

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)

Department of the Treasury
 Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNION OF CALIFORNIA STATE WORKERS S.E.I.U. LOCAL 1000		D Employer identification number 68-0475305
		Doing Business As		E Telephone number 916-554-1200
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1808 14TH STREET		G Gross receipts \$ 66,343,619.
		City or town, state or country, and ZIP + 4 SACRAMENTO, CA 95814		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: YVONNE WALKER SAME AS C ABOVE				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (5) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ HTTP://WWW.SEIU1000.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 2001
M State of legal domicile: CA				

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO REPRESENT CERTAIN CIVIL SERVICE EMPLOYEES OF THE STATE OF CALIFORNIA IN SALARY, BENEFITS AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	63
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	63
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)		
	9 Program service revenue (Part VIII, line 2g)	49,283,878.	63,597,715.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	547,859.	325,528.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,329.	2,420,376.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,879,066.	66,343,619.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	163,500.	99,000.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	50,980,635.	59,361,460.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	51,144,135.	59,460,460.
19 Revenue less expenses. Subtract line 18 from line 12	-1,265,069.	6,883,159.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 22,662,769.	End of Year 23,251,666.
	21 Total liabilities (Part X, line 26)	12,011,487.	5,717,225.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,651,282.	17,534,441.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date		
	JIM HARD, PRESIDENT/VICE PRESIDENT Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	LINDQUIST LLP 5000 EXECUTIVE PARKWAY, SUITE 400 SAN RAMON, CA 94583	EIN ▶	Phone no. ▶ 925-277-9100

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
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? Yes No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses **\$** (Must equal Part IX, Line 25, column (B).)

**UNION OF CALIFORNIA STATE WORKERS
S.E.I.U. LOCAL 1000**

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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)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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 "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
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.? <i>If "Yes," complete Schedule F, Part I</i>		X
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? <i>If "Yes," complete Schedule F, Part II</i>		X
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? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
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 to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X

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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:		
a	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)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
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		
	1a 117		
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?	X	
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 0		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 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?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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?		X
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?	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?		X
9a	Does the organization have local chapters, branches, or affiliates?	X	
9b	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?	X	
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	X	
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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
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:		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization?	X	
16a	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?		X
16b	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?		

Section 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 (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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
CORA OKUMURA - 916-554-1200
1808 14TH STREET, SACRAMENTO, CA 95814

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, 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JIM HARD PRESIDENT/VICE PRESIDENT	40.00	X		X			0.	0.	0.	
CATHY HACKETT VICE PRESIDENT/SECRETARY	40.00	X		X			0.	0.	0.	
MARC BAUTISTA VICE PRESIDENT	40.00	X		X			0.	0.	0.	
YVONNE WALKER VICE PRESIDENT/PRESIDENT	40.00	X		X			0.	0.	0.	
OTIS TIDWELL CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
RITA SALAZAR CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
BLANCA RODRIGUEZ CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
CAROL HURLEY CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
GENE BUCKHANNAN CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
DENISE VARA CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
DIANA MURILLO CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
LISA DAVIS CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
MICHAEL SHELTON CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
LINDA CURRY CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
JOE CHACON CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
STEVEN ALARI CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
ALAN CONSTANTINO CHAPTER PRESIDENT	10.00	X					0.	0.	0.	

**UNION OF CALIFORNIA STATE WORKERS
S.E.I.U. LOCAL 1000**

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN CURTIS CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
JOYCE MINZEY CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
MARIA VILLEGAS CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
HOLLIE STOTTER CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
EDWARD FUNK CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
WENDY PARKER CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
ALAN CHARBONNEAU CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
BERT SANCHEZ CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
LARRY ROBERTS CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
EUGENE SMITH CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
1b Total							0.	0.	0.	

2 Total number of individuals (including those in 1a) 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 "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	X	

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.

(A) Name and business address	(B) Description of services	(C) 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	CAMPAIGN AND COMMUNICATION CONSUL	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 \$100,000 in compensation from the organization 4

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2008)

**UNION OF CALIFORNIA STATE WORKERS
S.E.I.U. LOCAL 1000**

Form 990 (2008)

68-0475305 Page **9**

Part VIII 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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f						
	Program Service Revenue	2 a <u>MEMBER DUES AND ASSESS</u>	Business Code	63597715.	63597715.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			63597715.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		325,528.			325,528.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a <u>INT'L UNION SUBSIDIES</u>			2,070,536.	2,070,536.			
b <u>OTHER INCOME</u>			349,840.	349,840.			
c							
d All other revenue							
e Total. Add lines 11a-11d			2,420,376.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			66343619.	66018091.	0.	325,528.	

832009 02-02-09

Form **990** (2008)

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	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				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	86,388.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	8,740,938.			
12 Advertising and promotion	13,717.			
13 Office expenses	145,408.			
14 Information technology	241,731.			
15 Royalties				
16 Occupancy	1,397,122.			
17 Travel	858,746.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,583,405.			
20 Interest	59,367.			
21 Payments to affiliates	15,273,415.			
22 Depreciation, depletion, and amortization	458,283.			
23 Insurance	120,730.			
24 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.)				
a REIMBURSEMENT TO CSEA F	19,116,010.			
b 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 <input type="checkbox"/> 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 ...				

**UNION OF CALIFORNIA STATE WORKERS
S.E.I.U. LOCAL 1000**

Form 990 (2008)

68-0475305 Page **11**

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	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, key employees, or other related parties. Complete Part II of Schedule L		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 Schedule L		6	
	7 Notes and loans receivable, net		7	244,824.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	144,798.	9	156,362.
	10a Land, buildings, and equipment: cost basis ...	3,212,224.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	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.	15	215,727.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,662,769.	16	23,251,666.	
Liabilities	17 Accounts payable and accrued expenses	2,373,049.	17	2,941,574.
	18 Grants payable		18	
	19 Deferred revenue	496,505.	19	521,414.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	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.	23	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.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,571,630.	27	16,686,608.
	28 Temporarily restricted net assets	79,652.	28	847,833.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,651,282.	33	17,534,441.	
34 Total liabilities and net assets/fund balances	22,662,769.	34	23,251,666.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to lines 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	
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	X
b If "Yes," did the organization undergo the required audit or audits?	3b	

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization UNION OF CALIFORNIA STATE WORKERS
S.E.I.U. LOCAL 1000

Employer identification number
68-0475305

Part I 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
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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part 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.

- 1a 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.
- b 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 ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		1,145,146.	180,756.	964,390.
c Leasehold improvements				
d Equipment		2,067,078.	618,594.	1,448,484.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,412,874.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Rows include Federal income taxes, CAPITAL LEASES, DUE TO CSEA, PER CAPITA TAXES PAYABLE, ACCRUED VACATION, and Total.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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	

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part 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 Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
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	

Part XIV 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 S.E.I.U. LOCAL 1000	Employer identification number	68-0475305
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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 establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

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.

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). THE LOCAL'S EMPLOYEES ARE COMPENSATED THROUGH CALIFORNIA STATE EMPLOYEE ASSOCIATION (CSEA). THE LOCAL REIMBURSES CSEA FOR SALARY AND RELATED EXPENSES ASSOCIATED WITH THESE EMPLOYEES.

SEE LISTING BELOW OF COMPENSATION AND/OR FRINGE BENEFITS PAID BY THE LOCAL TO THE STATE OF CALIFORNIA AND/OR CSEA FOR TIME SPENT PERFORMING OFFICIAL UNION BUSINESS.

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.

NAME: CATHY HACKETT

TITLE: VICE PRESIDENT/SECRETARY TREASURER (FORMER)

HOURS PER WEEK DEVOTED TO POSITION: 40

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$60,632

NAME: CORA OKUMURA

TITLE: VICE PRESIDENT/SECRETARY TREASURER

HOURS PER WEEK DEVOTED TO POSITION: 19.7

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$43,797

NAME: JIM HARD

TITLE: PRESIDENT (FORMER) / VICE PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 40

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$48,401

NAME: KATHLEEN COLLINS

TITLE: VICE PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 20

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$30,742

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.

NAME: MARC BAUTISTA

TITLE: VICE PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 20

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$44,329

NAME: YVONNE WALKER

TITLE: VICE PRESIDENT (FORMER) / PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 20

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$25,573

NAME: OTIS TIDWELL

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.1

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$215

NAME: RITA SALAZAR

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 4.4

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.

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$3,928

NAME:BLANCA RODRIGUEZ

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:16.1

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$23,163

NAME:CAROL HURLEY

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:1.1

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$999

NAME:DENISE VARA

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:1.7

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$1,218

NAME:GENE BUCKHANNAN

TITLE:CHAPTER PRESIDENT

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.

HOURS PER WEEK DEVOTED TO POSITION: 3.8

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$8,481

NAME: DIANA MURILLO

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 7.2

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$6,863

NAME: LINDA CURRY

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 7.1

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$12,071

NAME: LISA DAVIS

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 16

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$14,471

NAME: MICHAEL SHELTON

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.

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 7.1

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$16,025

NAME: KEVIN CURTIS

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 3.5

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$6,470

NAME: JOYCE MINZEY

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 3.7

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$5,503

NAME: JOE CHACON

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 1.1

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$1,338

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.

NAME: STEVEN ALARI

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.5

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$4,762

NAME: ALAN CONSTANTINO

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 4.9

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$5,956

NAME: MARIA VILLEGAS

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 1.2

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$1,070

NAME: HOLLIE STOTTER

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.7

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$636

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.

NAME: WENDY PARKER

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 11.5

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$10,506

NAME: BERT SANCHEZ

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 4

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$4,840

NAME: EDWARD FUNK

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 3.9

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$6,186

NAME: LARRY ROBERTS

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 3

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.

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$2,910

NAME:ALAN CHARBONNEAU

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:7.5

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$9,027

NAME:EUGENE SMITH

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:1.1

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$1,052

NAME:BERTHA CERNA

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:8.4

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$9,194

NAME:BRANDI KANE

TITLE:CHAPTER PRESIDENT

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.

HOURS PER WEEK DEVOTED TO POSITION: 6.8

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$6,993

NAME: HELEN GRIFFIN

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.6

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$2,676

NAME: STEPHAN MCVEIGH

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.2

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$4,099

NAME: OLGA GUTIERREZ

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 5.8

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$5,166

NAME: DANA MEZA

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.

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 15.5

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$14,244

NAME: PHYLLIS JOHNSON

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 3

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$2,749

NAME: CLAYTON SILVA

TITLE: 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

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.

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: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 SMILANICK

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:1.1

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$2,156

NAME:SUSAN SMALL

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:6.7

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.

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$13,424

NAME:WILLIAM O'RAFFERTY

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:1.8

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$3,114

NAME:TIMOTHY CHANEY

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:4.8

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$10,259

NAME:JEFF FOWLER

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:4

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$8,862

NAME:YOLANDA VILLANUEVA

TITLE:CHAPTER PRESIDENT

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.

HOURS PER WEEK DEVOTED TO POSITION:19

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$22,865

NAME:ANNA MAYO

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:2

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$2,932

NAME:ROBERT SMITH

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:2

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$3,057

NAME:MICHAEL ALLEN

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:1.1

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$1,063

NAME:JULIO BASQUEZ

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.

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.8

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$1,123

NAME: DARLENE ESTEY

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 5.9

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$9,421

NAME: JAMES BRIGGS

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 4.1

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$3,652

NAME: SOUROSH SEIFIKAR

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.3

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$388

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.

NAME:MICHAEL CLARK

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:3.4

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$4,345

NAME:THOMAS PERINE

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:5.5

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$9,574

NAME:SANDRA LUKE

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:1

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$1,774

NAME:GAIL HANNON

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:1.1

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$1,372

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.

NAME:RONALD BENGE

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:0.9

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$1,070

NAME:MICHELLE GREEN

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:1.1

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$1,345

NAME:ALFREDA WEAVER

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION:2.3

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$2,515

NAME:MARGARITA MALDONANDO

TITLE:BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION:8

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.

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$15,478

NAME:CINDIE FONSECA

TITLE:BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION:21

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$47,188

NAME:LARRY PERKINS

TITLE:BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION:15

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$14,310

NAME:JAMES WILLIS

TITLE:BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION:8

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS:\$8,361

NAME:ALBERT TROYER

TITLE:BARGAINING UNIT CHAIRPERSON

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.

HOURS PER WEEK DEVOTED TO POSITION: 9.3

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$13,640

NAME: ROBIN SHERLES

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 16.6

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$16,783

NAME: NANCY LYERLA

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 20

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$45,336

NAME: RIONNA JONES

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 15

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$23,055

NAME: TERRY LAWHEAD

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.

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 6.7

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$20,333

NAME: AUDREY DODDS

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 0.2

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$280

NAME: CONNIE KABEARY

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 8.3

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$12,381

NAME: MICHAEL LOPEZ

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 2.8

PER STATE OF CA FORM W-2 FOR OFFICIAL UNION BUSINESS: \$3,280

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.

NAME: MICHAEL BARATZ

TITLE: CHIEF OF STAFF

HOURS PER WEEK DEVOTED TO POSITION: 40

PER FORM W2 REPORTED BY CSEA: \$138,596

EST. OTHER COMPENSATION REPORTED BY CSEA: \$27,276

NAME: PAUL HARRIS III

TITLE: CHIEF COUNSEL

HOURS PER WEEK DEVOTED TO POSITION: 40

PER FORM W2 REPORTED BY CSEA: \$121,561

EST. OTHER COMPENSATION REPORTED BY CSEA: \$39,228

NAME: DOUGLAS CROOKS

TITLE: COMMUNICATIONS MANAGER

HOURS PER WEEK DEVOTED TO POSITION: 40

PER FORM W2 REPORTED BY CSEA: \$118,679

EST. OTHER COMPENSATION REPORTED BY CSEA: \$16,556

NAME: NIGEL BUILDER

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.

TITLE: STATEWIDE MANAGER

HOURS PER WEEK DEVOTED TO POSITION: 40

PER FORM W2 REPORTED BY CSEA: \$118,083

EST. OTHER COMPENSATION REPORTED BY CSEA: \$19,043

NAME: ANNE GIESE

TITLE: LEAD ATTORNEY

HOURS PER WEEK DEVOTED TO POSITION: 40

PER FORM W2 REPORTED BY CSEA: \$105,868

EST. OTHER COMPENSATION REPORTED BY CSEA: \$61,477

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **UNION OF CALIFORNIA STATE WORKERS
S.E.I.U. LOCAL 1000**

Employer Identification number
68-0475305

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HELEN GRIFFIN CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
BERTHA CERNA CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
OLGA GUTIERREZ CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
BRANDI KANE CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
PHYLLIS JOHNSON CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
STEPHAN MCVEIGH CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
MODESTO F. RIOS, JR. CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
DANA MEZA CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
MICHAEL ROSKEY CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
PAUL SMILANICK CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
CLAYTON SILVA CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
TIMOTHY CHANEY CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
JEFFREY FOWLER CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
SHRHONDA WARD CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
SUSAN SMALL CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
WILLIAM O'RAFFERTY CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
MARGARITA MALDONANDO BARGAINING UNIT CHAIRPER	10.00	X					0.	0.	0.	
CINDIE FONSECA BARGAINING UNIT CHAIRPER	10.00	X					0.	0.	0.	
LARRY PERKINS BARGAINING UNIT CHAIRPER	10.00	X					0.	0.	0.	
CONNIE KABEARY BARGAINING UNIT CHAIRPER	10.00	X					0.	0.	0.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization **UNION OF CALIFORNIA STATE WORKERS
S.E.I.U. LOCAL 1000**

Employer Identification number
68-0475305

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL LOPEZ BARGAINING UNIT CHAIRPER	10.00	X						0.	0.	0.
ROBIN SHERLES BARGAINING UNIT CHAIRPER	10.00	X						0.	0.	0.
NANCY LYERLA BARGAINING UNIT CHAIRPER	10.00	X						0.	0.	0.
RIONNA JONES BARGAINING UNIT CHAIRPER	10.00	X						0.	0.	0.
AUDREY DODDS BARGAINING UNIT CHAIRPER	10.00	X						0.	0.	0.
CORA OKUMURA VICE PRESIDENT/SECRETARY	40.00	X		X				0.	0.	0.
KATHLEEN COLLINS VICE PRESIDENT	40.00	X		X				0.	0.	0.
YOLANDA VILLANUEVA CHAPTER PRESIDENT	10.00	X						0.	0.	0.
ANNA MAYO CHAPTER PRESIDENT	10.00	X						0.	0.	0.
ROBERT SMITH CHAPTER PRESIDENT	10.00	X						0.	0.	0.
MICHAEL ALLEN CHAPTER PRESIDENT	10.00	X						0.	0.	0.
JULIO BASQUEZ CHAPTER PRESIDENT	10.00	X						0.	0.	0.
DARLENE ESTEY CHAPTER PRESIDENT	10.00	X						0.	0.	0.
JAMES BRIGGS CHAPTER PRESIDENT	10.00	X						0.	0.	0.
SOUROSH SEIFIKAR CHAPTER PRESIDENT	10.00	X						0.	0.	0.
MICHAEL CLARK CHAPTER PRESIDENT	10.00	X						0.	0.	0.
THOMAS PERINE CHAPTER PRESIDENT	10.00	X						0.	0.	0.
SANDRA LUKE CHAPTER PRESIDENT	10.00	X						0.	0.	0.
GAIL HANNON CHAPTER PRESIDENT	10.00	X						0.	0.	0.
RONALD BENGE CHAPTER PRESIDENT	10.00	X						0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization **UNION OF CALIFORNIA STATE WORKERS
S.E.I.U. LOCAL 1000**

Employer Identification number
68-0475305

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHELLE GREEN CHAPTER PRESIDENT	10.00	X						0.	0.	0.
ALFREDA WEAVER CHAPTER PRESIDENT	10.00	X						0.	0.	0.
JAMES WILLIS BARGAINING UNIT CHAIRPER	10.00	X						0.	0.	0.
ALBERT TROYER BARGAINING UNIT CHAIRPER	10.00	X						0.	0.	0.
TERRY LAWHEAD BARGAINING UNIT CHAIRPER	10.00	X						0.	0.	0.
MICHAEL BARATZ CHIEF OF STAFF	40.00					X		0.	0.	0.
PAUL HARRIS III CHIEF COUNSEL	40.00					X		0.	0.	0.
DOUGLAS CROOKS COMMUNICATIONS MANAGER	40.00					X		0.	0.	0.
NIGEL BUILDER STATEWIDE MANAGER	40.00					X		0.	0.	0.
ANNE GIESE LEAD ATTORNEY	40.00					X		0.	0.	0.

SCHEDULE O
(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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	UNION OF CALIFORNIA STATE WORKERS S.E.I.U. LOCAL 1000	Employer identification number	68-0475305
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 WORKING CONDITIONS; ASSISTANCE IN FILING AND PURSUING EMPLOYEE
 GRIEVANCES; LEGAL REPRESENTATION ON AN INDIVIDUAL AND CLASS BASIS;
 TECHNICAL ASSISTANCE IN JOB CLASSIFICATION; AND LEGISLATIVE ADVOCACY IN
 SUPPORT OF PROGRAMS BENEFICIAL TO STATE EMPLOYEES AND RETIREES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 ASSISTANCE IN MATTERS OF JOB CLASSIFICATION; AND LEGISLATIVE ADVOCACY
 IN SUPPORT OF PROGRAMS BENEFICIAL TO STATE EMPLOYEES AND RETIREES.

FORM 990, PART VI, SECTION A, LINE 3: THE LOCAL HAS CONTRACTED WITH
 CALIFORNIA STATE EMPLOYEES ASSOCIATION (CSEA) TO PERFORM ADMINISTRATIVE
 SERVICES FOR THE ORGANIZATION.

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
 GOVERNING BODY MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B: THE OPERATING DECISIONS OF THE
 LOCAL ARE SUBJECT TO APPROVAL BY THE GOVERNING BODY 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

SCHEDULE O
(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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	UNION OF CALIFORNIA STATE WORKERS S.E.I.U. LOCAL 1000	Employer identification number	68-0475305
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MUST BE APPROVED BY THE GOVERNING BODY.

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.

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 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.

FORM 990, PART XI, LINE 2C

THE EXECUTIVE BOARD IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT AUDITORS.

FORM 990, PART VI, SECTION B, LINES 12, 13, & 14: THE LOCAL ADOPTED A WRITTEN CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	UNION OF CALIFORNIA STATE WORKERS S.E.I.U. LOCAL 1000	Employer identification number 68-0475305
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RETENTION AND DESTRUCTION POLICY IN MARCH 2009.

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.

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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2008
Open to Public Inspection

Name of the organization **UNION OF CALIFORNIA STATE WORKERS**
S.E.I.U. LOCAL 1000

Employer identification number
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 Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE PAC - 30-2032142, 555 CAPITOL MALL, SUITE 1425, SACRAMENTO, CA 95814-4602	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CALIFORNIA	527	N/A	UNION OF CALIFONRIA STATE WORKERS S.E.I.U. LOCAL 1000
SEIU LOCAL 1000 KEEPING CALIF HEALTHY SAFE AND STRONG - 26-3463027, 555 CAPITOL MALL, SUITE 1425, SACRAMENTO, CA 95814-4602	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CALIFORNIA	527	N/A	UNION OF CALIFONRIA STATE WORKERS S.E.I.U. LOCAL 1000

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportion- ate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

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

(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

UNION OF CALIFORNIA STATE WORKERS

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or 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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
1	TENANT IMPROVEMENTS	VARI	ESSL	.000	16	1145146.			1145146.	73,635.		107,121.
	* 990 PAGE 10 TOTAL BUILDINGS					1145146.		0.	1145146.	73,635.	0.	107,121.
	MACHINERY & EQUIPMENT FURNITURE AND EQUIPMENT	VARI	ESSL	.000	16	913,434.			913,434.	159,250.		128,859.
2	EQUIPMENT	VARI	ESSL	.000	16	913,434.			913,434.	159,250.		128,859.
3	COMPUTER EQUIPMENT AND SOFTWARE	VARI	ESSL	.000	16	1153644.			1153644.	108,182.		222,303.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					2067078.		0.	2067078.	267,432.	0.	351,162.
	* GRAND TOTAL 990 PAGE 10 DEPR					3212224.		0.	3212224.	341,067.	0.	458,283.