINATION, BASED ON THE NORMAL STATUTORY PERIODS

Schedule D (Form 990) 2019

	6-04/3303 Page 5
Part XIII Supplemental Information (continued)	
SUBJECT TO AUDIT, NOTWITHSTANDING ANY EVENTS OR CIRCUMSTANCES	THAT MAY
EXIST WHICH COULD EXPAND THE OPEN PERIOD.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DLC ADMINISTRATION, FORFEITURES AND FEES	-865,521.
PAC ACTIVITY	998,088.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	132,567.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
PAC EXPENSES	828,321.
DLC ADMINISTRATION	-865,521.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-37,200.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DLC ADMINISTRATION, FORFEITURES AND FEES	

SCHEDULE J (Form 990)

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.

► Attach to Form 990.

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

Name of the organization

Department of the Treasury

Internal Revenue Service

UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Open to Public Inspection
Employer identification number

68-0475305

OMB No. 1545-0047

Questions Regarding Compensation Part I No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as 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 _____ 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee □ Form 990 of other organizations 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: X **a** Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X 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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule J (Form 990) 2019

Regulations section 53.4958-6(c)?

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 aren't 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.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ANNE GIESE (i)	154,000.	0.	8,400.	32,340.	17,007.	211,747.	0.
CHIEF COUNSEL (ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARGARITA MALDONADO (i)	155,925.	0.	8,400.	32,744.	24,170.	221,239.	0.
CHIEF OF STAFF (ii)	0.	0.	0.	0.	0.	0.	0.
(3) BROOKE PIERMAN (i)	141,750.	0.	8,480.	29,767.	24,171.	204,168.	0.
CONTRACTS DIRECTOR (ii)	0.	0.	0.	0.	0.	0.	0.
(4) SAMANTHA GORDON (i)	140,533.	0.	8,400.	29,512.	19,248.	197,693.	0.
FIELD DIRECTRO (ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRENT FITZPATRICK (i)	141,750.	0.	8,480.	29,768.	25,412.	205,410.	0.
DIRECTOR OF INFORMATION SE (ii)	0.	0.	0.	0.	0.	0.	0.
(ii)							
(ii)							
(ii)							
(i)							
(ii)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

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.

PART I, LINE 3:

THE TOP MANAGEMENT OFFICIAL'S COMPENSATION IS ESTABLISHED BY A COLLECTIVE

BARGAINING AGREEMENT WITH THE STATE OF CALIFORNIA, WHICH HAS BEEN APPROVED

BY THE GOVERNING BODY AND MEMBERS OF THE ORGANIZATION. IN 2016 A STIPEND

WAS APPROVED FOR THE PRESIDENT, PAID DIRECTLY BY THE LOCAL.

FORM 990, PART VII, SECTION A, LINE 5

THE BOARD OF DIRECTORS USE LEAVE TIME FROM THE STATE OF CALIFORNIA TO

PERFORM VARIOUS DUTIES FOR THE LOCAL. THE LOCAL REIMBURSES THE STATE OF

CALIFORNIA FOR THIS TIME BASED ON THE COLLECTIVE BARGAINING AGREEMENT IN

PLACE WITH THE STATE. THE REIMBURSEMENT IS BASED ON THE DIRECTOR'S ACTUAL

STATE PAY (PLUS 35% FOR BENEFITS) AT THE TIME OF THE LEAVE. A LIST OF

THESE SALARY AND BENEFITS REIMBURSEMENTS TO THE STATE OF CALIFORNIA IS

PROVIDED BELOW. IN 2016, STIPENDS WERE APPROVED FOR THE FOUR STATEWIDE

OFFICERS, PAID DIRECTLY BY THE LOCAL. THE COMPENSATION REPORTED IN PART VII

REFLECTS THESE STIPENDS AS TAKEN AND ADDITIONAL MINOR EXPENSE STIPENDS FOR

OTHER DIRECTORS.

YVONNE WALKER - PRESIDENT

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.

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 69633

KEVIN MENAGER - VICE PRESIDENT AND SECRETARY-TREASURER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 123,470

LONNIE OWENS - VICE PRESIDENT FOR BARGAINING

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 130,386

ANICA WALLS - VICE PRESIDENT FOR ORGANIZING

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 99,072

KATE SPENCER - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 29,780

KEVIN LENNON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,565

AHJAMU MAKALANI - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 34,507

KEHINDE ADEOYE - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 8,394

SYBLE TOMPKINS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,137

CAROLELYNN LEONARDO-VALDRIZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 52,252

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.

GWENDOLYN CRAWFORD - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 58,719

DALIA JARAMILLO - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 428

JOSE MEDINA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,543

STEVEN ALARI - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,640

DELEON SECREST - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 60,359

MELISSA DEL ROSARIO - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,138

CHARITY REGALADO - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 64,129

KATHY EVANS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 6,618

MANUEL RODRIGUEZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 49,328

EDWARD FUNK - BOARD MEMBER

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.

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,247

CYNTHIA VO - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 8,404

REGINA WHITNEY - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 57,909

WILLIAM HALL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 704

JEROME WASHINGTON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 28,191

G. PERDIGONES - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 78,315

JEROME WASHINGTON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 38,486

JOEL FEW - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 10,604

KEVIN HEALY - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 56,088

DANA MEZA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,676

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.

HAROLD FONG - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 803

LEONARD SEITZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 993

SHRHONDA WARD - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 27,512

SOPHIA PERKINS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,140

BETH BARTEL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,002

TARA ROOKS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 77,416

RANDALL STAN - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 114,956

NICHOLAS MANNION - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 67,400

MARY DE LA CRUZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,988

DAVID JOHNSON - BOARD MEMBER

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.

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 447

JARED REECE - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,856

WANDA YANEZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,195

EVE DICKSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 20,533

RENAY LEVINGSTON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 803

HEATHER KESSLER - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,185

SYLVIA RAMOS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 40,174

CINDY DOYEL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,017

ANGELICA MILLER - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 44,367

JAVIER CARDENAS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,687

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.

FRANCINA STEVENSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 13,171

NOREEN NELSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,761

DELONNE JOHNSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,674

BRAD WILLIS - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 44,678

SUSAN RODRIGUEZ - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 64,005

KIMBERLY COWART - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 140,121

MIGUEL CORDOVA - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 104,111

KAREN JEFFERIES - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 39,127

MARIA PATTERSON - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 41,029

LUISA LEUMA - BUNC CHAIR

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.
PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 68,773
TERENCE HIBBARD - BUNC CHAIR
PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 129,753
ROBERT VEGA - BUNC CHAIR
PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 81,898
LARRY COLLINS - BOARD MEMBER - FORMER
PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 16,823
RENEE LATOUR - BOARD MEMBER - FORMER
PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 418

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Employer identification number 68-0475305

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO REPRESENT CERTAIN CIVIL SERVICE EMPLOYEES OF THE STATE OF CALIFORNIA IN THE FOLLOWING MATTERS: SALARY, BENEFITS AND WORKING CONDITIONS; ASSISTANCE IN FILING AND PURSUING EMPLOYEE GRIEVANCES; LEGAL REPRESENTATION ON BOTH AN INDIVIDUAL AND CLASS BASIS; TECHNICAL ASSISTANCE IN JOB CLASSIFICATION; AND LEGISLATIVE ADVOCACY IN SUPPORT OF PROGRAMS BENEFICIAL TO STATE EMPLOYEES. FORM 990, PART VI, SECTION A, LINE 2: TWO MEMBERS OF THE BOARD, MIGUEL AND JENNIFER CORDOVA, ARE MARRIED TO EACH OTHER. FORM 990, PART VI, SECTION A, LINE 6: THE LOCAL REPRESENTS EMPLOYEES OF THE STATE OF CALIFORNIA WHO PAY MONTHLY DUES. FORM 990, PART VI, SECTION A, LINE 7A: THE LOCAL'S MEMBERS ELECT THE MEMBERS OF THE GOVERNING BOARD FORM 990, PART VI, SECTION A, LINE 7B: THE OPERATING DECISIONS OF THE LOCAL ARE SUBJECT TO APPROVAL BY THE LOCAL'S

FORM 990, PART VI, SECTION A, LINE 8B:

MINUTES OF MEETINGS HELD BY OTHER COMMITTEES ARE NOT DOCUMENTED AS THESE

COMMITTEES DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

BOARD OF DIRECTORS WHICH IS ELECTED BY MEMBERSHIP.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Employer identification number 68-0475305

BODY. ALL DECISIONS AND RECOMMENDATIONS MUST BE APPROVED BY THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE LOCAL'S FORM 990, INCLUDING REQUIRED SCHEDULES, WERE PROVIDED TO AND REVIEWED WITH THE PRESIDENT OF THE EXECUTIVE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS AND STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST

POLICY. ANNUALLY, DISCLOSURE OF RELATIONSHIPS OR INTERESTS THAT COULD GIVE

RISE TO A CONFLICT IS PROVIDED TO THE EXECUTIVE BOARD. THE EXECUTIVE

BOARD(OFFICERS AND TRUSTEES) REVIEW THE DISCLOSURES PROVIDED ON AN ANNUAL

BASIS TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER TO

IMPOSE CERTAIN RESTRICTIONS ON A PERSON WITH A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE LOCAL'S TOP MANAGEMENT OFFICIAL(PRESIDENT) AND OFFICERS ARE COMPENSATED THROUGH THE STATE OF CALIFORNIA, WHICH IS BASED ON THE LOCAL 1000 MASTER CONTRACT. THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THE OFFICER'S TIME SPENT PLUS 35% FOR ALL TIME SPENT ON UNION RELATED BUSINESS(UNION LEAVE). IN 2016, STIPENDS WERE APPROVED FOR THE FOUR STATEWIDE OFFICERS, PAID DIRECTLY BY THE LOCAL.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000	Employer identification number 68-0475305
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN	NANCIAL STATEMENTS
ARE NOT AVAILABLE TO THE PUBLIC.	
FORM 990, PART VII, SECTION A, LINE 5	
THE BOARD OF DIRECTORS USE LEAVE TIME FROM THE STATE OF C	CALIFORNIA TO
PERFORM VARIOUS DUTIES FOR THE LOCAL. THE LOCAL REIMBURS	SES THE STATE
OF CALIFORNIA FOR THIS TIME BASED ON THE COLLECTIVE BARGA	AINING
AGREEMENT IN PLACE WITH THE STATE. THE REIMBURSEMENT IS E	BASED ON THE
DIRECTOR'S ACTUAL STATE PAY (PLUS 35% FOR BENEFITS) AT THE	IE TIME OF THE
LEAVE. A LIST OF THESE SALARY AND BENEFITS REIMBURSEMENT	S TO THE STATE
OF CALIFORNIA IS PROVIDED IN SCHEDULE J, PART III. IN 20	016, STIPENDS
WERE APPROVED FOR THE FOUR STATEWIDE OFFICERS, PAID DIREC	CTLY BY THE
LOCAL. THE COMPENSATION REPORTED IN PART VII REFLECTS TH	HESE STIPENDS
AND ADDITIONAL MINOR EXPENSE STIPENDS FOR OTHER DIRECTORS	S.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Employer identification number 68-0475305

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes" o	on Form 990, Part IV, line 33.			
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
UNION OF CALIFORNIA STATE WORKERS PROPERTIES	MAINTAIN, MANAGE AND HOLD				
LLC, 1808 14TH STREET, SACRAMENTO, CA	TITLE TO THE REAL PROPERTY				THE UNION OF CALIFORNIA
95811-7131	OF THE LOCAL	CALIFORNIA	83,285.	13,904,000.	STATE WORKERS

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	(f) Direct controlling entity	Section 5 contr enti	
SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL	TO SUPPORT OR OPPOSE STATE			501(c)(3))	UNION OF	Yes	No
,	AND/OR LOCAL CANDIDATE ELECTIONS	CALIFORNIA	527		CALIFORNIA STATE WORKERS, SEIU		Х
SEIU LOCAL 1000 KEEPING CALIF HEALTHY AND SAFE AND STRONG - 26-3463027, 555 CAPITOL	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE				UNION OF CALIFORNIA STATE		
MALL, SUITE 400, SACRAMENTO, CA 95814-4602	ELECTIONS	CALIFORNIA	527		WORKERS, SEIU		Х

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

Page 2

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.

			i							_		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	al or P	Percentage ownership
of related organization		(state or foreign	entity	related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	itions?	amount in box	partr	ner?	ownership
		country)		sections 512-514)		833013	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
										\Box		
									1			
										\vdash	-	
										Ш		
										_		

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	(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	Sec 512(t contr ent	tion b)(13) rolled tity?
		country)		S. 1.25.y		400010		Yes	No
									<u> </u>
									<u></u>
		12							

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

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X					
	Gift, grant, or capital contribution to related organization(s)				1b		X					
С	Gift, grant, or capital contribution from related organization(s)				1c		X					
d Loans or loan guarantees to or for related organization(s)												
е	Loans or loan guarantees by related organization(s)				1e		X					
f	f Dividends from related organization(s)											
g	g Sale of assets to related organization(s)											
h	Purchase of assets from related organization(s)				1h		X					
i	Exchange of assets with related organization(s)				1i		X					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X					
k Lease of facilities, equipment, or other assets from related organization(s)												
	Performance of services or membership or fundraising solicitations for related organizations				11		X					
m	Performance of services or membership or fundraising solicitations by related organizations	ation(s)			1m		X					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s	s)			1n		X					
o Sharing of paid employees with related organization(s)												
р	p Reimbursement paid to related organization(s) for expenses											
q	q Reimbursement paid by related organization(s) for expenses											
						77						
	Other transfer of cash or property to related organization(s)				1r	Х	77					
	Other transfer of cash or property from related organization(s)				1s		X					
2	If the answer to any of the above is "Yes," see the instructions for information on who re	must complete th	is line, including covered	relationships and transaction thresholds.								
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved							
		type (a-s)		g								
(1)												
(2)												
(O)												
(3)												
(4)												
('')												
(5)												
•												
(6)												
3216	3 09-10-19	44		Schedule F	R (For	n 990)	2019					

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)(orgs.	sec. (3)	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca Yes	opor- nate tions?	Gener mana partr Yes	ral or aging ner?	(k) Percentage ownership

Provide additional information for responses to questions on Schedule R. See instructions.
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE
DIRECT CONTROLLING ENTITY: UNION OF CALIFORNIA STATE WORKERS, SEIU LOCAL
1000
NAME OF RELATED ORGANIZATION:
SEIU LOCAL 1000 KEEPING CALIF HEALTHY AND SAFE AND STRONG
DIRECT CONTROLLING ENTITY: UNION OF CALIFORNIA STATE WORKERS, SEIU LOCAL
1000

68-0475305

(Worksheet)

Department of the Treasury Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations (and on Investment Income for Private Foundations) FORM 990-T

► Go to www.irs.gov/Form990W for instructions and the latest information. ► Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

2020

1	Unrelated business taxable income expected in the tax ye	ar				1	
2	Tax on the amount on line 1. See instructions for tax co	mputat	tion			2	
3	Alternative minimum tax for trusts. See instructions					3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits. See instructions	5					
6	Subtract line 5 from line 4	6					
7	Other taxes. See instructions					7	
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels. See instructions	9					
b	Subtract line 9 from line 8. Note: If less than \$500, the or estimated tax payments. Private foundations, see instructions. Enter the tax shown on the 2019 return. See instructions zero or the tax year was for less than 12 months, skip this and enter the amount from line 10a on line 10c	10c					
	_		(a)	(b)	(c)		(d)
11	Installment due dates. See instructions	11					
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12					
13	2019 Overpayment. See instructions	13					
14	Payment due (Subtract line 13 from line 12)	14					

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2020)

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 1808 14TH STREET SACRAMENTO, CA 95811-7131
Prepared by	CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 16, 2020
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

EXTENDED TO NOVEMBER 16, 2020

Form 990-T	l E	Exempt Organ	nization Bus	sine	ss Income 1	Tax Returr	า L	OMB No. 1545-0047
			nd proxy tax und					2040
	For ca	lendar year 2019 or other tax ye			, and ending			2019
Department of the Treasury Internal Revenue Service	•	Go to www. Do not enter SSN numbe	irs.gov/Form990T for in rs on this form as it may					Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed		Name of organization (UNION OF CA		-	,		(Emplo	yer identification number byees' trust, see ctions.)
B Exempt under section	Print	SEIU LOCAL	1000					8-0475305
X 501(c)(5)	or Type	Number, street, and room		k, see ir	structions.			ted business activity code structions.)
408(e) 220(e)	1,700	1808 14TH S						
408A 530(a) 529(a)		City or town, state or prov					5313	190
C Book value of all assets at end of year		F Group exemption numb	er (See instructions.)	>	5304			
42,920,9	26.	G Check organization type	E X 501(c) corp	oration	501(c) trust	401(a		Other trust
n cittet the number of the	uryaniza	llion 5 unitelateu traues or L	usiliesses.	1	Describe	the only (or first) ur		
•		RKING LOT RE		سما ماس		complete Parts I-V.		
		ce at the end of the previou	is sentence, complete Pa	ırıs ı an	d II, complete a Schedul	e ivi ior each additior	iai trade	Of
business, then complete I During the tax year, was			affiliated aroun or a narer	nt-cuhe	idiary controlled group?		Yes	x No
		tifying number of the paren		it oubs	idiary controlled group:		100	, Las NO
J The books are in care of			•		Teleph	one number 🕨 8	366-4	471-7348
Part I Unrelated	d Trac	de or Business Inc	ome		(A) Income	(B) Expense	S	(C) Net
1a Gross receipts or sale	s							
b Less returns and allow			c Balance	1c				
		A, line 7)		2				
		om line 1c		3				
		h Schedule D)		4a				
		art II, line 17) (attach Form		4b				
		ets		4c				
		ship or an S corporation (at		5 6				
		me (Schedule E)		7	77,716.	86,5	16	-8,800.
		and rents from a controlled		8	77,710.	00,5	,10.	0,000.
		on 501(c)(7), (9), or (17) or	-	-				
		me (Schedule I)		10				
		e J)		11				
12 Other income (See in:	struction	ns; attach schedule)		12				
		gh 12		13	77,716.	86,5	16.	-8,800.
		ot Taken Elsewher be directly connected w						
		rectors, and trustees (Sche			•		14	
15 Salaries and wages							15	
							16	
							17	
		ee instructions)					18	
							19	
20 Depreciation (attach	Form 4	562)	o on roturn		20		216	
21 Less depreciation cla22 Depletion	allileu o	n Schedule A and elsewher	e on return		[ZIa]		21b 22	
		mpensation plans					23	
							24	
		chedule I)					25	
		hedule J)					26	
		nedule)					27	
28 Total deductions. A	dd lines	14 through 27					28	0.
		ncome before net operating					29	-8,800.
		loss arising in tax years beq						^
(see instructions)					SEE STAT	EWEN'I, T	30	-8,800 .
31 Unrelated business t	axable i	ncome. Subtract line 30 fro	m line 29				31	-0,000.

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

	١	Total Unrelated Business Taxable Income	- 50	0 4 7 3 3 0 3 Page 2
			20	-8,800.
32		f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)ts paid for disallowed fringes	32	-0,000.
33			34	0.
34		ble contributions (see instructions for limitation rules)	35	-8,800.
35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	-	0.
36		ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2	36	-8,800.
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	1,000.
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, ne smaller of zero or line 37	39	-8,800.
Par		Tax Computation	09	0,000.
40		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	70	
71		ax rate schedule or Schedule D (Form 1041)	41	
42		tax. See instructions	42	
43	Δlterna	tive minimum tax (trusts only)	43	
44	Taxon	Noncompliant Facility Income. See instructions	44	
45	Total.	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
		Tax and Payments	10	
		tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
	-	redits (see instructions) 46b		
		I business credit. Attach Form 3800 46c		
d	Credit 1	for prior year minimum tax (attach Form 8801 or 8827) 46d		
		redits. Add lines 46a through 46d	46e	
47	Subtra	ct line 46e from line 45	47	0.
48	Other t	ct line 46e from line 45axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49		ax. Add lines 47 and 48 (see instructions)	49	0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a		nts: A 2018 overpayment credited to 2019 51a		
		stimated tax payments 51b		
		posited with Form 8868 51c		
d	Foreigr	organizations: Tax paid or withheld at source (see instructions) 51d		
е	Backup	withholding (see instructions) 51e		
f	Credit	for small employer health insurance premiums (attach Form 8941) 51f		
g	Other o	redits, adjustments, and payments: Form 2439		
		orm 4136 Other Total ▶ 51g		
52	Total p	ayments. Add lines 51a through 51g	52	
53	Estima	ted tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	53	
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	-	syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56		ne amount of line 55 you want: Credited to 2020 estimated tax	56	
		Statements Regarding Certain Activities and Other Information (see instructions)		
57	-	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		7
	here			X
58	-	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
50		" see instructions for other forms the organization may have to file.		
59		ne amount of tax-exempt interest received or accrued during the tax year \$ square \$	wledge an	d helief it is true
Sign		orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	wicage an	a belief, it is true,
Here			•	discuss this return with
				shown below (see
	<u> </u>		_	
. .		Print/Type preparer's name SCOTT E. HALLBERG, Preparer's signature Date Check if	' FIII\	1
Paid		CPA Sent Employed	P	01081188
-	parer	Firm's name ► CALIBRE CPA GROUP PLLC Firm's EIN ►		7-0900880
use	Only	7501 WISCONSIN AVENUE, SUITE 1200 WE		
		· ·	02-3	331-9880
923711	01-27-20			Form 990-T (2019)

Form 990-T (2019) **SEIU LOCAL 1000**

Schedule A - Cost of Goods	Sold. Enter i	method of invent	ory valuation N/A	,					
1 Inventory at beginning of year			6 Inventory at end of year			6			
2 Purchases			7 Cost of goods sold. St						
3 Cost of labor			from line 5. Enter here						
4 a Additional section 263A costs					· · · · · · · · · · · · · · · · · · ·	7			
(attach schedule)	4a		8 Do the rules of section				Yes	No	
b Other costs (attach schedule)			property produced or a						
5 Total. Add lines 1 through 4b									
Schedule C - Rent Income ((see instructions)	From Real	Property and	Personal Property	Leas	ed With Real Pro	pert	y)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receive	ed or accrued			04)=				
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	than	of rent for pe	d personal property (if the percent rsonal property exceeds 50% or if is based on profit or income)		3(a) Deductions directly columns 2(a) an		cted with the income attach schedule)	in	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total		0.					
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	?(a) and 2(b). Ent (A)	er >		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.	
Schedule E - Unrelated Deb			nstructions)		•				
			Gross income from or allocable to debt-	(2)	3. Deductions directly control to debt-finance		perty		
1. Description of debt-fine	anced property		financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
				S'	TATEMENT 5		ATEMENT	6	
(1) 13TH AND S PARKIN	NG LOT		89,103.		6,537	•	92,6	56.	
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 7	of or al	adjusted basis llocable to nced property	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deduction of x total of column 6 x total of column 3(a) and 3(b))	olumns	
(1) 6,787,378.		781,934.	87.22%		77,716	+	86,5	16.	
		7017311	%		777720	+	0075		
(2) (3) (4)			%			+			
(4)			%			+			
STATEMENT 3	STATE	MENT 4	70		nter here and on page 1,	+-	Enter here and on pag	ne 1	
					Part I, line 7, column (A).		Part I, line 7, column		
Totals			•		77,716		86,5	16.	
Total dividends-received deductions ind	cluded in column	8			·····		•	0.	

Form **990-T** (2019)

Form 990-T (2019) SEIU LOCAL 1000
Schedule F. Interest Appuities Boyalties and Bents From Controlled Organization

Schedule F - Interest, I	initios, noya			Controlled O				(See II)S	struction:	ی ا
1. Name of controlled organizat	identif	nployer ication nber	3. Net unre	elated income instructions)	4 . Tot	al of specified ments made	includ	et of column 4 led in the cont cation's gross	rolling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated incor (see instruction		9. Total o	of specified payr made	ments	10. Part of colu in the controll gross	mn 9 tha ing orgai s income	nization's		ductions directly connected income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colur Enter here and line 8,		e 1, Part I, A).	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals					▶			0.		0.
Schedule G - Investme		Section	501(c)(7	7), (9), or	(17) Or	ganizatior	1			
(see instr	ructions)							1		
1. Desc	ription of income			2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2) (3)										
(3)										
(4)										
				Enter here and o Part I, line 9, co	on page 1, Iumn (A).					Enter here and on page 1 Part I, line 9, column (B).
Totals			▶		0.					0.
Schedule I - Exploited (see instru	Exempt Activity	y Income	e, Other	r Than Ad	lvertisi	ng Incom	9			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe directly col with prod of unrel business i	nnected luction lated	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3). If a e cols. 5	5. Gross incompression activity is not unrelated business incompression.	that ted	6. Exp attribut colur		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(1) (2) (3) (4)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, I line 10, c	Part I,							Enter here and on page 1, Part II, line 25.
Totals -	0.		0.							0.
Schedule J - Advertisi Part I Income From I	ng Income (see Periodicals Rep		•	solidated	Basis					
				1 Advant	ising gain					7. Excess readership
1. Name of periodical	2. Gross advertising income		Direct tising costs	or (loss) (co col. 3). If a ga cols. 5 th	ol. 2 minus ain, comput	5. Circula income		6. Reade cost		costs (column 6 minus column 5, but not more than column 4).
(1)										
(2) (3) (4)										
(3)										
(4)										
Totals (carry to Part II, line (5))	▶	0.	0	•						0.
	•	•								Form 990-T (2019

923731 01-27-20

Form 990-T (2019) **SEIU LOCAL 1000**

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form 990-T (2019)

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 1	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	19,361.	0.	19,361.	19,361.	
NOL CARRYOV	VER AVAILABLE THIS	YEAR	19,361.	19,361.	
	NET	OPERATING LOSS D	EDUCTION	STATEMENT 2	
FORM 990-T		OPERATING LOSS D LOSS PREVIOUSLY	LOSS	STATEMENT 2 AVAILABLE	
	NET LOSS SUSTAINED	LOSS			
TAX YEAR 12/31/16	LOSS SUSTAINED 2,822.	LOSS PREVIOUSLY APPLIED 0.	LOSS REMAINING 2,822.	AVAILABLE THIS YEAR 2,822.	
FORM 990-T	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINA AVERAGE ACQUISITION DEB		STATEMENT	3
DESCRIPTION OF DEBT-FINANCED PROPERTY 13TH AND S PARKING LOT	ACTIVITY NUMBER 1	AMOUNT (OUTSTAND: DEBT	
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		6,886,23	
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		13,574,7	
AVERAGE AQUISITION DEBT		1,131,2	30.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

DESCRIPTION DEPRECIATION - SUBTOTAL - 1 TOTAL TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) AMOUNT 6,537. 6,537.	FORM 990-T	SCHEDULE E - UNRELATED DI AVERAGE ADJUSTED		INCOME	STATEMENT	4
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5 FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION ACTIVITY NUMBER AMOUNT TOTAL DESCRIPTION - SUBTOTAL - 1 6,537. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT ACTIVITY NUMBER AMOUNT TOTAL DESCRIPTION ACTIVITY NUMBER AMOUNT ACTIVITY NUMBER AMOUNT TOTAL MAINTENANCE PROPERTY TAX - SUBTOTAL - 1 92,656.	DESCRIPTION OF	DEBT-FINANCED PROPERTY			ľ.	
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5 FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION ACTIVITY NUMBER AMOUNT TOTAL DESCRIPTION - SUBTOTAL - 1 6,537. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) FORM 990-T SCHEDULE E, COLUMN 3(A) FORM 990-T SCHEDULE E, COLUMN 3(A) FORM 990-T SCHEDULE E - OTHER DEDUCTIONS ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL	13TH AND S PAR	KING LOT		1	- AMOUNT	
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5 FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 5 DESCRIPTION ACTIVITY AMOUNT TOTAL DEPRECIATION - SUBTOTAL - 1 6,537. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) 6,537. FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 6 DESCRIPTION ACTIVITY AMOUNT TOTAL MAINTENANCE PROPERTY TAX - SUBTOTAL - 1 92,656.						
FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 5 DESCRIPTION NUMBER AMOUNT TOTAL DEPRECIATION - SUBTOTAL - 1 6,537. TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) 6,537. FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 6 DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL MAINTENANCE 35,655. PROPERTY TAX - SUBTOTAL - 1 92,656.	AVERAGE ADJUST	ED BASIS OF PROPERTY FOR T	HE YEAR		7,781,9	34.
DESCRIPTION - SUBTOTAL - 1 TOTAL DEPRECIATION - SUBTOTAL - 1 TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) FORM 990-T SCHEDULE E - OTHER DEDUCTIONS ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL	TOTAL TO FORM	990-T, SCHEDULE E, COLUMN !	5			
DESCRIPTION - SUBTOTAL - 1 FORM 990-T, SCHEDULE E, COLUMN 3(A) STATEMENT ACTIVITY NUMBER AMOUNT FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL 4 57,001. 92,656.	FORM 990-T	SCHEDULE E - DEPRECIA	rion deducti	ON	STATEMENT	5
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT ACTIVITY NUMBER MAINTENANCE PROPERTY TAX - SUBTOTAL - 1 6,537. 92,656.	DESCRIPTION			AMOUNT	TOTAL	
FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 6 ACTIVITY NUMBER AMOUNT TOTAL MAINTENANCE PROPERTY TAX - SUBTOTAL - 1 92,656.	DEPRECIATION	- SUBTOTAL -	1	6,537.	6,5	37.
DESCRIPTION MAINTENANCE PROPERTY TAX SUBTOTAL - 1 ACTIVITY NUMBER AMOUNT TOTAL 35,655. 57,001. 92,656.	TOTAL OF FORM	990-T, SCHEDULE E, COLUMN	3(A)		6,5	37.
DESCRIPTION NUMBER AMOUNT TOTAL MAINTENANCE 35,655. PROPERTY TAX 57,001. - SUBTOTAL - 1 92,656.	FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT	6
PROPERTY TAX 57,001 SUBTOTAL - 1 92,656.	DESCRIPTION			AMOUNT	TOTAL	
		– SIIBTOTAI. –	1		92.6	56
	TOTAL OF FORM					

FORM 990-T AVERAGE ACQUISITI ALLOCABLE TO DEBT-F			STATEMENT	7
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISITION DEBT - SUBTOTAL	- 1	6,787,378.	6,787,3	78.
TOTAL OF FORM 990-T, SCHEDULE E, COLUM	N 4		6,787,3	78.

FORM 990-T	AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI			STATEMENT	8
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED BAS	SIS - SUBTOTAL -	- 1	7,781,934.	7,781,93	34.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	5		7,781,93	34.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	this form, visit www.irs.gov/e-file-providers/e-file-for-chari			details on	the electronic		
Auton	natic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed)				
All corp	orations required to file an income tax return other than Fore Form 7004 to request an extension of time to file income	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts		
Type or print	Name of exempt organization or other filer, see instruUNION OF CALIFORNIA STATE VSEIU LOCAL 1000	Taxpayer identification number (TIN 68-0475305					
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 1808 14TH STREET						
instruction	SACRAMENTO, CA 95811-7131					10171	
	e Return Code for the return that this application is for (file	T				0 7	
Applica	ition		Application			Return	
Is For	00 au Faura 000 F7	Code	Is For			Code	
	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99		02	Form 1041-A Form 4720 (other than individual)			08	
Form 4720 (individual) Form 990-PF			Form 5227	10			
	00-T (sec. 401(a) or 408(a) trust)	04 05	Form 6069			11	
Form 990-T (trust other than above) 06 Form 8870					12		
Telep	STEVE SCHMIDT cooks are in the care of ► 1808 14TH STREIN cohone No. ► 866-471-7348 e organization does not have an office or place of business is for a Group Return, enter the organization's four digital in the second state of the group, check this box ►	s in the Ui Group Ex	Fax No. inited States, check this boxemption Number (GEN) I	f this is fo	r the whole group,		
th	1 I request an automatic 6-month extension of time until						
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$					0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp			3b	\$	0.	
c B	alance due. Subtract line 3b from line 3a. Include your pa sing EFTPS (Electronic Federal Tax Payment System). See	yment wi	th this form, if required, by	3c	\$	0.	
_	n: If you are going to make an electronic funds withdrawal						

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

2019 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 1808 14TH STREET SACRAMENTO, CA 95811-7131
Prepared by	CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 10.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 BALANCE DUE \$ 10.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	FRANCHISE TAX BOARD
Mail tax return and check (if applicable) to	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE FTB, AND NO FURTHER ACTION IS REQUIRED. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE NOVEMBER 16, 2020.
	SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$10.00, PAYABLE TO FRANCHISE TAX BOARD.
	MAIL TO: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

TAXABLE YEAR

California Exempt Organization Annual Information Return

928941 12-04-19 FORM

20)19	Annual Information Ret	urn						199	
Calendar \	/ear 20	19 or fiscal year beginning (mm/dd/yyyy)			, and end	ing (mm/dd/)	ууу)			_
	•	zation name				С	alifornia cor	poration	number	
		CALIFORNIA STATE WORKERS								
		CAL 1000					2338	3980)	_
Additional	informat	ion. See instructions.						175	530E	
Street add	roon (qui	to or room!					PMB nc		5305	_
		TH STREET					T WIB TIC	•		
City		DIKEE!				State	ZIP cod	e		_
SACR	MEI	TO TTO				CA	9583	L1-7	7131	
Foreign co	untry na	me Foreign provi	nce/state	/county			Foreign	postal c	ode	_
		Yes 2	∠ No	J If exen	npt under R&	TC Section 23	3701d, has	the or	ganization	_
B Amer	ded Re	turn	<u>∑</u> No			activities? Se				-
C IRCS	ection	4947(a)(1) trust Yes 🔼	<u>.</u>)
D Final		tion Return?			•	oss receipts f			· —	
• _		olved Surrendered (Withdrawn) Merged/Reorgani	zed	_	-	oublic charity	-			
		n/dd/yyyy) ● nting method: (1)				I meets the fil	•			
		n filed? (1) ● X 990T(2) ● 990PF (3) ● Sch H		M le the	organization a	required	ility Comp	2	• Yes X No	,
_	_	er 990 series	(990)			file Form 100				,
		p filing? See instructions Yes	K No						• X Yes No)
		ization in a group exemption Yes	₹ No	0 Is the	organization ι	under audit by	the IRS o	r has th	he	
		is the parent's name?		IRS au	dited in a pric	or year?			• Yes X No)
				P Is fede	ral Form 102	3/1024 pendi	ng?)
		nization have any changes to its guidelines	_	Date fi	ed with IRS _					
		to the FTB? See instructions Yes			10					_
Part I	Com	plete Part I unless not required to file this form. See Gen						1	48,839,115	_
	2	and do dand of recorpte memoration dealers in the date	., Pall II	, IIIIe o				2	40,000,110	_
	3	Gross contributions gifts grants and similar amounts i	received	 		STMT	1 •	3	274,920 00	
Receip	s Z	Total gross receipts for filing requirement test. Add line 1 through	line 3. e General	Information	В		•	4	49,114,035 00	
and		Gost of goods sold		•	5		00			
Revenu	^{es} 6	Cost of goods sold Cost or other basis, and sales expenses of assets sold		•	6		00			
	7							7	00	
							········· •	8	49,114,035 00	
Expense	es S	,						9	53,230,765 ₀₀ -4,116,730 ₀₀	
	10							10		_
	11							12	00	_
	13	***************************************	act line	12 from lin	 e 11		•	13	00	_
Filing F	- 1							14	00	_
·	15							15	10 00	
	16	Penalties and Interest. See General Information J						16	00	00
	17	Balance due. Add line 12, line 15, and line 16. Then sult der penalties of perjury, I declare that I have examined this return, incl	tract lir	ne 11 from	the result			17	10 00	0
Sign	it is	s true, correct, and complete. Declaration of preparer (other than taxpa	yer) is ba	sed on all in	formation of wh	ich preparer has	any knowle	edge.	lowledge and belief,	
Here	Sic	inature -		Title	- DENTE	Date	Э		● Telephone	
	of	nature filicer		PRES.	DENT Date				● PTIN	\dashv
	Pre	eparer's 1 + E HILL CPA			11/2/20		ck if -employed ■		P01081188	
Paid		nature Mumay, and missing miss			11/3/20	<i>y</i> 3011	pioyeu		● Firm's FEIN	\dashv
Preparer's	(or	yours, CALTBRE CPA GROUP PLIL	2						47-0900880	
Use Only	em	ployed) 7501 WISCONSIN AVENUE		ITE 3	L200 1	WEST			Telephone	\dashv
	an	BETHESDA, MD 20814							202-331-9880	
	Ma	ay the FTB discuss this return with the preparer shown above	√e? See	instruction	ıs		• <u>\</u>	₹ Yes	No	

928951 12-04-19

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

		1	Gross sales or receipts from all I	business activities. See instruc	tions	•	1		00
		2	Interest			•	2	262,992	00
			Dividends				3		00
Rec	eipts		Gross rents				4	35,285	00
fron	n		Gross royalties				5		00
Oth		6	Gross amount received from sal	e of assets (See Instructions)		•	6		00
	rces	7	Other income		SEE STA	TEMENT 2 •	7	48,540,838	
		8	Total gross sales or receipts fro	m other sources. Add line 1 th	rough line 7. Enter here and c	on Side 1. Part I. line 1	8	48,839,115	
		9	Contributions, gifts, grants, and		=		9		00
		10	Disbursements to or for membe	rs		•	10	147,500	
		11	Disbursements to or for membe Compensation of officers, direct	ors, and trustees	SEE STA	TEMENT 3 •	11	0	00
			Other salaries and wages			•	12	14,133,911	
Fxn	enses		Interest				13	305,996	
and			Taxes				14	1,223,700	
	burse-	15	Rents				15	1,701,506	
mer		16	Depreciation and depletion (See	instructions)			16	876,779	
	11.5	17	Depreciation and depletion (See Other Expenses and Disburseme	ante	SEE STA	темемт 4	17	34,841,373	
			Total expenses and disburseme	inte Add ling 0 through ling 17	Enter here and on Side 1 Da	ort I line 0	18	53,230,765	
Sc	hedul			Beginning of				able year	100
Ass			Datamor Oncor	(a)	(b)	(c)		(d)	
				(-/	18,596,738			• 11,290,5	83
			s receivable		4,748,855			5,633,5	
			ceivable		27,207000			•	
			Solvable					•	
			state government obligations					•	
			in other bonds					•	
			in stock					•	
								•	
۵	Other in	ye iuc wastr	ans nents STMT 5		6,710,290			• 9,908,9	28
10	a Denr	eciah	le assets	14,539,286	0,110,230	14,831,0	31	3,300,3	
10	h Less	ลดดาเม	mulated depreciation	(5,915,835	8,623,451			8,050,0	68
11				3,513,033	7,230,000	(0,700,50		• 7,230,0	
12	Other a	ccate	STMT 6		697,267			• 807,7	
					46,606,601			42,920,9	
			et worth		40,000,001			42,520,5	
			yable		7,992,572			• 8,802,8	61
			s, gifts, or grants payable		1,552,512			• 0,002,0	<u> </u>
			otes payable					•	
					6,884,197			• 6,686,4	42
12	Other li	gus p ahiliti	ayable es STMT 7		2,645,701			2,393,4	
10	Canital	etock	or principal fund		2,013,701			•	
			tal surplus. Attach reconciliation					•	
			nings or income fund		29,084,131			• 25,038,1	33
			ies and net worth		46,606,601			42,920,9	
	hedul			per books with income per re					
				dule if the amount on Schedule		s than \$50,000.			
1	Net inco	ome n	per books	 					
	Federal				not included in th			•	
			pital losses over capital gains		8 Deductions in this				
			ecorded on books this year			me this year		•	
			corded on books this year not		9 Total. Add line 7 a				
			this return	•	10 Net income per re				
6	Total. A	dd lin	ne 1 through line 5	4 44 6 5				-4,116,7	30

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT AMC	UNT	
SAN JOAQUIN DELTA COMMUNITY COLLEGE	5151 PACIFIC AVENUE STOCKTON, CA 95207		6,200.	
HEALTHCARE CAREER ADVANCEMENT PROGRAM	PO BOX 775 NEW YORK, NY 10108	2	5,000.	
LOS RIOS COMMUNITY COLLEGE	1919 SPANOS COURT SACRAMENTO, CA 95825	9	7,035.	
WEST VALLEY-MISSION COMMUNITY COLLEGE DISTRICT	14000 FRUITVALE AVE SACRAMENTO, CA 95070	6	8,765.	
TOTAL INCLUDED ON LINE	3	21	7,000.	
CA 199	OTHER INCOME	STATEME	NT 2	
DESCRIPTION		AMOU	NT	
STATE BAR SERVICING FEE PARKING LOT REVENUE LEGAL SETTLEMENTS MISCELLANEOUS CSEA INCOME	SS	8 2 1,31	1,531. 9,103. 1,250. 4,559. 8,943.	
MEMBER DUES		45,94	5,452.	
TOTAL TO FORM 199, PART	'II, LINE 7	48,54	0,838.	

ONION OF CALIFORNIA STATE WORKERS SETO I

CA 199 COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES STATEMENT	3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK COMPENSATI	ON
YVONNE WALKER 1808 14TH STREET SACRAMENTO, CA 95811-7131	PRESIDENT 70.00	0.
KEVIN MENAGER 1808 14TH STREET SACRAMENTO, CA 95811-7131	VICE PRESIDENT AND SECRETA 37.00	0.
TONY OWENS 1808 14TH STREET SACRAMENTO, CA 95811-7131	VICE PRESIDENT FOR BARGAIN 38.00	0.
ANICA WALLS 1808 14TH STREET SACRAMENTO, CA 95811-7131	VICE PRESIDENT FOR ORGANIZ 38.00	0.
KATE SPENCER 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 28.00	0.
KEVIN LENNON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
AHJAMU MAKALANI 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 23.00	0.
KEHINDE ADEOYE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 9.00	0.
SYBLE TOMPKINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
SANDRA GARCIA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
CAROLELYNN LEONARDO-VALDRIZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 35.00	0.

68-0475305	6	8 –	0	4	7	5	3	0	5
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UNION OF CALIFORNIA STATE WORKERS SEIU L

UNION OF CALIFORNIA STATE WORKERS	SEIU L	68-0475305
GWENDOLYN CRAWFORD 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 32.00	0.
DALIA JARAMILLO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
JOSE MEDINA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
STEVEN ALARI 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
LEBRON SECREST 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 38.00	0.
MELISSA DEL ROSARIO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 6.00	0.
CHARITY REGALADO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 36.00	0.
KATHY EVANS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
MANUEL RODRIGUEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 34.00	0.
JACK FUNK 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
CYNTHIA VO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 8.00	0.
REGINA WHITNEY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 34.00	0.
WILLIAM HALL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.

UNION OF CALIFORNIA STATE WORKER	S SEIU L	68-0475305
RONALD ROSSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
G PERDIGONES 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 23.00	0.
JEROME WASHINGTON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 15.00	0.
JOEL FEW 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 7.00	0.
KEVIN HEALY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 37.00	0.
DANA MEZA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
HAROLD FONG 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
JENNIFER CORDOVA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 12.00	0.
LEONARD SEITZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
SHRHONDA WARD 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 34.00	0.
SOPHIA PERKINS 1808 14TH STREET	BOARD MEMBER 5.00	0.

BOARD MEMBER

BOARD MEMBER

6.00

36.00

SACRAMENTO, CA 95811-7131

SACRAMENTO, CA 95811-7131

SACRAMENTO, CA 95811-7131

BETH BARTEL

TARA ROOKS

1808 14TH STREET

1808 14TH STREET

0.

0.

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UNION OF CALIFORNIA STATE WORKERS SEIU L

UNION OF CALIFORNIA STATE WORKERS S	EIO P	68-04/5305
RANDALL STAN 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 30.00	0.
NICHOLAS MANNION 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 36.00	0.
MARY DE LA CRUZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
JULIE STRATTON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
DAVID JOHNSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
RAQUEL HINES 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
EVE DICKSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 9.00	0.
RENAY LEVINGSTON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
HEATHER KESSLER 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
SYLVIA RAMOS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 29.00	0.
CINDY DOYEL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
ANGELICA MILLER 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 29.00	0.
JAVIER CARDENAS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.

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UNION OF CALIFORNIA STATE WORKERS SEIU L

UNION OF CALIFORNIA STATE WORK	ERS SEIU L	68-04/5305
FRANCINA STEVENSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 15.00	0.
NOREEN NELSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
DELONNE JOHNSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
JARED REECE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
WANDA YANEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
KIMBERLY COWART 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 37.00	0.
MIGUEL CORDOVA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 34.00	0.
KAREN JEFFERIES 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 35.00	0.
MARIA PATTERSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 35.00	0.
LUISA LEUMA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 38.00	0.
TERENCE HIBBARD 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 38.00	0.
ROBERT VEGA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 38.00	0.
PATRICE VALLIER-GLASS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 2.00	0.

UNION OF CALIFORNIA STATE WORKERS S	EIU L	68-0475305
SUSAN RODRIGUEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 31.00	0.
BRAD WILLIS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 38.00	0.
MICHAEL ROSKEY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER - FORMER 2.00	0.
LARRY COLLINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER - FORMER 2.00	0.
RENEE LATOUR 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER - FORMER 2.00	0.
JAMES HOLVERSTOTT 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER - FORMER 2.00	0.
ANNE GIESE 1808 14TH STREET SACRAMENTO, CA 95811-7131	CHIEF COUNSEL 40.00	0.
MARGARITA MALDONADO 1808 14TH STREET SACRAMENTO, CA 95811-7131	CHIEF OF STAFF 40.00	0.
BROOKE PIERMAN 1808 14TH STREET SACRAMENTO, CA 95811-7131	CONTRACTS DIRECTOR 40.00	0.
SAMANTHA GORDON 1808 14TH STREET SACRAMENTO, CA 95811-7131	FIELD DIRECTRO 40.00	0.
BRENT FITZPATRICK 1808 14TH STREET SACRAMENTO, CA 95811-7131	DIRECTOR OF INFORMATION SE 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199	OTHER	EXPENSES		STATEMENT	4
DESCRIPTION				AMOUNT	
REIMB TO CA FOR UL PAYMENTS TO CSEA DLC ADMINISTRATION, FOR INTERNAL ELECTION EXPEN PAYMENTS TO AFFILIATES				5,837,83 1,403,93 865,53 218,43 9,972,63	28. 21. 34.
PENSION PLAN CONTRIBUTIONS OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES LOBBYING FEES				2,734,6 2,516,03 151,99 80,20 119,79	75. 12. 51. 01.
INVESTMENT MANAGEMENT FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS				1,792,18 1,850,00 402,89 6,268,79	58. 59. 97.
INSURANCE ALL OTHER EXPENSES				223,3' 398,9	77.
TOTAL TO FORM 199, PART II, LII	NE 17			34,841,3	73.
CA 199	OTHER :	INVESTMENTS		STATEMENT	5
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR
CERTIFICATES OF DEPOSIT BONDS		-	5,823,039. 887,251.	8,197,71 1,711,2	
TOTAL TO FORM 199, SCHEDULE L,	LINE 9	=	6,710,290.	9,908,9	28.
CA 199	OTHE	R ASSETS		STATEMENT	6
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR
PREPAID EXPENSES OTHER ASSETS PREPAID EXPENSES AND DEFERRED (CHARGES	-	0. 0. 637,333.	724,5	
TRAVEL ADVANCES TOTAL TO FORM 199, SCHEDULE L,	LINE 12	-	59,934.	83,23	
		=			· ·

CA 199 OTHER LIABILITI	ES	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE OTHER LIABILITIES ACCRUED VACATION CAPITAL LEASES PER CAPITA TAX PAYABLE DEFERRED REVENUE	0. 0. 1,190,933. 399,691. 772,813. 282,264.	0. 0. 1,129,270. 266,928. 768,359. 228,933.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	2,645,701.	2,393,490.
CA 199 FUND BALANCES	 ;	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS NET ASSETS WITH DONOR RESTRICTIONS	27,154,034. 1,930,097.	22,725,440. 2,312,693.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	29,084,131.	25,038,133.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Corporations - File and Pay by the 15th day of the 4th month

following the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd

month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

939035 11-12-19

_ DETACH HERE _ _ _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _ _ _ _ _ DETACH HERE _ _ _

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR Payment Voucher for Corporations and Exempt Organizations e-filed Returns 2019

CALIFORNIA FORM

3586 (e-file)

000000 68-0475305 00000000000 19 FORM 3 UNIO

01-01-2019 TYB TYE12-31-2019

UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

1808 14TH STREET SACRAMENTO

95811-7131 CA

(916) 554-1210

Amount of Payment

10.

6181196

FTB 3586 2019

2019 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 109

FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 1808 14TH STREET SACRAMENTO, CA 95811-7131
Prepared by	CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814
To be signed and dated by	THE AUTHORIZED INDIVIDUAL(S).
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0500
Return must be mailed on or before	NOVEMBER 16, 2020
Special Instructions	

TAXABLE YEAR **2019**

California Exempt Organization Business Income Tax Return

928961 12-04-19 FORM

109

	ar 2019 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)					
	Organization name UNION OF CALIFORNIA STATE WORKERS LOCAL 1000	Ca	California corporation number 2338980				
Additional	information. See instructions.	FE	FEIN 68-0475305				
	ss (suite/room no.) L4TH STREET	PMB no.					
City (If the C	orporation has a foreign address, see instructions.) MENTO State CA	ZIP code 95811-7131					
Foreign co	untry name Foreign province/state/county	Foreign postal code					
A First Return Filed? B Is this an education IRA within the meaning of R&TC Section 23712? C Is the organization under audit by the IRS or has the IRS audited in a prior year? D Final Return? D D D D Dissolved Surrendered (Withdrawn) Merged/Reorganized Enter date (mm/dd/yyyy) E Amended Return F Accounting Method Used: M H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? D Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? D Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? W Unrelated Business Activity (UBA) Code T Yes X K Unrelated Business Activity (UBA) Code T Yes X							
Taxable Corpora- tion	trade or business PARKING LOT REVENUE If "Yes," attach federal Schedule 1 Unrelated business taxable income from Side 2, Part II, line 30 2 Mult. In 1 by the avg. apport. pctg	In 5.See instr. •	1 -8,800 00 2 00 3 -8,800 00				
Taxable Trust Tax Computation	 4 Unrelated business taxable income from Side 2, Part II, line 30 5 Unrelated business taxable income from line 3 or line 4 6 EZ, LARZ, LAMBRA, or TTA NOL carryover deduction 7 Net Operating Loss deduction. See General Information N 8 Add line 6 and line 7 9 Net unrelated business taxable income. Subtract line 8 from line 5 10 Tax 8 · 8 4 % x line 9. See General Information J 11 Tax credits from Schedule B. See instructions 	•	4 00 5 -8,800 00 6 00 7 00 8 00 9 -8,800 00 10 00 11 00				
Total Tax	 Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0- Alternative minimum tax. See General Information 0 Total tax. Add line 12 and line 13 	•	12 00 13 00 14 0 00				
Payments	15 Overpayment from a prior year allowed as a credit 16 2019 estimated tax payments. See instructions 17 Withholding (Form 592-B and/or 593.) See instructions 18 Amount paid with extension (form FTB 3539) 19 Total payments and credits. Add line 15 through line 18	00 00 00	19 00				
Use Tax/ Tax Due/ Overpay- ment	20 Use tax. See instructions 21 Payments balance. If line 19 is more than line 20, subtract line 20 from line 19 22 Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20 23 Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions 24 Overpayment. Subtract line 14 from line 21. See instructions 25 Enter amount of line 24 to be applied to 2020 estimated tax	•	20 00 21 00 22 00 23 00 24 00 25 00				
	11						

				1		T
	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24		•	26		00
Refund or	a Fill in the account information to have the refund directly deposited. Routing number					
Amount	b Type: Checking ● Savings ● c Account Number ●			1	1	1
Due	27 Penalties and interest. See General Information M		•	27		00
	28 • Check if estimate penalty computed using Exception B or C and attach form FTB 5806					_
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24		<u> </u>	29		00
	ed Business Taxable Income					
	Inrelated Trade or Business Income				1	
	s receipts or gross sales b Less returns and allowances C Balance			1c		00
	f goods sold and/or operations (Schedule A, line 7)	2		00		
3 Gross	profit. Subtract line 2 from line 1c		•	3		00
	tal gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			4a		00
	gain (loss) from Part II, Schedule D-1			4b	1	00
-	tal loss deduction for trusts		•	4c		00
	e (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions.					
	Schedule K-1 (565, 568, or 100S) or similar schedule			5		00
	income (Schedule C)			6		00
7 Unrela	ted debt-financed income (Schedule D)		•	7	-8,800	00
	nent income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8		00
	t, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9		00
10 Exploit	ed exempt activity income (Schedule G)		•	10		00
11 Advert	sing income (Schedule H, Part III, Column A)		•	11		00
	ncome. Attach schedule			12		00
	nrelated trade or business income. Add line 3 through line 12			13	-8,800	00
	Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unr			iess ir	ncome.)	
14 Compe	nsation of officers, directors, and trustees from Schedule I		•	14		00
15 Salarie	s and wages		•	15		00
16 Repair	3		•	16		00
17 Bad de	bts		•	17		00
	t			18		00
				19		00
20 Contril	outions		•	20		00
21 a Dep	eciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F) • 21a		00			
b Less	: depreciation claimed on Schedule A		00	21		00
22 Deplet	on		•	22		00
23 a Con	ributions to deferred compensation plans			23a		00
	loyee benefit programs			23b		00
24 Other	leductions		•	24		00
25 Total d	eductions. Add line 14 through line 24			25		00
26 Unrela	ted business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		•	26	-8,800	00
27 Excess	advertising costs (Schedule H, Part III, Column B)		•	27		00
28 Unrela	ted business taxable income before specific deduction. Subtract line 27 from line 26		•	28	-8,800	
	c deduction	29	1,000			
30 Unrela	ted business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28		30	-8,800	00	
	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested inform search for 1131. To request this notice by mail, call 800.852.5711.	ation, g	o to ftt	_	ov/forms and	
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e best o	f my k	nowle	dge and belief, it is true, correct	ct,
Here	Signature Title Date				Telephone	
	of officer PRESIDENT				•	
		if self-		一,	● PTIN	
Paid	signature ► Sent & Hallby, PA 11/4/20 emplo	yed	▶ [╗┢	01081188	
Preparer's Use Only	Firm's name (or yours,			_	• FEIN	
	if self-employed) CALIBRE CPA GROUP PLLC			17-0900880		
	and address 7501 WISCONSIN AVENUE, SUITE 1200 WE	ST			Telephone	
	BETHESDA, MD 20814				202-331-9880	j
	May the FTB discuss this return with the preparer shown above? See instructions				• X Yes No	

	chedule A Cost of Goods Sold and/or Operations.		3T /	-				
	thod of inventory valuation (specify)		N/					
	Inventory at beginning of year					1		00
	Purchases					2		00
3	Cost of labor				•	3		00
4	a Additional IRC Section 263A costs. Attach schedule					4a		00
						4b		00
	Total. Add line 1 through line 4b					5		00
6	Inventory at end of year					6		00
7	Cost of goods sold and/or operations. Subtract line 6 fro					7		00
~	Do the rules of IRC Section 263A (with respect to proper	ty produced or acquired for	resale) apply to	this organ	ization?	L	Yes X No	
	chedule B Tax Credits.		1.1					
	Enter credit name	code •	• 1		00			
	Enter credit name				00			
	Enter credit name		• 3		00			
4	Total. Add line 1 through line 3. If claiming more than 3 c							
~	on line 4. Enter here and on Side 1, line 11					4		00
	chedule K Add-On Taxes or Recapture of Tax.		A I. 6					1
	Interest computation under the look-back method for co					1		00
2	Interest on tax attributable to installment: a Sales of co					2a		00
•		r non-dealer installment obl				2b		00
	IRC Section 197(f)(9)(B)(ii) election to recognize gain on				_	3		00
						4		00
	Total. Combine the amounts on line 1 through line 4 chedule R Apportionment Formula Worksheet. Us	a ank for unrelated trade or				5		00
					a a la a fa ata u fa una ula			
Pai	rt A. Standard Method - Single-Sales Factor Formula. Co	ompiete uns part omy il ule	(a)	s the single	(b)		(c)	
			Total with outside Ca		Total within California		Percent within California [(b) ÷ (a)] x 1	00
1	Total Sales		•		•			
2	Apportionment percentage. Divide total sales column (b) by total sales column (a)						
	and multiply the result by 100. Enter the result here and	on Form 109, Side 1, line 2.					•	
Pai	rt B. Three Factor Formula. Complete this part only if the	corporation uses the three-			1 (1)			
			(a) Total with	in and	(b) Total within		(C) Percent within	
			outside Ca		California		California [(b) ÷ (a)] x 1	00
1	Property factor:		•		•		•	
2	Payroll factor: Wages and other compensation of emplo		•		•		•	
3	Sales factor: Gross sales and/or receipts less returns an	d allowances	•		•		•	
4	Total percentage: Add the percentages in column (c)							
5	Average apportionment percentage: Divide the factor of	n line 4 by 3 and enter the						
_	result here and on Form 109, Side 1, line 2. See instruction							
Sc	chedule C Rental Income from Real Property and	Personal Property Leased	with Real Prope	rty				
_	rental income from debt-financed property, use Schedule D, R&TC S	Section 23701g, Section 23701i,	and Section 23701					
10	escription of property			2 Re	nt received or accrued		rcentage of rent attributable rsonal property	to:
								%
								%
								%
4 if	complete if any item in column 3 is more than 50%, or for any item the rent is determined on the basis of profit or income		5 Complete if an	y item in col	umn 3 is more than 10%	, but no	t more than 50%	
		(b) Income includible, column 2 less column 4(a)	(a) Gross income reportab column 2 x column 3		(b) Deductions directly con with personal property	nected	(c) Net income includible column 5(a) less colum	
_								
_							1	
_								
	d columns 4(b) and column 5(c). Enter here and on Side 2	Part I. line 6	1		1		1	
	12/ 202 22:20:01 2/3/2 200 000 2	,,						

022 3643194

Form 109 2019 **Side 3**

Schedule D Unrelated Debt-Fin	nanced Income												
1 Description of debt-financed property	2 Gross income from or allocable to debt-financed		3 Deductions directly connected with or allocable to debt-financed property										
				property		(a) Straig	nt-line dep	reciation		. ,	(b) Other deductions		
							TEME			STA	TEMENT	10	
13TH AND S PARKING	J LOT			8	9,103	3		6,	537		92	,656	
to debt-financed property debt-	age adjusted basis allocable to financed property FEMENT 12	6 Debt basis percentage, column 4 : column 5		7 Gross income reportable, column 2 x column 6		8 Allocable deductions, total of columns 3(a) and 3(b) x column 6			9 Net income (or loss) inclicolumn 7 les		ome) includible, 7 less column 8		
	7,781,934		2 %	7	7,716	86,5			516		-8,800	,800	
			%		•								
			%								0	900	
Total. Enter here and on Side 2, Part I, li		00704 - 0		00704' 0 1	00704-	0					-0	,800	
Schedule E Investment Income											Delenes of inves	ton out	
1 Description	2 Amount	3 Dedu		ctions directly cted	4 rolumn 2 l		stment income, ? less column 3 5 Se		Set-asides		6 Balance of investme income, column 4 le column 5		
Total. Enter here and on Side 2, Part I, Ii	ne 8												
Enter gross income from members (due		r eimilar amnu	nte\										
Schedule F Interest, Annuities				Organizations									
,	, .			Exempt Contro	lled Organi	zations							
1 Name of controlled organizations	1 :	2 Employer		3 Net unrelated 4 Total of s			ecified	5 Part	of colun	mn (4)	6 Deductions directly		
·		Identification Number		income (loss)		payments made				ded in ng 's	connected with income in column (5)		
1													
2													
3													
Nonexempt Controlled Organizations													
7 Taxable Income	8 Net unrelated income (loss) 9 Total of spec payments m						uded in ling n's						
1													
2													
3													
4 Add columns 5 and 10													
5 Add columns 6 and 11													
6 Subtract line 5 from line 4. Enter her		,											
Schedule G Exploited Exempt	•		-	Income									
1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity) 2 Gross unrelated activity business in from trade or business		d 3 Expenses directly connected with production of unrelated business income		unrelated trade from or business, is r		income activity that unrelated ess income	6 Expenses attributable to column 5		ole to expense, o		4 less colu	column mn 7	
	1										1		
	1	1					1		l				

Total. Enter here and on Side 2, line 10

Part I Income from Periodicals Rep	orted or	n a Consolida	ated Basis								
1 Name of periodical		oss vertising ome	3 Direct advertising costs		4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.		culation ome	6 Read costs	lership S	colu sho colu grea the s colu colu Ente colu	lumn 5 is greater than mn 6, enter the income wn in column 4, in Part III, mn A(b). If column 6 is ter than column 5, subtract sum of column 6 and mn 3 from the sum of mn 5 and column 2. rr amount in Part III, mn A(b). If the amount ss than zero, enter -0
					-						
					-						
Totals											
Part II Income from Periodicals Re	ported o	n a Separat	e Basis								
Part III Column A - Net Advertising	Income)					Excess Advert	ising C	osts		
(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(mount from Part 7, and amount lis nn 4 or 7		(a) Enter "consolidated names of non-cons	d period solidate	dical" and/or d periodicals		(b) Enter total and amour	amouni nts liste	t from Part I, column 4, d in Part II, column 4
					F	0:	1 0 D 1 II I'	07			
Enter total here and on Side 2, Part I, line Schedule I Compensation of 01		irostoro on	I Tructo oo		Enter total here and	on Si	de 2, Part II, lin	e 27			
1 Name of Officer	iliceis, D	2 SSN or		3 Title	2		4 Percent of tin	00 5	Compensation		6 Expense account
T Marie of Gineer		2 3311 01		0			devoted to business	ile J	attributable to unrelated busin	ness	allowances
								%		_	
								%		_	
								%			
				<u> </u>				%			
								%			
Total. Enter here and on Side 2, Part II, lii											

7 Depreciation for this year Group and guideline class or description of property 5 Method of computing 4 Depreciation allowed or allowable 2 (mm/dd/yyyy) 6 Life or in prior years depreciation 1 Total additional first-year depreciation (do not include in items below) 2 Other depreciation: Buildings Furniture and fixtures Transportation equipment Machinery and other equipment Other (specify) 3 Other depreciation 4 Total 5 Amount of depreciation claimed elsewhere on return 6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a

> 3645194 Form 109 2019 Side 5

DEPRECIATION - SUBTOTAL - 1 6,537. TOTAL TO FORM 109, SCHEDULE D, LINE 3A 6,537. CA 109 OTHER DEDUCTIONS STATEMENT 10 DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL MAINTENANCE PROPERTY TAX - SUBTOTAL - 1 92,656. TOTAL TO FORM 109, SCHEDULE D, LINE 3B 92,656. CA 109 AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY STATEMENT 11 DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL AVERAGE ACQUISITION DEBT - SUBTOTAL - 1 6,787,378. TOTAL TO FORM 109, SCHEDULE D, LINE 4 6,787,378. CA 109 AVERAGE ADJUSTED BASIS OF DEBT-FINANCED PROPERTY STATEMENT 12 DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL	CA 109 DEPRECIATIO	ON DEDUCTION		STATEMENT	9
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CA 109 OTHER DEDUCTIONS STATEMENT 10 DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL MAINTENANCE 35,655. FROPERTY TAX - SUBTOTAL - 1 92,656. TOTAL TO FORM 109, SCHEDULE D, LINE 3B 92,656. CA 109 AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY STATEMENT 11 DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL AVERAGE ACQUISITION DEBT - SUBTOTAL - 1 6,787,378. TOTAL TO FORM 109, SCHEDULE D, LINE 4 6,787,378. CA 109 AVERAGE ADJUSTED BASIS OF DEBT-FINANCED PROPERTY STATEMENT 12 DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL ACTIVITY NUMBER AMOUNT TOTAL	- SUBTOTAL -	- Т			
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MAINTENANCE PROPERTY TAX - SUBTOTAL - 1	CA 109 OTHER DI	EDUCTIONS		STATEMENT	10
### PROPERTY TAX	DESCRIPTION	-	AMOUNT	TOTAL	
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DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL AVERAGE ADJUSTED BASIS - SUBTOTAL - 1 7,781,934.	TOTAL TO FORM 109, SCHEDULE D, LINE 4			6,787,3	78.
DESCRIPTION NUMBER AMOUNT TOTAL AVERAGE ADJUSTED BASIS - SUBTOTAL - 1 7,781,934. 7,781,934.	CA 109 AVERAGE ADJUSTED BASIS OF I	DEBT-FINANCEI	PROPERTY	STATEMENT	12
- SUBTOTAL - 1 7,781,934.	DESCRIPTION		AMOUNT	TOTAL	
TOTAL TO FORM 109, SCHEDULE D, LINE 5 7,781,934.	AVERAGE ADJUSTED BASIS - SUBTOTAL	- 1	7,781,934.	7,781,9	34.
	TOTAL TO FORM 109, SCHEDULE D, LINE 5			7,781,9	34.

TAXABLE YEAR

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

CALIFORNIA FORM
3805Q

2019

	m 100, Form 100	OW, Form 100S,	or Form 109.					
Corporation nar							California corpora	ation number
	OCAL 10							_
			STATE WORKE				233898	0
During the ta	xable year the co	rporation incurre	ed the NOL, the corporation	on was a(n): 🍳 🔲 C C	Corporation		FEIN	
				ed liability company (elec				75305
	ation previously f	iled California tax	x returns under another c	orporate name, enter the o	corporation name and Ca	ılifornia corporatio	n number:	
<u> </u>								
				, see instructions, Gener	al Information C, Combi	ned Reporting.		
		<u> </u>	does not have a current y					
				line 15; or Form 109, line				0 000
								8,800 00
			•					8,800 00
				tions				0,000 00
				ed in line 3		00		
	line 4a and line 4					 .		امم
	NOL. Subtract lin							8,800 00
								8,800 00
• Ourront	your NOL. Add III	10 Z, 11110 40, aria				········		0 / 0 0 0 0 00
Part II NOI	carryover and d	lisaster loss car	ryover limitations. See ii	nstructions				
			.,			(g) Available bala	ance	
1 Net inco	me - Enter the an	nount from Form	n 100, line 18; Form 100W	/, line 18; Form 100S, line	e 15 less line 16;	(3)		
					ا ـ ا		0	
Prior Year N			,		•			
(a)	(b) Code - See	(c)	(d)	(e)	(f)			(h)
Year of	Code - See instructions	Type of NOL -	Initial loss -	Carryover	Amount used			over to 2020
loss	moti dottorio	See below *	See instructions	from 2018	in 2019		col. (e)	minus col. (f)
2 ² 016	5	GEN	2,822	②	0		0 💿	2,822
0001							•	
<u>©2017</u>	1	GEN	2,865	② 2,865	0		0 🗨	2,865
O0 0 1 0			00.006	00 000			0	00 006
<u>©2018</u>	3	GEN	22,226		0		0 💿	22,226
				•			•	
<u> </u>	NO.							
Current Year	NULS						col. (c	d) minus col. (f)
3 2019		DIS					See	instructions.
3 2019		פוע						
4 2019		GEN	8,800					8,800
7 2013		021	0,000					0,000
2019								
2019								
2019								
* Type of NO	L: General (GEN)	, New Business	(NB), Eligible Small Busin	ess (ESB), or Disaster (DI	IS).			
Part III 201	9 NOL deduction							
1 Total the	amounts in Part	II, line 2, colum	n (f)			• 1 <u> </u>		00
2 Enter the	e total amount fro	om line 1 that rep	oresents disaster loss cari	yover deduction here and	d on Form 100, line 21;			
Form 10	0W, line 21; or F	orm 100S, line 1	9. Form 109 filers enter -	0		2		00
3 Subtract	line 2 from line	1. Enter the resul	It here and on Form 100,	line 19; Form 100W, line	19; Form 100S,	_		
line 17; d	or Form 109, line	7				● 3		00

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2020
Open to Public Inspection

Α	For	the	2020 calendar year, or tax year beginning and	ending						
В	Chec appli	k if cable:	C Name of organization UNION OF CALIFORNIA STATE WORKERS		D Employer identifi	cation number				
Г	¬A(ddress nange								
	N	ame nange	Doing business as		68-04753	05				
F	re Fi	itial turn nal turn/	Number and street (or P.O. box if mail is not delivered to street address) 1808 14TH STREET	Room/suit	te E Telephone numbe (916) 55					
-	te	rmin- ed	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	48,390,472.				
	¬Ar	mende turn			H(a) Is this a group re					
	Ar	oplica- on	F Name and address of principal officer: YVONNE WALKER	CONTRACTOR NAMED IN CONTRACTOR	for subordinates					
	pe	ending	SAME AS C ABOVE		H(b) Are all subordinates in					
T	Tax	-exer	mpt status: 501(c)(3)	or 52		list. See instructions				
J	Wel	bsite	WWW.SEIU1000.ORG			on number ▶ 5304				
			organization: X Corporation Trust Association Other	L Yea		M State of legal domicile: CA				
	art	I	Summary	1 = 100	ar or rottmation.	VI Otato di logal dollilollo				
	Τ.	1 E	Briefly describe the organization's mission or most significant activities: SEE \$	SCHED	ULE O					
Activities & Governance		_	<u> </u>							
nar	2	2 0	Check this box if the organization discontinued its operations or dispos	ed of mo	re than 25% of its net as:	sets				
Ver	3		· ·		3	65				
ලි	4		lumber of independent voting members of the governing body (Part VI, line 1b)		, 4	65				
დ თ			otal number of individuals employed in calendar year 2020 (Part V, line 2a)			185				
itie	1		otal number of volunteers (estimate if necessary)			0				
ςį	7		otal unrelated business revenue from Part VIII, column (C), line 12			25,258.				
⋖			let unrelated business taxable income from Form 990-T, Part I, line 11			0.				
					Prior Year	Current Year				
4	8	3 C	Contributions and grants (Part VIII, line 1h)		274,920.	487,602.				
Revenue	9		rogram service revenue (Part VIII, line 2g)		45,945,452.	44,656,067.				
eVe	10		ovestment income (Part VIII, column (A), lines 3, 4, and 7d)		262,992.	190,139.				
ď	1		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,630,671.	3,056,664.				
	1:		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		49,114,035.	48,390,472.				
	1:		irants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14		enefits paid to or for members (Part IX, column (A), line 4)		147,500.	142,000.				
s	14		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		20,608,298.	21,223,317				
Expenses	10		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ē			otal fundraising expenses (Part IX, column (D), line 25)	0.						
й	17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		32,474,967.	24,518,280.				
	18		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		53,230,765.	45,883,597.				
	19		levenue less expenses. Subtract line 18 from line 12		-4,116,730.	2,506,875.				
Vet Assets or	3			E	Beginning of Current Year	End of Year				
sets	20	ΟТ	otal assets (Part X, line 16)	1	42,920,926.	41,727,413.				
ASS	2	1 T	otal liabilities (Part X, line 26)		17,882,793.	14,181,520.				
<u>set</u>	22	2 N	let assets or fund balances. Subtract line 21 from line 20		25,038,133.	27,545,893.				
Pa	art	11	Signature Block							
Und	er p	enalti	ies of perjury, I declare that I have examined this return, including accompanying schedules	and stater	nents, and to the best of my	knowledge and belief, it is				
true	, coi	rrect,	and complete. Declaration of preparer (other than officer) is based on all information of whi	ich prepare	er has any knowledge.					
			•							
Sign			Signature of officer		Date					
Her	·e		YVONNE WALKER, PRESIDENT							
			Type or print name and title							
		Ī	Print/Type preparer's name Preparer's signature	-	Date Check [if self-employ	PTIN				
Paid	i	S	COTT E. HALLBERG, CPA Voot & Hally	/ con ompio)	P01081188					
Pre	pare	r [Firm's name CALIBRE CPA GROUP, PLLC		47-0900880					
Use	Onl	у Г	Firm's address 7501 WISCONSIN AVENUE, SUITE 120	0 WES						
			BETHESDA, MD 20814		Phone no. 20	2-331-9880				
May	/ the	e IRS	S discuss this return with the preparer shown above? See instructions			X Yes No				

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO REPRESENT CERTAIN CIVIL SERVICE EMPLOYEES OF THE STATE OF	
	CALIFORNIA IN THE FOLLOWING MATTERS: SALARY, BENEFITS AND WORKING	
	CONDITIONS; ASSISTANCE IN FILING AND PURSUING EMPLOYEE GRIEVANCES;	
	LEGAL REPRESENTATION ON BOTH AN INDIVIDUAL AND CLASS BASIS; TECHNICAL	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	≤ 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?	∑ 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 \$)
	EXPENSES INCURRED FOR THE LOCAL FOR ITS TAX EXEMPT PURPOSES OF	
	REPRESENTING AND MAINTAINING DESIRABLE WORKING CONDITIONS FOR CIVIL	
	SERVICE EMPLOYEES OF THE STATE OF CALIFORNIA.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	
	Form 990	(2020)

UNION OF CALIFORNIA STATE WORKERS

Form 990 (2020) SEIU LOCAL 1000

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes, " complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		7.7	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			3,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	<u> X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		3.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	۱. ا		- V
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
а	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
IJ		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢ "		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	٠.٠		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

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Form **990** (2020)

UNION OF CALIFORNIA STATE WORKERS

Form 990 (1000	68-0475305	Pa	age 4
Part IV	Checklist of Required	Schedules	(continued)			
					Yes	No

			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on									
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
	Schedule J	23	Х							
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the									
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete									
	Schedule K. If "No," go to line 25a	24a		X						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease									
	any tax-exempt bonds?	24c								
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d								
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit									
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a								
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and									
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete									
	Schedule L, Part I	25b								
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%									
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,									
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			X						
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_^						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV									
_	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If									
а		200		X						
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X						
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		1						
·	"Yes," complete Schedule L, Part IV	28c		X						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			 						
-	contributions? If "Yes," complete Schedule M	30		X						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	_ ·								
	Schedule N, Part II	32		X						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations									
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х							
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and									
	Part V, line 1	34	Х	L						
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х						
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity									
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b								
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?									
	If "Yes," complete Schedule R, Part V, line 2	36								
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization									
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?									
_	Note: All Form 990 filers are required to complete Schedule O	38	X							
Pa										
	Check if Schedule O contains a response or note to any line in this Part V			口						
	1 1		Yes	No						
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 54									
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	X							

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Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					J							
					Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,												
	filed for the calendar year ending with or within the year covered by this return	2a	185										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		•	2b	Х								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions												
За				За	Х								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	X								
	At any time during the calendar year, did the organization have an interest in, or a signature or other a												
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х							
b	If "Yes," enter the name of the foreign country												
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th												
	any contributions that were not tax deductible as charitable contributions?												
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts												
	were not tax deductible?			6b_	X								
7	Organizations that may receive deductible contributions under section 170(c).												
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired										
	to file Form 8282?		 I	7c									
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	xt?	7e									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ie										
	sponsoring organization have excess business holdings at any time during the year?			8									
9	Sponsoring organizations maintaining donor advised funds.												
а				9a									
b				9b									
10	Section 501(c)(7) organizations. Enter:	۱.,	I										
a	Initiation fees and capital contributions included on Part VIII, line 12	10a											
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b											
11	Section 501(c)(12) organizations. Enter:	۔ مدا	1										
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a											
b		146											
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10/11	2	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	IZa									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120											
	Is the organization licensed to issue qualified health plans in more than one state?			13a									
u	Note: See the instructions for additional information the organization must report on Schedule O.			iou									
h	Enter the amount of reserves the organization is required to maintain by the states in which the												
	organization is licensed to issue qualified health plans	13b											
c	Enter the amount of reserves on hand	13c											
14a			1	14a		Х							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner												
-	excess parachute payment(s) during the year?			15		х							
	If "Yes," see instructions and file Form 4720, Schedule N.												
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х							
	If "Yes," complete Form 4720, Schedule O.												
				Form	990	(2020)							

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule Q. See instructions

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 65			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 65			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	11011 211 0110100 (This Section & requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	X	110
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
b		10b	х	
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	I Ia	21	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	- 21	
·	, , , , , , , , , , , , , , , , , , , ,	12c	Х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent	14	25	
15				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	Х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a	X	
a	Other officers or key employees of the organization	15b	Λ	
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year?	16a		Λ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
500	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE NONE Outline C104 and C104 an			1-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3):	only)	avalla	nie
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinand	cial	
	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			
	STEVE SCHMIDT - 866-471-7348			
	1808 14TH STREET, SACRAMENTO, CA 95811			

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average		not c	heck i	more	than		Reportable	Reportable	Estimated
	hours per week					is both or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	or director				pa Pa		organization	(W-2/1099-MISC)	from the
	related	trustee oi	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	dwoo				and related
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARGARITA MALDONADO	40.00	Ē	Ë	5	ş.	宝岩	요			
CHIEF OF STAFF						X		170,322.	0.	59,193
(2) ANNE GIESE	40.00							, , , , , , , , , , , , , , , , , , , ,	-	,
CHIEF COUNSEL						X		168,323.	0.	51,311.
(3) BRENT FITZPATRICK	40.00							·		•
DIRECTOR OF INFORMATION SERVICES						X		155,602.	0.	56,324
(4) BROOKE PIERMAN	40.00									
EXECUTIVE DIRECTOR						X		155,602.	0.	56,101
(5) SARAH ZIMMERMAN	40.00									
DEPUTY CHIEF OF STAFF						X		155,602.	0.	48,639
(6) YVONNE WALKER	70.00									
SEIU LOCAL 1000 PRESIDENT		Х		X				63,547.	0.	0.
(7) ANICA WALLS	16.00									_
SEIU LOCAL 1000 VICE PRESIDENT FOR O		Х		X		_		15,993.	0.	0 .
(8) LONNIE OWENS	9.00									•
SEIU LOCAL 1000 VICE PRESIDENT FOR B	0.00	Х		Х		_		0.	0.	0 .
(9) KEVIN MENAGER	9.00			,,					_	0
SEIU LOCAL 1000 VICE PRESIDENT AND S	27 00	Х		Х		-		0.	0.	0 .
(10) JAMES WILLIS	37.00	v							_	0
BUNC CHAIR (11) SUSAN RODRIGUEZ	30.00	Х				-		0.	0.	0.
BUNC CHAIR	30.00	Х						0.	0.	0 .
(12) KIMBERLY COWART	35.00	Λ						0.	0.	0 .
BUNC CHAIR	33.00	Х						0.	0.	0.
(13) MIGUEL CORDOVA	35.00	21				\vdash			•	<u></u>
BUNC CHAIR	33.00	х						0.	0.	0.
(14) KAREN JEFFERIES	34.00								•	
BUNC CHAIR		х						0.	0.	0.
(15) MARIA PATTERSON	36.00									
BUNC CHAIR		Х						0.	0.	0.
(16) LUISA LEUMA	36.00									
BUNC CHAIR		Х						0.	0.	0.
(17) TERENCE HIBBARD	34.00									
BUNC CHAIR		X		l				0.	0.	0.

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Form 990 (2020)

FORTH 990 (2020) DETO LOCA	7D 1000								00 0473	505	гαί	<u> </u>	
Part VII Section A. Officers, Directors, Trus	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(0	C)			(D)	(E)		(F)		
Name and title	Average	(44-		Pos				Reportable	Reportable		mated	í	
	hours per	box	, unle	ss pe	rson i	than o s both	n an	compensation	compensation	amo	unt of	ŕ	
	week	offi	cer ar	id a d	irecto	r/trus	tee)	from	from related	of	ther		
	(list any	ector						the	organizations	compe	ensati	on	
	hours for	or dir	g .			ated		organization	(W-2/1099-MISC)		n the		
	related organizations	ıstee	truste		a a	bens		(W-2/1099-MISC)		_	nizatio		
	below	ual trı	ional		ploye	t com	١.			and organ	related		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organ	izatioi	15	
(18) EDWARD PAGE	11.00	=	=	0	×	工业	-						
BUNC CHAIR		Х						0.	0.			0.	
(19) ROBERT VEGA	34.00												
BUNC CHAIR - FORMER		Х						0.	0.			0.	
(20) PATRICE VALLIER-GLASS	2.00												
BUNC CHAIR		Х						0.	0.			<u>0.</u>	
(21) KATE SPENCER	2.00												
BOARD MEMBER - FORMER		Х						0.	0.			<u>0.</u>	
(22) RONALD DECASTRO	2.00												
BOARD MEMBER		Х						0.	0.			<u>0.</u>	
(23) KEVIN LENNON	2.00												
BOARD MEMBER		Х						0.	0.			<u>0.</u>	
(24) AHJAMU MAKALANI	4.00												
BOARD MEMBER		Х						0.	0.			<u>0.</u>	
(25) KEHINDE ADEOYE	11.00								_				
BOARD MEMBER - FORMER		Х						0.	0.			0.	
(26) LATASHA BROWN	19.00											_	
BOARD MEMBER		Х						0.	0.	0 = 1		<u>0.</u>	
1b Subtotal								884,991.	0.	271			
c Total from continuation sheets to Part V								0.	0.		,09		
d Total (add lines 1b and 1c)							<u> </u>	884,991.	0.	277	<u>,66</u>	<u>6 •</u>	
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			- ^	
compensation from the organization										- 1.		<u>50</u>	
										Y	es	No	
3 Did the organization list any former officer	•		•		•	•	·		•			v	
line 1a? If "Yes," complete Schedule J for s										3		<u>X</u>	
4 For any individual listed on line 1a, is the st	um ot reportabl	e co	mpe	ensa	tion	and	oth	ier compensation from t	ne organization				

rendered to the organization? *If "Yes," complete Schedule J for such person*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.

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

(A) Name and business address	(B) Description of services	(C) Compensation
CSEA		
3000 ADVANTAGE WAGE, SACRAMENTO, CA 95834	CSEA	1,255,546.
HILTON SAN DIEGO BAYFRONT	HILTON - SAN DIEGO	
1 PARK BLVD, SAN DIEGO, CA 92101	BAYFRONT	597,924.
ONNI COAST SAVINGS LIMITED PARTNERSHIP	ONNI COAST SAVINGS	
315 W. 9TH STREET, LOS ANGELES, CA 90015	LIMITED PARTNERSHIP	345,222.
HISTORIC CENTRAL BUILDING, LLC	HISTORIC CENTRAL	
436 14TH ST., OAKLAND, CA 94612	BUILDING, LLC	301,135.
COMMERCE PRINTING SERVICES	COMMERCE PRINTING	
322 N 12TH ST, SACRAMENTO, CA 95811	SERVICES	241,234.
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 > 20		200

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

Х

Form 990

Form 990 SEIU LOC									68-047	5305
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi	ition	ı		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	JO.				oloyee		the organization	organizations	compensation from the
	(list any hours for	direct				d emp		(W-2/1099-MISC)	(W-2/1099-MISC)	organization
	related	trustee or director	stee			ısate		(***2/1099-101100)		and related
	organizations	truste	al tru		yee	im per				organizations
	below	Individual t	Institutional trustee	er	Key employee	Highest compensated employee	ıer			J
	line)	Indi	Insti	Officer	Key	High	Former			
(27) SYBLE TOMPKINS	2.00									
BOARD MEMBER		X						0.	0.	0
(28) DAVID JIMENEZ	2.00									
BOARD MEMBER		X						0.	0.	0 .
(29) CAROLELYNN LEONARDO-VALDRIZ	35.00									
BOARD MEMBER		Х						0.	0.	0
(30) GWENDOLYN CRAWFORD	38.00									
BOARD MEMBER		x						0.	0.	0
(31) DALIA JARAMILLO	2.00								0.1	-
BOARD MEMBER		x						0.	0.	0
(32) JOSE MEDINA	2.00							0.1	0.1	-
BOARD MEMBER	200	x						0.	0.	240
(33) STEVEN ALARI	4.00	125						•	•	210
BOARD MEMBER	4.00	X						0.	0.	0 .
(34) DELEON SECREST	38.00	122						0.	0.	0 .
BOARD MEMBER	30.00	X						0.	0.	0 .
(35) MELISSA DEL ROSARIO	2.00	122						0.	0.	0 (
BOARD MEMBER	2.00	X						0.	0.	0.
(36) CHARITY REGALADO	36.00							0.	0.	0 (
BOARD MEMBER	30.00	X						0.	0.	599
(37) KATHY EVANS	3.00							0.	0.	3,7,7
BOARD MEMBER	3.00	X						0.	0.	0 .
(38) MANUEL RODRIGUEZ	37.00	^						0.	0.	0
BOARD MEMBER	37.00	X						0.	0.	0 .
(39) EDWARD FUNK	2.00	^						0.	0.	U .
	2.00	X						0.	0.	0
BOARD MEMBER - FORMER (40) RICHARD TURNER	30 00	^						0.	0.	0
	39.00	X						0.	0	0
BOARD MEMBER	2 00	^						0.	0.	0
(41) CYNTHIA VO	3.00	₩.							0	0
BOARD MEMBER	1 2 00	Х						0.	0.	0
(42) LYDIA EMBRY	2.00	\							_	_
BOARD MEMBER	+	Х	-			\vdash		0.	0.	0 .
(43) REGINA WHITNEY	2.00	٠,,							_	_
BOARD MEMBER - FORMER	1 2 22	Х	-					0.	0.	0.
(44) WILLIAM HALL	2.00	 								_
BOARD MEMBER	1 2 22	Х						0.	0.	0.
(45) RONALD ROSSON	2.00	∤								_
BOARD MEMBER	+ • • • • • • • • • • • • • • • • • • •	Х	_					0.	0.	0
(46) LARRY COLLINS	2.00	 								_
BOARD MEMBER - FORMER		X						0.	0.	0 .
Total to Part VII, Section A, line 1c										

Form 990 SEIU LOCA	10 1000								68-047	3303
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	JO.				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***-2/1099-141130)	organization
	related	ee or	stee			nsate		(** 27 1000 141100)		and related
	organizations	trust	nal tru		oyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	Ser	Key employee	nest c	ner			
	line)	Indi	Inst	Officer	Key	Higl	Former			
(47) RAMON NAVARRETE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(48) JEROME WASHINGTON	8.00									
BOARD MEMBER		Х						0.	0.	0.
(49) JOEL FEW	3.00									
BOARD MEMBER- FORMER		Х						0.	0.	400.
(50) MICHAEL LOPEZ	2.00									
BOARD MEMBER		Х						0.	0.	600.
(51) KEVIN HEALY	35.00									
BOARD MEMBER		Х						0.	0.	0.
(52) DANA MEZA	3.00									
BOARD MEMBER		Х						0.	0.	0.
(53) HAROLD FONG	2.00									
BOARD MEMBER - FORMER		Х						0.	0.	0.
(54) ROBERT BAYZE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(55) JENNIFER CORDOVA	2.00							_	_	
BOARD MEMBER		Х						0.	0.	300.
(56) LEONARD SEITZ	2.00	l								
BOARD MEMBER		Х						0.	0.	0.
(57) SHRHONDA WARD	29.00	l							•	
BOARD MEMBER		Х						0.	0.	0.
(58) RICHARD WAKE	2.00								•	•
BOARD MEMBER	0.00	Х						0.	0.	0.
(59) SOPHIA PERKINS	2.00								•	•
BOARD MEMBER - FORMER	2 00	Х						0.	0.	0.
(60) BETH BARTEL	2.00	٦,							0	200
BOARD MEMBER	22 00	Х						0.	0.	300.
(61) TARA ROOKS	33.00	3,7							0	0
BOARD MEMBER	36.00	Х						0.	0.	0.
(62) RANDALL STAN	36.00	3,7							0	1 200
BOARD MEMBER	22 00	Х						0.	0.	1,200.
(63) NICHOLAS MANNION	33.00	3,7							0	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(64) MARY DE LA CRUZ	2.00	х						ر ۾ ا	_	0
BOARD MEMBER (65) JULIE STRATTON	2.00	^						0.	0.	0.
	4.00	х						0.	^	0
BOARD MEMBER - FORMER (66) LATREECE SMITH	2.00	^						"	0.	0.
BOARD MEMBER	4.00	Х						0.	0.	0
DOVID HENDER	I		ı	1	I	l .	1	l 0.	U •	0.

SEIU LOCAL 1000 68-0475305 Form 990 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Average Reportable Name and title Position Reportable Estimated (check all that apply) hours compensation compensation amount of from from related other per the organizations compensation week Highest compensated employee (list any organization (W-2/1099-MISC) from the Individual trustee or director (W-2/1099-MISC) hours for organization Institutional trustee related and related Key employee organizations organizations below line) 2.00 (67) DAVID JOHNSON BOARD MEMBER X 0. 0. 0. (68) JARED REECE 2.00 0. 0. BOARD MEMBER Х 0. (69) WANDA YANEZ 2.00 BOARD MEMBER X 0 0. 360. (70) EVE DICKSON 3.00 BOARD MEMBER 0. 0. 599. (71) RENAY LEVINGSTON 2.00 X 0. 0. 0. BOARD MEMBER (72) HEATHER KESSLER 2.00 BOARD MEMBER Х 0 0. 300. 20.00 (73) SYLVIA RAMOS 0. 0. 1,200. BOARD MEMBER (74) CINDY DOYEL 2.00 BOARD MEMBER Х 0. 0. 0. 24.00 (75) ANGELICA MILLER Х 0. BOARD MEMBER 0. 0. (76) JAVIER CARDENAS 2.00 BOARD MEMBER - FORMER Х 0. 0. 0. (77) JUVONI STERLING 2.00 BOARD MEMBER X 0. 0. 0. (78) FRANCINA STEVENSON 6.00 0. 0. 0. BOARD MEMBER Х 2.00 (79) NOREEN NELSON Х 0. BOARD MEMBER 0. 0. (80) DELONNE JOHNSON 2.00 BOARD MEMBER Х 0 0. 0. (81) RAQUEL HINES 2.00 BOARD MEMBER 0. 0. 0.

Total to Part VII, Section A, line 1c

6,098.

Form 990 (2020) SEIU LO
Part VIII Statement of Revenue

SEIU LOCAL 1000

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			, ,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 9	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
5 5							
ts, Ar		9					
ij gi		Related organizations 1d					
ns, Sim		Government grants (contributions) 1e					
atio er (Ť	All other contributions, gifts, grants, and	407 600				
ĕ¥		similar amounts not included above 1f	487,602.				
ont od (_	Noncash contributions included in lines 1a-1f		407 600			
<u>a</u> <u>C</u>	h	Total. Add lines 1a-1f		487,602.			
			Business Code				
çe	2 a	MEMBER DUES	900099	44,656,067.	44,656,067.		_
Program Service Revenue	b	·					
Sun	c						
am	d						
ogr B	е	. <u> </u>					
Ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f		44,656,067.			
	3	Investment income (including dividends, interes					
		other similar amounts)		190,139.			190,139.
	4	Income from investment of tax-exempt bond pr	roceeds				_
	5	Royalties					
	-	(i) Real	(ii) Personal				
	6 a	Gross rents 6a 10,200.	. ,				
		Less: rental expenses 6b 0.					
		Rental income or (loss) 6c 10,200.					
		Net rental income or (loss)		10,200.			10,200.
		Gross amount from sales of (i) Securities	(ii) Other				==,===
	1 6	assets other than inventory 7a	(1) 5 11 151				
		Less: cost or other basis					
ø.	Į,						
ň	_						
eve	C	Gain or (loss) 7c					
her Revenue		Net gain or (loss)					
	8 a	Gross income from fundraising events (not					
Ö		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses <u>8b</u>					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances <u>10a</u>					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory	>				
			Business Code				
snc	11 a	WRITE OFF OF ACCRUALS	900099	2,127,819.	2,127,819.		
nec	h	MISCELLANEOUS	900099	792,471.	792,471.		
ella	c	TEGRA GREDIEG	900099	100,916.	100,916.		
Miscellaneous Revenue	4	All other revenue	900099	25,258.	,	25,258.	
Σ	_	Total. Add lines 11a-11d		3,046,464.		, ,	
	12	Total revenue. See instructions	•	48,390,472.	47,677,273.	25,258.	200,339.

Professional fundraising services. See Part IV, line 17 Investment management fees

Other. (If line 11g amount exceeds 10% of line 25,

column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion

Office expenses

Information technology

Royalties

Occupancy

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

REIMB TO CA FOR UL PAYMENTS TO CSEA

above (List miscellaneous expenses on line 24e. If line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

DLC ADMINISTRATION, FOR

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

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 **(D)** Fundraising (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 142,000. Benefits paid to or for members Compensation of current officers, directors, 79,540. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 14,427,471. Other salaries and wages 7 8 Pension plan accruals and contributions (include 2,816,270. section 401(k) and 403(b) employer contributions) 2,676,248. Other employee benefits 9 1,223,788. Payroll taxes 10 Fees for services (nonemployees): Management 122,275. Legal 91,500. Accounting 170,283. Lobbying

1,241,589

1,362,728.

1,716,579.

445,627.

754,312.

292,680.

859,559.

220,674.

326,866.

45,883,597.

9,759,701.

2,299.

4,242,290. 1,440,849. 820,804. 647,665.

Form **990** (2020)

f

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16

17 18

19

20

21

22

23

24

25

Insurance

Check here

PAC EXPENSE

All other expenses

Form 990 (2020) Part X Balance Sheet

Part /	^	balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,782,833.	1	3,697,560.
:	2	Savings and temporary cash investments			8,507,750.	2	11,261,265.
;	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			5,633,590.	4	5,185,272.
(5	Loans and other receivables from any current or t					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	onsL		5	
	6	Loans and other receivables from other disqualifie	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
: يو	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
~~ °	9	Prepaid expenses and deferred charges			724,547.	9	690,879.
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	21,060,471.			
	b	Less: accumulated depreciation			15,280,068.	10c	14,639,709.
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line 11			9,908,928.	12	6,196,414.
1:	3	Investments - program-related. See Part IV, line 1		Г		13	
14	4	Intangible assets				14	
15	5	Other assets. See Part IV, line 11			83,210.	15	56,314.
10	6	Total assets. Add lines 1 through 15 (must equa			42,920,926.	16	41,727,413.
13	7	Accounts payable and accrued expenses			8,802,861.	17	5,246,298.
18		Grants payable			000 000	18	102 412
19		Deferred revenue			228,933.	19	173,413.
20		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete P				21	
se 2	2	Loans and other payables to any current or former					
≣		trustee, key employee, creator or founder, substa					
Liabilities	_	controlled entity or family member of any of these			6,686,442.	22	6 490 700
_ 2,		Secured mortgages and notes payable to unrelat		· · · · · · · · · · · · · · · · · · ·	0,000,442.	23	6,480,790.
24		Unsecured notes and loans payable to unrelated		Г		24	
2	5	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	2,164,557.	OF.	2,281,019.
20	6	of Schedule D			17,882,793.		14,181,520.
- - '	.0	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check			17,002,755	20	14,101,520
ဖွ		and complete lines 27, 28, 32, and 33.	K HEI				
a 2	7	And the second second			22,725,440.	27	24,724,904.
Bala		Net assets with donor restrictions			2,312,693.	28	2,820,989.
ᇦ ~`	.0	Organizations that do not follow FASB ASC 95			2,022,0301	20	2,020,3031
[[and complete lines 29 through 33.	o, circ	JOK HOTE P			
ō 29	a	Capital stock or trust principal, or current funds				29	
sets 30		Paid-in or capital surplus, or land, building, or equ				30	
Ass		Retained earnings, endowment, accumulated inc	-			31	
Net Assets or Fund Balances		Total net assets or fund balances		······	25,038,133.	32	27,545,893.
					42,920,926.	33	41,727,413.
33	3	ı otal liabilities and net assets/fund balances			44,940,946.	33	41,/2/

Form **990** (2020)

Pa	rt 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	48,39		
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,88		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,50		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,03		
5	Net unrealized gains (losses) on investments	5		8	85.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	27,54	15,8	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	l	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			For	ո 990	(2020)

032012 12-23-20

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

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

OMB No. 1545-0047

2020

Name of the organization
UNION OF CALIFORNIA STATE WORKERS

SEIU LOCAL 1000

Employer identification number

68 - 0475305

Filers of:		Section:
Form 990	or 990-EZ	X 501(c)(5) (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
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special I	Rules	
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 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 , 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; line 1. Complete Parts I and II.
	contributor, during t literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year
but it mu	st answer "No" on F	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
UNION OF CALIFORNIA STATE WORKERS
SEIU LOCAL 1000

Employer identification number

68-0475305

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1	N/A	\$ 152,276. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4 N/A	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	N/A	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
UNION OF CALIFORNIA STATE WORKERS
SEIU LOCAL 1000

Employer identification number
68-0475305

Part II	Noncash Property (see instructions). Use duplicate copies of P	'art 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
- - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- - -		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ - - -		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ - - -		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		\$	1

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 68-0475305 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(e) Transfer of gift

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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

00011011001(0)(1), (0), 01 (0) 01ga1112a	-		T	
	OF CALIFORNIA STAT	E WORKERS	Empl	oyer identification number
	CAL 1000	=0.4/ \		68-0475305
Part I-A Complete if the org	ganization is exempt unde	er section 501(c) or	ris a section 527 org	ganization.
 Provide a description of the organize Political campaign activity expendi Volunteer hours for political campa 	tures		> \$	
Part I-B Complete if the org	ganization is exempt unde	er section 501(c)(3)	•	
1 Enter the amount of any excise tax	incurred by the organization unde	er section 4955	▶\$	
2 Enter the amount of any excise tax	incurred by organization manage			
3 If the organization incurred a section				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the org	ganization is exempt unde	er section 501(c), e	xcept section 501(c)(3).
1 Enter the amount directly expende		·		
2 Enter the amount of the filing organ	nization's funds contributed to oth	er organizations for sect	ion 527	
exempt function activities			> \$	
3 Total exempt function expenditures				
line 17b			> \$	
4 Did the filing organization file Form				
5 Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	ation listed, enter the amount paid romptly and directly delivered to a	from the filing organizate separate political organical	ion's funds. Also enter the ization, such as a separate	e amount of political
(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
SEIU LOCAL 1000	SACRAMENTO, CA			
CANDIDATE PAC	95814-4602	34-2032142	0.	943,695.
SEIU LOCAL 1000	SACRAMENTO, CA			
ISSUES PAC	95814-4602	68-0475305	0.	446,537.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

SEE PART IV FOR CONTINUATION

Part II-A Complete if the org section 501(h)).	anization is exe	mpt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
expenses, and share	re of excess lobbying		n Part IV each affiliated	group member's nam	ne, address, EIN,
Limi	ts on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ente		e following table in bot	th columns.		
If the amount on line 1e, column (a) o		bbying nontaxable am			
Not over \$500,000		f the amount on line 1e			
Over \$500,000 but not over \$1,000		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000),000.			
g Grassroots nontaxable amount (er	ater 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	,				
i Subtract line 1f from line 1c. If zero	· ·				
j If there is an amount other than ze					
reporting section 4911 tax for this	_				Yes No
(Some organizations t	4-Year Av	veraging Period Under	r Section 501(h) have to complete all o		elow.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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)).

or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(I	b)
of the	lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
	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)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	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?				
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	i), or sec	tion	
	501(c)(6).				
				Yes	l N
			4	X	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	22	
	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			- A	
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? n 501(c)(5	2 3 5), or sec	tion	3, is
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members	e prior year? n 501(c)(5 'No" OR (), or sec (b) Part I	tion	
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5 'No" OR (), or sec (b) Part I	tion	
2 3 Par 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5 'No" OR (2 3), or sec (b) Part I	tion	
2 3 'ar' 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year	e prior year? n 501(c)(5 'No" OR (2 3), or sec b) Part I	tion	
2 3 'ar' 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year? n 501(c)(5 'No" OR (2 3 3), or sec (b) Part I	tion	
2 3 Par 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	e prior year? n 501(c)(5 'No" OR (2 3), or sec b) Part I	tion	
2 3 Par 1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5 'No" OR (2 3 5), or sec (b) Part I	tion	
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5 'No" OR (2 3 5), or sec (b) Part I	tion	
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed ones the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures of	e prior year? n 501(c)(5 'No" OR (2 3), or sec b) Part I 2a 2b 2c 3	tion	
2 3 2 1 2 a b c 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polyper expenditure next year?	e prior year? n 501(c)(5 'No" OR (2 3), or sec (b) Part I 2a 2b 2c 3	tion	
2 3 Par 1 2 a b c 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? Taxable amount of lobbying and political expenditures (See instructions)	e prior year? n 501(c)(5 'No" OR (2 3), or sec b) Part I 2a 2b 2c 3	tion	
2 3 Par 1 2 a b c 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedaces the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polyper expenditure next year? Taxable amount of lobbying and political expenditures (See instructions) IV Supplemental Information	e prior year? n 501(c)(5 'No" OR (2 3 3 3), or sec (b) Part I 2 2 2 2 2 3 3 4 5 5	tion II-A, line	
2 3 Par 1 2 a b c 3 4 5 Par rrovii	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? Taxable amount of lobbying and political expenditures (See instructions)	e prior year? n 501(c)(5 'No" OR (2 3 3 3), or sec (b) Part I 2 2 2 2 2 3 3 4 5 5	tion II-A, line	
2 3 1 2 a b c 3 4 5 Par rovii	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (See instructions) til V Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ctions); and Part II-B, line 1. Also, complete this part for any additional information.	e prior year? n 501(c)(5 'No" OR (2 3 3 5), or sec (b) Part I 2 2 2 2 2 3 4 5 5 A, lines 1 a	nd 2 (See	3, i
2 3 Par 1 2 a b c 3 4 5 Provinstru	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (See instructions) to the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ctions); and Part II-B, line 1. Also, complete this part for any additional information. TI-A, LINE 1:	e prior year? n 501(c)(5 'No" OR (cal ess blitical list); Part II-4	2 3 3), or sec (b) Part I 2a 2b 2c 3 4 5 A, lines 1 a	nd 2 (See	3, i

032043 12-02-20

Part IV Supplemental Information (continued)
CAMPAIGN ACTIVITIES INCLUDE MAKING EXPENDITURES IN CONNECTION WITH
LOCAL AND STATEWIDE BALLOT MEASURES.
PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:
SEIU LOCAL 1000 CANDIDATE PAC
555 CAPITOL MALL, SUITE 400 SACRAMENTO, CA 95814-4602
SEIU LOCAL 1000 ISSUES PAC
555 CAPITOL MALL, SUITE 400 SACRAMENTO, CA 95814-4602

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Employer identification number 68-0475305

	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Complete if the
	organization answered Tes Sitt offi 350, Farety, fine	(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 w	riting that the assets held in donor	advised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds ca	an be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	pose conferring
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) 🔲 Preservat	tion of a historically important land area
	Protection of natural habitat	Preservat	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the	form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic s	tructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated b	by the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing con	servation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	· ·	
_			
9	In Part XIII, describe how the organization reports conservatio	·	
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial st	atements that describes the
Da	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art Historical Transuras of	or Other Similar Assets
Га	Complete if the organization answered "Yes" on Form		of Other Similar Assets.
			and and belongs about mode
та	If the organization elected, as permitted under FASB ASC 958	·	
	of art, historical treasures, or other similar assets held for publication provide in Part XIII the tout of the features to its financial		•
L	service, provide in Part XIII the text of the footnote to its finance.		
U	If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in	Truttrierance of public service,
	,		• •
	(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 trea	sures or other similar assets for fin	
_	the following amounts required to be reported under FASB AS		anolai gain, provide
а	B	_	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 202

032051 12-01-20

	UNION O	F CALIFORN	IA STATE WO	ORKERS				
che	edule D (Form 990) 2020 SEIU LO	CAL 1000				68-04	75305	Page 2
Paı	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	r Simila	r Assets	(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the f	ollowing that make s	ignificant	use of its	•	
	collection items (check all that apply):							
а	Public exhibition	d	l Loan or exc	hange program				
b	Scholarly research	е	e Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further th	e organization's exe	mpt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations o	of art, historical treas	sures, or other simila	r assets		_	
	to be sold to raise funds rather than to be ma						Yes	No
Paı	rt IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" or	n Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·						
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	s or other assets not	included		_	
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					
					-		Amount	
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on F					L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete							
rai	rt V Endowment Funds. Complete							
٠.	De minute un of consultation of	(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	ears back
	Beginning of year balance							
	Contributions							
С	Net investment earnings, gains, and losses							

b	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)) held as:	
		•			

Board designated or quasi-endowment **b** Permanent endowment

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

Yes Nο (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b

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

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		7,230,000.		7,230,000.
b Buildings		7,801,199.	1,614,067.	6,187,132.
c Leasehold improvements		607,581.	407,115.	200,466.
d Equipment		3,066,266.	2,120,329.	945,937.
e Other		2,355,425.	2,279,251.	76,174.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X. colun	nn (B), line 10c.))	14,639,709.

UNION OF CA	LIFORNIA STATI	E WORKERS	
Schedule D (Form 990) 2020 SEIU LOCAL	1000	68	8-0475305 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	I1b. 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 er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CERTIFICATES OF DEPOSIT	4,491,761.	COST	
(B) BONDS	1,704,653.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,196,414.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	I1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities.	2 15.)	>	·
Complete if the organization answered "Yes"	on Form 990, Part IV. line	I1e or 11f. See Form 990, Part X. line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			1
(2) ACCRUED VACATION			1,411,305
(3) CAPITAL LEASES			121.757

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

747,957.

2,281,019.

(4) (5) (6) (7) (8) (9)

PER CAPITA TAX PAYABLE

	(Form 990) 2020	SEIU LOC	ed Financial Statements With Revenue per	-0475305	Page 4
	,				Page 🕶

	·				
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	48,514,261.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	885.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	122,904.		
е	Add lines 2a through 2d			2e	123,789.
3	Subtract line 2e from line 1			3	48,390,472.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	48,390,472.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per F	≀etur	n
					• • • • • • • • • • • • • • • • • • • •
	Complete if the organization answered "Yes" on Form 990, Part IV, lir				
1		ne 12a.		1	46,542,993.
1 2		ne 12a.			
	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a.			
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ne 12a.			
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b			
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c			46,542,993.
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	659,396.		46,542,993. 659,396.
a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	659,396.	1	46,542,993.
a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	659,396.	1 2e	46,542,993. 659,396.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	659,396.	1 2e	46,542,993. 659,396.
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	659,396.	1 2e	46,542,993. 659,396.
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	659,396.	1 2e	46,542,993. 659,396.

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.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE LOCAL AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN UNCERTAIN TAX POSITIONS THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE LOCAL, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2020, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN WHICH WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. MANAGEMENT BELIEVES THAT THE LOCAL'S TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2017 THROUGH 2019 REMAIN SUBJECT TO EXAMINATION, BASED ON THE NORMAL STATUTORY PERIODS

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Part XIII Supplemental Information (continued)	
SUBJECT TO AUDIT, NOTWITHSTANDING ANY EVENTS OR CIRCUMSTANCE	S THAT MAY
EXIST WHICH COULD EXPAND THE OPEN PERIOD.	
DADE VI LINE 2D OFFIED AD HIGHWENING.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DLC ADMINISTRATION, FORFEITURES AND FEES	-820,804.
PAC ACTIVITY	943,695.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	122,904.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
PAC EXPENSES	1,480,200.
DLC ADMINISTRATION	-820,804.
	659,396.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	039,390.

SCHEDULE J (Form 990)

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.
UNION OF CALIFORNIA STATE WORKERS
SEIU LOCAL 1000

Employer identification number 68-0475305

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 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:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		

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

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) MARGARITA MALDONADO	(i)	161,922.	0.	8,400.	34,004.	25,189.	229,515.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNE GIESE	(i)	159,923.	0.	8,400.	33,584.	17,727.	219,634.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	147,202.	0.	8,400.	30,912.	25,412.	211,926.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BROOKE PIERMAN	(i)	147,202.	0.	8,400.	30,912.	25,189.	211,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	147,202.	0.	8,400.	30,912.	17,727.	204,241.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
I	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
I	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III | Supplemental Information

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

PART I, LINE 3:

THE TOP MANAGEMENT OFFICIAL'S COMPENSATION IS ESTABLISHED BY A COLLECTIVE

BARGAINING AGREEMENT WITH THE STATE OF CALIFORNIA, WHICH HAS BEEN APPROVED

BY THE GOVERNING BODY AND MEMBERS OF THE ORGANIZATION. IN 2016 A STIPEND

WAS APPROVED FOR THE PRESIDENT, PAID DIRECTLY BY THE LOCAL.

FORM 990, PART VII, SECTION A, LINE 5

THE BOARD OF DIRECTORS USE LEAVE TIME FROM THE STATE OF CALIFORNIA TO

PERFORM VARIOUS DUTIES FOR THE LOCAL. THE LOCAL REIMBURSES THE STATE OF

CALIFORNIA FOR THIS TIME BASED ON THE COLLECTIVE BARGAINING AGREEMENT IN

PLACE WITH THE STATE. THE REIMBURSEMENT IS BASED ON THE DIRECTOR'S ACTUAL

STATE PAY (PLUS 35% FOR BENEFITS) AT THE TIME OF THE LEAVE. A LIST OF

THESE SALARY AND BENEFITS REIMBURSEMENTS TO THE STATE OF CALIFORNIA IS

PROVIDED BELOW. IN 2016, STIPENDS WERE APPROVED FOR THE FOUR STATEWIDE

OFFICERS, PAID DIRECTLY BY THE LOCAL. THE COMPENSATION REPORTED IN PART VII

REFLECTS THESE STIPENDS AS TAKEN AND ADDITIONAL MINOR EXPENSE STIPENDS FOR

OTHER DIRECTORS.

YVONNE WALKER - PRESIDENT

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.

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 68,144

KEVIN MENAGER - VICE PRESIDENT AND SECRETARY-TREASURER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 24,930

LONNIE OWENS - VICE PRESIDENT FOR BARGAINING

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 28,643

ANICA WALLS - VICE PRESIDENT FOR ORGANIZING

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 40,482

RONALD DECASTRO - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 298

KEVIN LENNON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 456

AHJAMU MAKALANI - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 581

KEHINDE ADEOYE - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,827

LATASHA BROWN - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 28,015

CAROLELYNN LEONARDO-VALDRIZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 52,750

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.

GWENDOLYN CRAWFORD - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 78,061

STEVEN ALARI - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,018

DELEON SECREST - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 63,962

CHARITY REGALADO - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 63,962

KATHY EVANS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,919

MANUEL RODRIGUEZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 55,322

RICHARD TURNER - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 63,081

CYNTHIA VO - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 924

LYDIA EMBRY - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 351

WILLIAM HALL - BOARD MEMBER

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.

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 132

LARRY COLLINS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 679

RAMON NAVARRETE- BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 579

JEROME WASHINGTON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 25,130

JOEL FEW - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1698

KEVIN HEALY - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 46,046

DANA MEZA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,938

ROBERT BAYZE - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 410

SHRHONDA WARD - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 45,718

RICHARD WAKE - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 296

Schedule J (Form 990) 2020

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.

TARA ROOKS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 66,042

RANDALL STAN - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 126,110

NICHOLAS MANNION - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 59,990

LATREECE SMITH - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 298

JARED REECE - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 390

WANDA YANEZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 365

EVE DICKSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 4,604

HEATHER KESSLER - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 154

SYLVIA RAMOS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 34,742

ANGELICA MILLER - BOARD MEMBER

Schedule J (Form 990) 2020

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.

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 34,364

JAVIER CARDENAS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 277

FRANCINA STEVENSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 4,255

NOREEN NELSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 844

JUVONI STERLING - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 299

RAOUEL HINES - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 536

JAMES WILLIS - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 57,213

SUSAN RODRIGUEZ - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 74,195

KIMBERLY COWART - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 119,449

MIGUEL CORDOVA - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 106,372

Schedule J (Form 990) 2020

SEIU LOCAL 1000

Part III	Supplemental Information	n
raitiii	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.

KAREN JEFFERIES - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 45,523

MARIA PATTERSON - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 40,908

LUISA LEUMA - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 65,012

TERENCE HIBBARD - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 117,640

EDWARD PAGE - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 6,141

ROBERT VEGA - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 74,315

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Employer identification number 68-0475305

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO REPRESENT CERTAIN CIVIL SERVICE EMPLOYEES OF THE STATE OF CALIFORNIA
IN THE FOLLOWING MATTERS: SALARY, BENEFITS AND WORKING CONDITIONS;
ASSISTANCE IN FILING AND PURSUING EMPLOYEE GRIEVANCES; LEGAL
REPRESENTATION ON BOTH AN INDIVIDUAL AND CLASS BASIS; TECHNICAL
ASSISTANCE IN JOB CLASSIFICATION; AND LEGISLATIVE ADVOCACY IN SUPPORT
OF PROGRAMS BENEFICIAL TO STATE EMPLOYEES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ASSISTANCE IN JOB CLASSIFICATION; AND LEGISLATIVE ADVOCACY IN SUPPORT
OF PROGRAMS BENEFICIAL TO STATE EMPLOYEES.
FORM 990, PART VI, SECTION A, LINE 2:
TWO MEMBERS OF THE BOARD, MIGUEL AND JENNIFER CORDOVA, ARE MARRIED TO EACH
OTHER.
FORM 990, PART VI, SECTION A, LINE 6:
THE LOCAL REPRESENTS EMPLOYEES OF THE STATE OF CALIFORNIA WHO PAY MONTHLY
DUES.
FORM 990, PART VI, SECTION A, LINE 7A:
THE LOCAL'S MEMBERS ELECT THE MEMBERS OF THE GOVERNING BOARD
FORM 990, PART VI, SECTION A, LINE 7B:
THE OPERATING DECISIONS OF THE LOCAL ARE SUBJECT TO APPROVAL BY THE LOCAL'S

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

BOARD OF DIRECTORS WHICH IS ELECTED BY MEMBERSHIP.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

Employer identification number 68-0475305

FORM 990, PART VI, SECTION A, LINE 8B:

MINUTES OF MEETINGS HELD BY OTHER COMMITTEES ARE NOT DOCUMENTED AS THESE

COMMITTEES DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING

BODY. ALL DECISIONS AND RECOMMENDATIONS MUST BE APPROVED BY THE GOVERNING

BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE LOCAL'S FORM 990, INCLUDING REQUIRED SCHEDULES, WERE PROVIDED TO AND REVIEWED WITH THE PRESIDENT OF THE EXECUTIVE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS AND STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST

POLICY. ANNUALLY, DISCLOSURE OF RELATIONSHIPS OR INTERESTS THAT COULD GIVE

RISE TO A CONFLICT IS PROVIDED TO THE EXECUTIVE BOARD. THE EXECUTIVE

BOARD(OFFICERS AND TRUSTEES) REVIEW THE DISCLOSURES PROVIDED ON AN ANNUAL

BASIS TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER TO

IMPOSE CERTAIN RESTRICTIONS ON A PERSON WITH A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE LOCAL'S TOP MANAGEMENT OFFICIAL(PRESIDENT) AND OFFICERS ARE COMPENSATED

THROUGH THE STATE OF CALIFORNIA, WHICH IS BASED ON THE LOCAL 1000 MASTER

CONTRACT. THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THE OFFICER'S

TIME SPENT PLUS 35% FOR ALL TIME SPENT ON UNION RELATED BUSINESS(UNION

LEAVE). IN 2016, STIPENDS WERE APPROVED FOR THE FOUR STATEWIDE OFFICERS,

PAID DIRECTLY BY THE LOCAL.

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000	Employer identification number 68-0475305
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC I	NSPECTION UPON
REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINA	NCIAL STATEMENTS
ARE NOT AVAILABLE TO THE PUBLIC.	
FORM 990, PART VII, SECTION A, LINE 5	
THE BOARD OF DIRECTORS USE LEAVE TIME FROM THE STATE OF CA	LIFORNIA TO
PERFORM VARIOUS DUTIES FOR THE LOCAL. THE LOCAL REIMBURSE	S THE STATE
OF CALIFORNIA FOR THIS TIME BASED ON THE COLLECTIVE BARGAI	NING
AGREEMENT IN PLACE WITH THE STATE. THE REIMBURSEMENT IS BA	SED ON THE
DIRECTOR'S ACTUAL STATE PAY (PLUS 35% FOR BENEFITS) AT THE	TIME OF THE
LEAVE. A LIST OF THESE SALARY AND BENEFITS REIMBURSEMENTS	TO THE STATE
OF CALIFORNIA IS PROVIDED IN SCHEDULE J, PART III. IN 201	.6, STIPENDS
WERE APPROVED FOR THE FOUR STATEWIDE OFFICERS, PAID DIRECT	LY BY THE
LOCAL. THE COMPENSATION REPORTED IN PART VII REFLECTS THE	SE STIPENDS
AND ADDITIONAL MINOR EXPENSE STIPENDS FOR OTHER DIRECTORS.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

UNION OF CALIFORNIA STATE WORKERS

Employer identification number 68-0475305

OMB No. 1545-0047

Open to Public Inspection

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

SEIU LOCAL 1000

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
UNION OF CALIFORNIA STATE WORKERS PROPERTIES	MAINTAIN, MANAGE AND HOLD				
LLC, 1808 14TH STREET, SACRAMENTO, CA	TITLE TO THE REAL PROPERTY				THE UNION OF CALIFORNIA
95811-7131	OF THE LOCAL	CALIFORNIA	22,200.	13,574,000.	STATE WORKERS

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 Part II 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	(f) Direct controlling entity	Section 5 contr enti	
				501(c)(3))		Yes	No
SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL	TO SUPPORT OR OPPOSE STATE				UNION OF		
1000 CANDIDATE - 34-2032142, 555 CAPITOL	AND/OR LOCAL CANDIDATE				CALIFORNIA STATE		
MALL, SUITE 400, SACRAMENTO, CA 95814-4602	ELECTIONS	CALIFORNIA	527		WORKERS, SEIU		Х
SEIU LOCAL 1000 KEEPING CALIF HEALTHY AND	TO SUPPORT OR OPPOSE STATE				UNION OF		
SAFE AND STRONG - 26-3463027, 555 CAPITOL	AND/OR LOCAL CANDIDATE				CALIFORNIA STATE		
MALL, SUITE 400, SACRAMENTO, CA 95814-4602	ELECTIONS	CALIFORNIA	527		WORKERS, SEIU		X

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	I	ortionate tions?	amount in box	managin partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
]										
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	l	<u> </u>				"	<u> </u>				

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	(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	Gec 512(t conti ent	tion b)(13) rolled tity?
		country)		or tructy		400010		Yes	No
								<u> </u>	<u> </u>
								<u> </u>	
								'	
	-								
							1		

1a

Yes No

X

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1 j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q	X	
					1r	X	<u> </u>
					1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on w	/ho must complete th	is line, including covered relati	onships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	volved		
(1)							
(O)							
(2)							
(3)							
<u>(U)</u>							
(4)							
(5)							
,							
(6)							
`	10-28-20	12	-	Schedule	R (For	m 990	2020
		71 /					

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	(h) Disproportionate allocations Yes No	of Schedule K-1	General of managin partner? Yes No	(k) Percentage ownership

Provide additional information on Schedule R. See instructions.
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE
DIRECT CONTROLLING ENTITY: UNION OF CALIFORNIA STATE WORKERS, SEIU LOCAL
1000
NAME OF RELATED ORGANIZATION:
SEIU LOCAL 1000 KEEPING CALIF HEALTHY AND SAFE AND STRONG
DIRECT CONTROLLING ENTITY: UNION OF CALIFORNIA STATE WORKERS, SEIU LOCAL
1000

Schedule R (Form 990) 2020

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2020

PREPARED FOR	Ρ	RE	PΔ	NRE	DF	OR
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UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 **1808 14TH STREET** SACRAMENTO, CA 95811-7131

PREPARED BY:

CALIBRE CPA GROUP, PLLC

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<u>0</u>

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE FTB AND NO FURTHER ACTION IS REQUIRED. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

TAXABLE YEAR **2020**

California Exempt Organization Annual Information Return

028941 12-22-20 FORM

199

C	alendar Vea	or 202	0 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/	/dd/\nn	۸۷)	Section 1	Although agree 1 - 7		The state of the state of	
	orporation/Org				(y) fornia corp	orotion	number			•
		-	CALIFORNIA STATE WORKERS	Can	iornia corp	oration	number			
			AL 1000		2220	000	1			
_			See instructions.	FE	2338	900	,			
^	aditional infort	matioi	See insulctions.			4 57 5	- 2 0 5			
-	voot odduno ((l+-			68-0	4 / 5	3305			
	reet address (PMB no.					
-		41	H STREET							
Ci	•	TTTT	State		ZIP code		74 04			
_	ACRAM			A.	9581					
FO	reign country	name	Foreign province/state/county		Foreign p	ostal c	ode			
-	<u> </u>	ron (Malabasa)								
A	First retu		Yes X No I Did the organization have any			-				
В	Amended								X	No
C			947(a)(1) trust Yes X No J If exempt under R&TC Section				-			
D			ion return? engaged in political activities?					• Yes		No
		Disso	in a game and organization oxompt an				-		X	No
_			dd/yyyy) ● If "Yes," enter the gross receip							
E			ting method: (1) Cash (2) X Accrual (3) Other L Is the organization a limited li					• Yes	X	No
F			filed? (1) ● X 990T (2) ● 990PF (3) ● Sch H (990) M Did the organization file Form							
_			r 990 series report taxable income?					• X Yes		No
G			filing? See instructions Yes X No N Is the organization under audi	-						
Н			ation in a group exemption Yes X No IRS audited in a prior year?						X	
	If "Yes," \	what	s the parent's name? 0 Is federal Form 1023/1024 pe	_				Yes	X	No
			Date filed with IRS							
	Part I (0	late Dorth unless and required to file this form One Occupation with Decide		***************************************					
_	aiti (T .	lete Part I unless not required to file this form. See General Information B and C.				4.5	7 000	070	Т.
		1	Gross sales or receipts from other sources. From Side 2, Part II, line 8			1	4,	7,902,	8/0	_
		2	Gross dues and assessments from members and affiliates			2	-	400	<u> </u>	00
		3	Gross contributions, gifts, grants, and similar amounts received			3		487,	602	00
	Receipts	4	Total gross receipts for filing requirement test. Add line 1 through line 3.				A.C	200	450	_
	and	_	This line must be completed. If the result is less than \$50,000, see General Information B			4	46	3,390,	4/4	00
F	Revenues	5	Cost of goods sold 5		00					
		6	Cost or other basis, and sales expenses of assets sold 6		00					
		7	Total costs. Add line 5 and line 6			7	4.0	200	400	00
_		8	Total gross income. Subtract line 7 from line 4			8		3,390,		
ı	Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18			9	45	5,883,	597	00
_		10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10		2,506,	875	1
		11	Total payments			11				00
		12	Use tax. See General Information K			12				00
		13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11			13	-			00
ŀ	iling Fee	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			14				00
		15	Penalties and Interest. See General Information J			15				00
		16 Und	Balance due. Add line 12 and line 15. Then subtract line 11 from the result or penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an	nd to the	best of m	16 / know	edge and b	pelief.		00
Sig	gn	it is t	rue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer have	as any k	nowledge.			, ,		
He		Sign	atrice and the second s	Date			Telep	hone		
		of of	PRESIDENT -				● PTIN			
		Prep	arer's $l \rightarrow 80 LM / can 6/29/91$	Check i						
_		sign	ture & farth & Tallvey, all	self-em	ployed		P010 ● Firm's	81188		
Pa		Firm (or ye	sname						•	
	eparer's	if sel	CALIBRE CPA GROOP, PLUC					90088	U	
Us	e Only		oyed) 7501 WISCONSIN AVENUE, SUITE 1200 WEST				Telepl			
_			BETHESDA, MD 20814		r=-		<u> 202-</u>	331-9	880	
		May	the FTB discuss this return with the preparer shown above? See instructions		• X	Yes	<u> </u>	lo		

028951 12-22-20

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

		1 Gross sales or receipts from all	business activities. See instruc	tions	•	1	00
		2 Interest			•	2	190,139 00
		3 Dividends				3	00
Receipts	,					4	10,200 00
rom		5 Gross royalties				5	00
Other		6 Gross amount received from sal	le of assets (See Instructions)	STA	TEMENT 2 •	6	0 00
Sources		7 Other income	······································	SEE STA	TEMENT 3 •	7	47,702,531 00
		8 Total gross sales or receipts fro				8	47,902,870 00
		9 Contributions, gifts, grants, and	similar amounts paid	-	•	9	00
	1	0 Disbursements to or for member	ers		•	10	142,000 00
	1	Disbursements to or for memberCompensation of officers, direct	ors, and trustees	SEE STA	TEMENT 4 •	11	79,540 00
	1	2 Other salaries and wages			•	12	14,427,471 00
Expense	s 1	3 Interest				13	292,680 00
and	1	4 Taxes				14	1,223,788 00
Disburse	e- 1	5 Rents				15	1,716,579 00
nents	1	6 Depreciation and depletion (See	instructions)		•	16	859,559 00
	1	7 Other expenses and disburseme	ents	SEE STA	TEMENT 5 •	17	27,141,980 00
	1	8 Total expenses and disburseme	nts. Add line 9 through line 17.	Enter here and on Side 1, Pa	rt I, line 9	18	45,883,597 00
Sched	dule	L Balance Sheet	Beginning of	taxable year	End	of taxa	ble year
Assets			(a)	(b)	(c)		(d)
1 Cas				11,290,583			14,958,825
		nts receivable		5,633,590			• 5,185,272
		receivable					•
		s					•
		d state government obligations					•
		nts in other bonds					•
		nts in stock					•
8 Mor				0 000 000			• C 10C 414
9 Oth	er inve	estments STMT 6	14 021 021	9,908,928	12 020 4		• 6,196,414
10 a D	epreci	able assets	14,831,031	8,050,068	13,830,4		7,409,709
		cumulated depreciation	0,700,903	7,230,000	0,420,70		• 7,230,000
II Lan	u	ets STMT 7		807,757			• 7,230,000 • 747,193
				42,920,926			41,727,413
		ets		42,520,520			11,727,113
		payable		8,802,861			• 5,246,298
		ons, gifts, or grants payable		0,002,002			•
		d notes payable					•
		s pavable		6,686,442			• 6,480,790
18 Oth				2,393,490			2,454,432
19 Cap	ital sto	ock or principal fund					•
20 Paid	in or ca	apital surplus. Attach reconciliation					•
21 Reta	ained e	earnings or income fund		25,038,133			27,545,893
		ilities and net worth		42,920,926			41,727,413
Sched	dule		per books with income per ret dule if the amount on Schedule		s than \$50,000		
1 Net	incom	e per books	1				
		come tax		not included in th	•		•
		capital losses over capital gains		8 Deductions in this			
		ot recorded on books this year			me this year		•
		recorded on books this year not		9 Total. Add line 7 a			
		in this return	•	10 Net income per re	***************************************		
6 Tota	ıl. Add	l line 1 through line 5	0 = 0 6 4				2,506,875

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	SI	PATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
SAN JOAQUIN DELTA COMMUNITY COLLEGE	5151 PACIFIC AVENUE STOCKTON, CA 95207		152,276.
HEALTHCARE CAREER ADVANCEMENT PROGRAM	PO BOX 775 NEW YORK, NY 10108		27,000.
WEST VALLEY-MISSION COMMUNITY COLLEGE DISTRICT	14000 FRUITVALE AVE SACRAMENTO, CA 95070		63,811.
RIVERSIDE COMMUNITY COLLEGE DISTRICT	3801 MARKET ST RIVERSIDE, CA 92501		24,515.
SERVICE EMPLOYEES INTERNATIONAL UNION	1800 MASSACHUSETTS AVE WASHINGTON, DC 20036		220,000.
TOTAL INCLUDED ON LINE 3			487,602.

CA 199	GROSS	AMO	JNT F	'ROM	SALE	OF	ASSETS	 S	TATEME1	NT 2
DESCRIPTION				A	DAT CQUI	_	DAT SOL		THOD UIRED	
				_				PUR	CHASED	
		(T OR BAS	IS	DE	PREC.	PENSE SALE	GRO SALES	
					0.		0.	 0.		0.
TOTAL TO FORM 199, PAGE	2, LN	6			 0 • === =		0.	 0.		0.

CA 199 OTHE	R INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
PARKING LOT REVENUE FFCRA CREDITS MISCELLANEOUS WRITE OFF OF ACCRUALS MEMBER DUES		25,258. 100,916. 792,471. 2,127,819. 44,656,067.
TOTAL TO FORM 199, PART II, LINE 7		47,702,531.
CA 199 COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
YVONNE WALKER 1808 14TH STREET SACRAMENTO, CA 95811-7131	SEIU LOCAL 1000 PRESIDENT 70.00	63,547.
ANICA WALLS 1808 14TH STREET SACRAMENTO, CA 95811-7131	SEIU LOCAL 1000 VICE PRES 16.00	I 15,993.
LONNIE OWENS 1808 14TH STREET SACRAMENTO, CA 95811-7131	SEIU LOCAL 1000 VICE PRES 9.00	I 0.
KEVIN MENAGER 1808 14TH STREET SACRAMENTO, CA 95811-7131	SEIU LOCAL 1000 VICE PRES 9.00	0.

UNION OF CALIFORNIA STATE WORKERS SEIG	J L	68-0475305
JAMES WILLIS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 37.00	0.
SUSAN RODRIGUEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 30.00	0.
KIMBERLY COWART 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 35.00	0.
MIGUEL CORDOVA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 35.00	0.
KAREN JEFFERIES 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 34.00	0.
MARIA PATTERSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 36.00	0.
LUISA LEUMA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 36.00	0.
TERENCE HIBBARD 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 34.00	0.
EDWARD PAGE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 11.00	0.
ROBERT VEGA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR - FORMER 34.00	0.
PATRICE VALLIER-GLASS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 2.00	0.
KATE SPENCER 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER - FORMER 2.00	0.

UNION OF CALIFORNIA STATE WORKERS SEIU	L		68-0475305
RONALD DECASTRO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD	MEMBER 2.00	0.
KEVIN LENNON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD	MEMBER 2.00	0.
AHJAMU MAKALANI 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD	MEMBER 4.00	0.
KEHINDE ADEOYE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD	MEMBER - FC	ORMER 0.
LATASHA BROWN 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD	MEMBER 19.00	0.
SYBLE TOMPKINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD	MEMBER 2.00	0.
DAVID JIMENEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD	MEMBER 2.00	0.
CAROLELYNN LEONARDO-VALDRIZ 1808 14TH STREET SACRAMENTO, CA 95811-7131		MEMBER 35.00	0.
GWENDOLYN CRAWFORD 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD	MEMBER 38.00	0.
DALIA JARAMILLO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD	MEMBER 2.00	0.
JOSE MEDINA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD	MEMBER 2.00	0.
STEVEN ALARI 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD	MEMBER 4.00	0.

UNION OF CALIFORNIA STATE WORKERS SEIU	T L	68-0475305
DELEON SECREST 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 38.00	0.
MELISSA DEL ROSARIO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
CHARITY REGALADO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 36.00	0.
KATHY EVANS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
MANUEL RODRIGUEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 37.00	0.
EDWARD FUNK 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER - FORMER 2.00	0.
RICHARD TURNER 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 39.00	0.
CYNTHIA VO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
LYDIA EMBRY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
REGINA WHITNEY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER - FORMER 2.00	0.
WILLIAM HALL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
RONALD ROSSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.

UNION OF CALIFORNIA STATE WORKERS SEIU	L	68-0475305
LARRY COLLINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER - FORMER 2.00	0.
RAMON NAVARRETE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
JEROME WASHINGTON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 8.00	0.
JOEL FEW 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER- FORMER 3.00	0.
MICHAEL LOPEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
KEVIN HEALY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 35.00	0.
DANA MEZA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
HAROLD FONG 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER - FORMER 2.00	0.
ROBERT BAYZE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
JENNIFER CORDOVA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
LEONARD SEITZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
SHRHONDA WARD 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 29.00	0.

UNION OF CALIFORNIA STATE WORKERS SEIU	L	68-0475305
RICHARD WAKE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
SOPHIA PERKINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
BETH BARTEL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
TARA ROOKS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 33.00	0.
RANDALL STAN 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 36.00	0.
NICHOLAS MANNION 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 33.00	0.
MARY DE LA CRUZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
JULIE STRATTON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
LATREECE SMITH 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
DAVID JOHNSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
JARED REECE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
WANDA YANEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.

UNION OF CALIFORNIA STATE WORKERS SEIU	L	68-0475305
EVE DICKSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
RENAY LEVINGSTON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
HEATHER KESSLER 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
SYLVIA RAMOS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 20.00	0.
CINDY DOYEL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
ANGELICA MILLER 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 24.00	0.
JAVIER CARDENAS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER - FORMER 2.00	0.
JUVONI STERLING 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
FRANCINA STEVENSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 6.00	0.
NOREEN NELSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
DELONNE JOHNSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
RAQUEL HINES 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.

TOTAL TO FORM 199, PART II, LINE 11

79,540.

CA 199	OTHER	EXPENSES		STATEMENT 5
DESCRIPTION				AMOUNT
REIMB TO CA FOR UL				4,242,290
PAYMENTS TO CSEA				1,440,849
DLC ADMINISTRATION, FOR				820,804
PAC EXPENSE				647,665
PAYMENTS TO AFFILIATES				9,759,701
PENSION PLAN CONTRIBUTIONS				2,816,270
OTHER EMPLOYEE BENEFITS				2,676,248
LEGAL FEES				122,275
ACCOUNTING FEES				91,500
LOBBYING FEES				170,283
OTHER PROFESSIONAL FEES				1,241,589
OFFICE EXPENSES				1,362,728
INFORMATION TECHNOLOGY				445,627
TRAVEL				754,312
CONFERENCES AND CONVENTIONS				2,299
INSURANCE				220,674
				200 000
ALL OTHER EXPENSES				326,866
ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, L	INE 17			27,141,980
TOTAL TO FORM 199, PART II, L				27,141,980
		INVESTMENTS	5	
TOTAL TO FORM 199, PART II, L		INVESTMENTS	BEG. OF YEAR	27,141,980
TOTAL TO FORM 199, PART II, L CA 199 DESCRIPTION		INVESTMENTS	BEG. OF YEAR	27,141,980 STATEMENT 6 END OF YEAR
TOTAL TO FORM 199, PART II, L CA 199 DESCRIPTION CERTIFICATES OF DEPOSIT		INVESTMENTS	BEG. OF YEAR 8,197,713.	27,141,980 STATEMENT 6 END OF YEAR 4,491,761
TOTAL TO FORM 199, PART II, L CA 199 DESCRIPTION CERTIFICATES OF DEPOSIT BONDS	OTHER]	INVESTMENTS	BEG. OF YEAR 8,197,713. 1,711,215.	27,141,980 STATEMENT 6 END OF YEAR 4,491,761 1,704,653
TOTAL TO FORM 199, PART II, L CA 199 DESCRIPTION CERTIFICATES OF DEPOSIT	OTHER]	INVESTMENTS	BEG. OF YEAR 8,197,713.	27,141,980 STATEMENT 6 END OF YEAR 4,491,761
TOTAL TO FORM 199, PART II, L CA 199 DESCRIPTION CERTIFICATES OF DEPOSIT BONDS	OTHER]	INVESTMENTS	BEG. OF YEAR 8,197,713. 1,711,215.	27,141,980 STATEMENT 6 END OF YEAR 4,491,761 1,704,653
TOTAL TO FORM 199, PART II, L CA 199 DESCRIPTION CERTIFICATES OF DEPOSIT BONDS TOTAL TO FORM 199, SCHEDULE L	OTHER 1	INVESTMENTS	BEG. OF YEAR 8,197,713. 1,711,215.	27,141,980 STATEMENT 6 END OF YEAR 4,491,761 1,704,653
CA 199 DESCRIPTION CERTIFICATES OF DEPOSIT BONDS TOTAL TO FORM 199, SCHEDULE L	OTHER 1		BEG. OF YEAR 8,197,713. 1,711,215.	27,141,980 STATEMENT 6 END OF YEAR 4,491,761 1,704,653 6,196,414
TOTAL TO FORM 199, PART II, L CA 199 DESCRIPTION CERTIFICATES OF DEPOSIT BONDS TOTAL TO FORM 199, SCHEDULE L CA 199 DESCRIPTION	OTHER 1		BEG. OF YEAR 8,197,713. 1,711,215. 9,908,928. BEG. OF YEAR	27,141,980 STATEMENT 6 END OF YEAR 4,491,761 1,704,653 6,196,414 STATEMENT 7 END OF YEAR
CA 199 CERTIFICATES OF DEPOSIT BONDS FOTAL TO FORM 199, SCHEDULE L CA 199 CERTIFICATES OF DEPOSIT CERTIFICATES OF DEPOSIT COTAL TO FORM 199, SCHEDULE L	OTHER 1		BEG. OF YEAR 8,197,713. 1,711,215. 9,908,928. BEG. OF YEAR 0.	27,141,980 STATEMENT 6 END OF YEAR 4,491,761 1,704,653 6,196,414 STATEMENT 7 END OF YEAR 690,879
TOTAL TO FORM 199, PART II, L CA 199 DESCRIPTION CERTIFICATES OF DEPOSIT BONDS	OTHER 1		BEG. OF YEAR 8,197,713. 1,711,215. 9,908,928. BEG. OF YEAR	27,141,980 STATEMENT 6 END OF YEAR 4,491,761 1,704,653 6,196,414 STATEMENT 7 END OF YEAR

CA 199	OTHER	LIABILITIES			STATE	MENT 8
DESCRIPTION			BEG. O	F YEAR	END (OF YEAR
DEFERRED REVENUE OTHER LIABILITIES ACCRUED VACATION CAPITAL LEASES PER CAPITA TAX PAYABLE DEFERRED REVENUE		-	2 7	0 0 29,270 66,928 68,359 28,933).). 1,).	0. 0. 411,305. 121,757. 747,957. 173,413.
TOTAL TO FORM 199, SCHEDULE L, L	INE 18	- }	2,3	93,490	2,	454,432.