

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

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 2009 calendar year, or tax year beginning and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p>C Name of organization UNION OF CALIFORNIA STATE WORKERS S.E.I.U. LOCAL 1000</p> <p>Doing Business As _____</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1808 14TH STREET</p> <p>City or town, state or country, and ZIP + 4 SACRAMENTO, CA 95814</p> <p>F Name and address of principal officer: YVONNE WALKER SAME AS C ABOVE</p>	<p>D Employer identification number 68-0475305</p> <p>E Telephone number 916-554-1200</p> <p>G Gross receipts \$ 61,527,608.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶ _____</p>
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I Tax-exempt status: 501(c) (**5**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **HTTP://WWW.SEIU1000.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** **2001** **M State of legal domicile:** **CA**

Part I Summary

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 net 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, column (C), line 12	7a 0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		
9	Program service revenue (Part VIII, line 2g)	63,597,715.	60,656,483.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	325,528.	108,486.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,420,376.	740,622.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,343,619.	61,505,591.

		Prior Year	Current Year
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)	99,000.	128,750.
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)	59,361,460.	57,961,677.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	59,460,460.	58,090,427.
19	Revenue less expenses. Subtract line 18 from line 12	6,883,159.	3,415,164.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	23,251,666.	28,031,366.
21	Total liabilities (Part X, line 26)	5,717,225.	7,081,761.
22	Net assets or fund balances. Subtract line 21 from line 20	17,534,441.	20,949,605.

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 _____

▶ **YVONNE WALKER, 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

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 ▶ \$

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes X	No
13	Is the organization a school 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 United States?		X
14b	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 "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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities 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

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

Form 990 (2009)

68-0475305 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 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, 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>		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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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 direct or indirect owner? <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
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.	X	

Form **990** (2009)

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 109		
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	
	1c		
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)		
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
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)?		X
	4a		
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.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
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?		
	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?		X
	6a		
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).		
a	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		
	7d		
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	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.		
a	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:		
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:		
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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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 in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (63), 1b Enter the number of voting members that are independent (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? (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 The governing body? (X), 8b Each committee with authority to act on behalf of the governing body? (X), 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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b 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), 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A 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 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 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 The organization's CEO, Executive Director, or top management official (X), 15b Other officers or key employees of the organization (X), 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 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

Table with 2 columns: Question, Answer. Rows include: 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, [X] 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. 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. 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, 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 current officer, director, or trustee.

(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 VICE PRESIDENT	40.00	X		X				0.	0.	0.
CORA OKUMURA VICE PRESIDENT/SECRETARY	40.00	X		X				0.	0.	0.
YVONNE WALKER 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.
KEVIN CURTIS CHAPTER PRESIDENT	10.00	X						0.	0.	0.

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

Form 990 (2009)

68-0475305 Page **8**

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			
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.	
HELEN GRIFFIN CHAPTER PRESIDENT	10.00	X					0.	0.	0.	
1b Total							0.	0.	0.	

2 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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		X
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	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	4,911,469.
PHIL GIARRIZZO CAMPAIGNS, INC., 1215 19TH STREET, 2ND FLOOR, SACRAMENTO, CA	CAMPAIGN AND COMMUNICATION CONSUL	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) who received more than \$100,000 in compensation from the organization **5**

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

Form **990** (2009)

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

Form 990 (2009)

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 900099	60656483.	60656483.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			60656483.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		103,429.	103,429.		
	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	27,074.			
		b Less: cost or other basis and sales expenses		22,017.		
		c Gain or (loss)		5,057.		
	d Net gain or (loss)		5,057.	5,057.		
	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>STATE BAR SERVICING FE</u>	900099	358,040.	358,040.			
b <u>OTHER INCOME</u>	900099	345,424.	345,424.			
c <u>INT'L UNION SUBSIDIES</u>	900099	37,158.	37,158.			
d All other revenue						
e Total. Add lines 11a-11d		740,622.				
12 Total revenue. See instructions.		61505591.	61505591.	0.	0.	

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	128,750.			
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	139,137.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	8,415,463.			
12 Advertising and promotion	47,733.			
13 Office expenses	1,247,705.			
14 Information technology	234,532.			
15 Royalties				
16 Occupancy	1,756,770.			
17 Travel	2,456,982.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,157,831.			
20 Interest	64,739.			
21 Payments to affiliates	15,628,101.			
22 Depreciation, depletion, and amortization	554,893.			
23 Insurance	139,729.			
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 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.			
25 Total functional expenses. Add lines 1 through 24f	58,090,427.			
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 (2009)

68-0475305 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	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, key employees, and highest compensated employees. 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	244,824.	7	213,032.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	156,362.	9	175,839.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,427,636.			
	b Less: accumulated depreciation	1,332,226.			
	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.		
Liabilities	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		
	21 Escrow or custodial 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	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.	
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	16,686,608.	27	19,546,484.	
	28 Temporarily restricted net assets	847,833.	28	1,403,121.	
	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	17,534,441.	33	20,949,605.	
34 Total liabilities and net assets/fund balances	23,251,666.	34	28,031,366.		

Form 990 (2009)

Part XI Financial Statements and Reporting

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?

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

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?

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

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 Consolidated basis Both consolidated and 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?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2009

Department of the Treasury
Internal Revenue Service

▶ **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 VI, 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), then

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

Name of organization UNION OF CALIFORNIA STATE WORKERS S.E.I.U. LOCAL 1000	Employer identification number 68-0475305
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ 57,872.
- 3 Volunteer hours 0.

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 0.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 57,872.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ 57,872.
- 4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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. **SEE PART IV FOR CONTINUATION**

(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-.
SERVICE EMPLOYEE INTERNATIONAL UNIO	SACRAMENTO, CA 95814-4602	30-2032142	475,703.	0.
SEIU LOCAL 1000 KEEPING CALIF HEALT	SACRAMENTO, CA 95814-4602	26-3463027	0.	57,872.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

UNION OF CALIFORNIA STATE WORKERS

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

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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					

UNION OF CALIFORNIA STATE WORKERS

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	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
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	

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

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

Part IV Supplemental Information

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.

PART I-A, LINE 1:

THE LOCAL'S INDIRECT POLITICAL CAMPAIGN ACTIVITIES INCLUDE MAKING EXPENDITURES IN CONNECTION WITH STATE AND/OR LOCAL CANDIDATE ELECTIONS.

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE PAC

Part IV Supplemental Information (continued)

555 CAPITAL MALL, SUITE 1425 SACRAMENTO, CA 95814-4602

SEIU LOCAL 1000 KEEPING CALIF HEALTHY SAFE AND STRONG

555 CAPITAL MALL, SUITE 1425 SACRAMENTO, CA 95814-4602

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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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 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?		<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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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 tax year ▶ _____

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

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

Yes No

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

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

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

Yes No

9 In Part 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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?

Part IV 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?

b If "Yes," explain the arrangement in Part XIV and complete the following table:

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g for various endowment metrics.

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:

- (i) unrelated organizations, (ii) related organizations

Small table with columns Yes, No and rows 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

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

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

Table with 10 rows for reconciliation of net assets. Rows include: Total revenue, Total expenses, Excess or (deficit) for the year, Net unrealized gains, Donated services, Investment expenses, Prior period adjustments, Other, Total adjustments, and Excess or (deficit) for the year per audited financial statements.

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

Table with 5 main rows for reconciliation of revenue. Rows include: Total revenue, Amounts included on line 1 but not on Form 990 (Net unrealized gains, Donated services, Recoveries, Other), Subtract line 2e from line 1, Amounts included on Form 990 but not on line 1 (Investment expenses, Other), and Total revenue.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for reconciliation of expenses. Rows include: Total expenses, Amounts included on line 1 but not on Form 990 (Donated services, Prior year adjustments, Other losses, Other), Subtract line 2e from line 1, Amounts included on Form 990 but not on line 1 (Investment expenses, Other), and Total expenses.

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, line 2; 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.

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **UNION OF CALIFORNIA STATE WORKERS
S.E.I.U. LOCAL 1000** Employer identification number **68-0475305**

Part I 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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?	2	
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 type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	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?	4c	X
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) and 501(c)(4) 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: a 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: a 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 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	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	

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

Schedule J (Form 990) 2009

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:WALKER, YVONNE

TITLE:PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 40.0

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$50,414

NAME:OKUMURA, MARIA

TITLE:VICE PRESIDENT/SECRETARY TREASURER

HOURS PER WEEK DEVOTED TO POSITION: 30.2

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$66,555

NAME:COLLINS, KATHLEEN

TITLE:VICE PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 40.0

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$66,924

NAME:HARD, JAMES

TITLE:VICE PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 40.0

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$47,665

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: MALDONADO, MARGARITA

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 40.0

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$76,661

NAME: FONSECA, CINDIE

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 40.0

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$88,825

NAME: PASS, FRANCISCA

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 23.8

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$21,425

NAME: WILLIS, JAMES

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 30.9

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.

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$31,913

NAME: SHERLES, ROBYN

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 28.5

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$28,098

NAME: LYERLA, NANCY

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 36.2

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$85,344

NAME: JONES, RIONNA

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 31.8

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$32,408

NAME: LAWHEAD, TERRY

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: 40.0

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$88,463

NAME: SALAZAR, RITA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.9

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$893

NAME: SANDOVAL, JAYSON

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.8

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$683

NAME: VILLARREAL, CHRISTINA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.9

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$2,105

NAME: BUCKHANNAN, GENE

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: 2.0

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$4,441

NAME: MURILLO, DIANA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 1.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,289

NAME: CURRIE, LINDA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 9.1

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$15,317

NAME: DAVIS, LISA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 30.9

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$29,917

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: CURTIS, KEVIN

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 7.1

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$12,812

NAME: MINZEY, JOYCE

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.5

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$679

NAME: CHACON, JOE

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 1.1

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,318

NAME: JACKSON, IRENE

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.8

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$691

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: CONSTANTINO, ALAN

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.3

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$452

NAME: VILLEGAS, MARIA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 8.9

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$8,218

NAME: STOTTER, HOLLIE

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.2

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,981

NAME: PARKER, WENDY

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 21.6

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.

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$19,369

NAME:RODRIGUEZ, MANUEL

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 1.1

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$984

NAME:FUNK, EDWARD

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 5.1

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$9,232

NAME:ROBERTS, LARRY

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.5

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$772

NAME:CHARBONNEAU, ALAN

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: 0.7

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$871

NAME: SMITH, EUGENE

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 19.1

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$19,806

NAME: CERNA, BERTHA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.6

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$726

NAME: KANE, BRANDI

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.2

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$173

NAME: GRIFFIN, HELEN

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: 2.0

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$2,010

NAME: MCVEIGH, STEPHEN

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 1.5

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$3,088

NAME: GUTIERREZ, OLGA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.5

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$433

NAME: MEZA, DANA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 1.2

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,106

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: JOHNSON, PHYLLIS

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.7

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$587

NAME: SILVA, CLAYTON

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.6

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,238

NAME: RIOS, MODESTO

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.3

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$300

NAME: WARD, SHRHONDA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 4.2

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.

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$4,136

NAME: ROSKEY, MICHAEL

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.8

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,360

NAME: SMILANICK, PAUL

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.6

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,221

NAME: SMALL, SUSAN

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 4.9

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$5,798

NAME: O'RAFFERTY, WILLIAM

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: 0.5

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$809

NAME: CHANEY, TIMOTHY

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.2

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$4,453

NAME: FOWLER, JEFFREY

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 1.3

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,806

NAME: SMITH, ROBERTA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.6

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$859

NAME: ALLEN, MICHAEL

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: 0.6

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$548

NAME: ZUNIGA, ARNOLD

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.6

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$871

NAME: ESTEY, DARLENE

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 1.7

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$2,631

NAME: ZIMMER, JANET

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.2

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$157

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: CLARK, MICHAEL

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.2

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$195

NAME: PERINE, THOMAS

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.7

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,217

NAME: LUKE, SANDRA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.5

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$851

NAME: BENGE, RONALD

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 3.7

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$5,174

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:GREEN, MICHELLE

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.3

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$398

NAME:WEAVER, ALFREDA

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 1.7

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,772

NAME:VARA, DENISE (FORMER)

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.8

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$942

NAME:ALARI, STEVEN (FORMER)

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 1.1

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.

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,226

NAME: BASQUEZ, JULIO (FORMER)

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.3

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$574

NAME: SEIFIKAR, SOUROSH

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 0.3

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$501.1

NAME: MICHAEL BARATZ

TITLE: CHIEF OF STAFF

HOURS PER WEEK DEVOTED TO POSITION: 40

PER FORM W2 REPORTED BY CSEA: \$138,104

EST. OTHER COMPENSATION REPORTED BY CSEA: \$14,230

NAME: PAUL HARRIS

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: CHIEF COUNSEL

HOURS PER WEEK DEVOTED TO POSITION: 40

PER FORM W2 REPORTED BY CSEA: \$132,009

EST. OTHER COMPENSATION REPORTED BY CSEA: \$23,596

NAME: ANNE GIESE

TITLE: SR. ATTORNEY/INTERIM CONTRACTS DIRECTOR

HOURS PER WEEK DEVOTED TO POSITION: 40

PER FORM W2 REPORTED BY CSEA: \$118,673

EST. OTHER COMPENSATION REPORTED BY CSEA: \$63,415

NAME: DOUGLAS CROOKS

TITLE: DIRECTOR OF COMMUNICATIONS

HOURS PER WEEK DEVOTED TO POSITION: 40

PER FORM W2 REPORTED BY CSEA: \$118,127

EST. OTHER COMPENSATION REPORTED BY CSEA: \$18,341

NAME: BRIAN SCHROEDER

TITLE: DIRECTOR OF HUMAN RESOURCE

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: 40

PER FORM W2 REPORTED BY CSEA: \$109,621

EST. OTHER COMPENSATION REPORTED BY CSEA: \$6,577

SCHEDULE J-2

(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

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 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			
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.	
MICHAEL LOPEZ BARGAINING UNIT CHAIRPER	10.00	X					0.	0.	0.	

SCHEDULE J-2

(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

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 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			
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.	
TERRY LAWHEAD BARGAINING UNIT CHAIRPER	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.	
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.	

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

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 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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

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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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.

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.

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.**

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 (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" to 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 - 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

UNION OF CALIFORNIA STATE WORKERS

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (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 EMPLOYEES INTERNATIONAL UNION LOCAL 1000 CANDIDATES PAC	B	475,703.
(2)		
(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	VARIABLE	SSL	.000	16	1183087.			1183087.	180,756.		111,590.
	* 990 PAGE 10 TOTAL BUILDINGS					1183087.		0.	1183087.	180,756.	0.	111,590.
2	MACHINERY & EQUIPMENT	VARIABLE	SSL	.000	16	1020266.			1020266.	266,092.		144,362.
3	FURNITURE AND EQUIPMENT	VARIABLE	SSL	.000	16	1224283.			1224283.	330,485.		298,941.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					2244549.		0.	2244549.	596,577.	0.	443,303.
	* GRAND TOTAL 990 PAGE 10 DEPR					3427636.		0.	3427636.	777,333.	0.	554,893.