

Return of Organization Exempt From Income Tax

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

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNION OF CALIFORNIA STATE WORKERS S.E.I.U. LOCAL 1000 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1808 14TH STREET City or town, state or country, and ZIP + 4 SACRAMENTO, CA 95811-7131 F Name and address of principal officer: YVONNE WALKER SAME AS C ABOVE	D Employer identification number 68-0475305 E Telephone number 916-554-1200 G Gross receipts \$ 57,143,627. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ HTTP://WWW.SEIU1000.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2001 M State of legal domicile: CA

Part I Summary

	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.		
Activities & Governance	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 individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total 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.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 0.
9 Program service revenue (Part VIII, line 2g)		60,656,483.	56,668,257.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		108,486.	86,843.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		740,622.	388,527.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		61,505,591.	57,143,627.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	128,750.	167,500.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	57,961,677.	59,288,112.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,090,427.	59,455,612.	
19 Revenue less expenses. Subtract line 18 from line 12	3,415,164.	-2,311,985.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 28,031,366.	End of Year 26,105,194.
	21 Total liabilities (Part X, line 26)	7,081,761.	7,467,574.
	22 Net assets or fund balances. Subtract line 21 from line 20	20,949,605.	18,637,620.

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 YVONNE WALKER, PRESIDENT Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ LINDQUIST LLP	Firm's EIN ▶		Phone no. 925-277-9100	
	Firm's address ▶ 5000 EXECUTIVE PARKWAY, SUITE 400 SAN RAMON, CA 94583				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO REPRESENT CERTAIN CIVIL SERVICE EMPLOYEES OF THE STATE OF CALIFORNIA IN THE FOLLOWING MATTERS: SALARY, BENEFITS AND WORKING CONDITIONS; ASSISTANCE IN FILING AND PURSUING EMPLOYEE GRIEVANCES; LEGAL REPRESENTATION ON BOTH AN INDIVIDUAL AND CLASS BASIS; TECHNICAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	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
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
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
b	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, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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

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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 (or a family member thereof) 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)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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** (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 106		
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. (see instructions)		
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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 instructions for 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?		
	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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds 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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
			63
1b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?		X
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.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	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	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CORA OKUMURA - 916-554-1200**
1808 14TH STREET, SACRAMENTO, CA 95814

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
YVONNE WALKER PRESIDENT	40.00	X		X			0.	0.	0.	
CORA OKUMURA VICE PRESIDENT/SECRETARY TREASURER	39.10	X		X			0.	0.	0.	
JIM HARD VICE PRESIDENT/ORGANIZING & REPRESENTATIVE	40.00	X		X			0.	0.	0.	
KATHLEEN COLLINS VICE PRESIDENT/BARGAINING	40.00	X		X			0.	0.	0.	
OTIS TIDWELL CHAPTER PRESIDENT	2.40	X					0.	0.	0.	
AIDA CANONIZADO CHAPTER PRESIDENT	2.40	X					0.	0.	0.	
RITA SALAZAR CHAPTER PRESIDENT	2.40	X					0.	0.	0.	
JAYSON SANDOVAL CHAPTER PRESIDENT	2.40	X					0.	0.	0.	
CHRISTINA VILLARREAL CHAPTER PRESIDENT	2.40	X					0.	0.	0.	
GENE BUCKHANNAN CHAPTER PRESIDENT	2.40	X					0.	0.	0.	
DIANA MURILLO CHAPTER PRESIDENT	2.40	X					0.	0.	0.	
LINDA CURRIE CHAPTER PRESIDENT	2.40	X					0.	0.	0.	
LISA DAVIS CHAPTER PRESIDENT	33.70	X					0.	0.	0.	
KEVIN CURTIS CHAPTER PRESIDENT	2.40	X					0.	0.	0.	
JOYCE MINZEY CHAPTER PRESIDENT	2.40	X					0.	0.	0.	
JOE CHACON CHAPTER PRESIDENT	2.40	X					0.	0.	0.	
IRENE JACKSON CHAPTER PRESIDENT	2.40	X					0.	0.	0.	

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

Form 990 (2010)

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
ALAN CONSTANTINO CHAPTER PRESIDENT	2.40	X						0.	0.	0.
MARIA VILLEGAS (PAST) CHAPTER PRESIDENT	0.00	X						0.	0.	0.
HOLLIE STOTTER (PAST) CHAPTER PRESIDENT	0.00	X						0.	0.	0.
OPHELIA RABANAL CHAPTER PRESIDENT	2.40	X						0.	0.	0.
EVELYNE BOON CHAPTER PRESIDENT	2.40	X						0.	0.	0.
MANUEL RODRIGUEZ CHAPTER PRESIDENT	2.40	X						0.	0.	0.
EDWARD FUNK CHAPTER PRESIDENT	2.40	X						0.	0.	0.
LARRY ROBERTS CHAPTER PRESIDENT	2.40	X						0.	0.	0.
ALAN CHARBONNEAU CHAPTER PRESIDENT	2.40	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								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 or individual 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	5,150,913.
PHIL GIARRIZZO CAMPAIGNS, INC., 1215 19TH STREET, 2ND FLOOR, SACRAMENTO, CA	CAMPAIGN AND COMMUNICATION CONSUL	119,822.
LINDQUIST LLP, 5000 EXECUTIVE PARKWAY, SUITE 400, SAN RAMON, CA 94583	ACCOUNTING AND AUDITING SERVICES	113,686.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2010)

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

Form 990 (2010)

68-0475305

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			
EUGENE SMITH CHAPTER PRESIDENT	2.40	X						0.	0.	0.
VENECIA CONNALLY CHAPTER PRESIDENT	2.40	X						0.	0.	0.
BERTHA CERNA CHAPTER PRESIDENT	2.40	X						0.	0.	0.
BRANDI KANE CHAPTER PRESIDENT	2.40	X						0.	0.	0.
HELEN GRIFFIN CHAPTER PRESIDENT	2.40	X						0.	0.	0.
RAYMOND ALTMAN CHAPTER PRESIDENT	2.40	X						0.	0.	0.
STEPHEN MCVEIGH CHAPTER PRESIDENT	2.40	X						0.	0.	0.
OLGA GUTIERREZ CHAPTER PRESIDENT	2.40	X						0.	0.	0.
DANA MEZA CHAPTER PRESIDENT	2.40	X						0.	0.	0.
PHYLLIS JOHNSON CHAPTER PRESIDENT	2.00	X						0.	0.	0.
CLAYTON SILVA CHAPTER PRESIDENT	2.40	X						0.	0.	0.
MODESTO RIOS CHAPTER PRESIDENT	2.40	X						0.	0.	0.
SHRHONDA WARD CHAPTER PRESIDENT	2.40	X						0.	0.	0.
MICHAEL ROSKEY CHAPTER PRESIDENT	2.40	X						0.	0.	0.
PAUL SMILANICK CHAPTER PRESIDENT	2.40	X						0.	0.	0.
SUSAN SMALL CHAPTER PRESIDENT	2.40	X						0.	0.	0.
EDWARD SOMERA CHAPTER PRESIDENT	2.40	X						0.	0.	0.
WILLIAM O'RAFFERTY (PAST) CHAPTER PRESIDENT	0.00	X						0.	0.	0.
MICHELLE NEBBIO CHAPTER PRESIDENT	2.40	X						0.	0.	0.
TIMOTHY CHANEY CHAPTER PRESIDENT	2.40	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY FOWLER CHAPTER PRESIDENT	2.40	X						0.	0.	0.
YOLANDA VILLANUEVA (PAST) CHAPTER PRESIDENT	0.00	X						0.	0.	0.
ANA MAYO CHAPTER PRESIDENT	2.40	X						0.	0.	0.
CARLENE DEMARCO CHAPTER PRESIDENT	2.40	X						0.	0.	0.
EDWIN PEREZ CHAPTER PRESIDENT	2.40	X						0.	0.	0.
MICHAEL ALLEN CHAPTER PRESIDENT	2.40	X						0.	0.	0.
ARNOLD ZUNIGA (PAST) CHAPTER PRESIDENT	0.00	X						0.	0.	0.
SEAN O'CONNELL CHAPTER PRESIDENT	2.40	X						0.	0.	0.
DARLENE ESTEY CHAPTER PRESIDENT	2.40	X						0.	0.	0.
JANET ZIMMER CHAPTER PRESIDENT	2.40	X						0.	0.	0.
NAPOLEON CRISTOBAL (PAST) CHAPTER PRESIDENT	0.00	X						0.	0.	0.
RAY REYNOLDS CHAPTER PRESIDENT	2.40	X						0.	0.	0.
MICHAEL CLARK (PAST) CHAPTER PRESIDENT	0.00	X						0.	0.	0.
THOMAS PERINE CHAPTER PRESIDENT	2.40	X						0.	0.	0.
SANDRA LUKE CHAPTER PRESIDENT	2.40	X						0.	0.	0.
DIANA KING CHAPTER PRESIDENT	2.40	X						0.	0.	0.
RONALD BENGE CHAPTER PRESIDENT	2.40	X						0.	0.	0.
JAVIER CARDENAS CHAPTER PRESIDENT	2.40	X						0.	0.	0.
ADRIENNE JOHNSON CHAPTER PRESIDENT	2.40	X						0.	0.	0.
MICHELLE GREEN (PAST) CHAPTER PRESIDENT	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALFREDA WEAVER CHAPTER PRESIDENT	2.40	X						0.	0.	0.
MARGARITA MALDONADO BARGAINING UNIT CHAIRPERSON	40.00	X						0.	0.	0.
CINDIE FONSECA BARGAINING UNIT CHAIRPERSON	2.40	X						0.	0.	0.
JOHN KERN BARGAINING UNIT CHAIRPERSON	2.40	X						0.	0.	0.
FRANCISCA PASS BARGAINING UNIT CHAIRPERSON	2.40	X						0.	0.	0.
JAMES WILLIS BARGAINING UNIT CHAIRPERSON	40.00	X						0.	0.	0.
LAVERNE ARCHIE BARGAINING UNIT CHAIRPERSON	2.40	X						0.	0.	0.
ROBYN SHERLES BARGAINING UNIT CHAIRPERSON	2.40	X						0.	0.	0.
NANCY LYERLA BARGAINING UNIT CHAIRPERSON	20.20	X						0.	0.	0.
RIONNA JONES BARGAINING UNIT CHAIRPERSON	2.40	X						0.	0.	0.
TERRY LAWHEAD BARGAINING UNIT CHAIRPERSON	40.00	X						0.	0.	0.
ALBERT TROYER (PAST) BARGAINING UNIT CHAIRPERSON	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**UNION OF CALIFORNIA STATE WORKERS
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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 MEMBER DUES AND ASSESS	Business Code 900099	56668257.	56668257.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			56668257.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		86,843.			86,843.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a STATE BAR SERVICING FE	900099	278,928.	278,928.				
b INT'L UNION SUBSIDIES	900099	98,914.	98,914.				
c OTHER INCOME	900099	10,685.	10,685.				
d All other revenue							
e Total. Add lines 11a-11d		388,527.					
12 Total revenue. See instructions.		57143627.	57056784.	0.	86,843.		

**UNION OF CALIFORNIA STATE WORKERS
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Part IX Statement of Functional Expenses

*Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) 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	167,500.			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	150,422.			
c Accounting	114,054.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	5,862,918.			
12 Advertising and promotion	454.			
13 Office expenses	2,236,790.			
14 Information technology	405,921.			
15 Royalties				
16 Occupancy	1,422,256.			
17 Travel	3,229,723.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,717,134.			
20 Interest	56,555.			
21 Payments to affiliates	15,500,119.			
22 Depreciation, depletion, and amortization	555,821.			
23 Insurance	160,682.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a REIMBURSEMENTS TO CSEA	23,204,896.			
b UNION LEAVE EXPENSE	2,245,942.			
c PAC EXPENSE	1,059,207.			
d DLC ADMIN FEES	750,736.			
e CONTRIBUTIONS AND DONAT	239,196.			
f All other expenses	375,286.			
25 Total functional expenses. Add lines 1 through 24f	59,455,612.			
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**UNION OF CALIFORNIA STATE WORKERS
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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	6,324,822.	1	4,536,088.	
	2 Savings and temporary cash investments	5,443,857.	2	5,492,190.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	5,485,699.	4	5,718,813.	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)				6
	7 Notes and loans receivable, net	213,032.	7	179,944.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	175,839.	9	157,074.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,652,602.			
	b Less: accumulated depreciation	1,888,048.			
	11 Investments - publicly traded securities	2,095,410.	10c	1,764,554.	
	12 Investments - other securities. See Part IV, line 11	8,050,401.	11	8,070,177.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	242,306.	14	186,354.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,031,366.	15	26,105,194.		
Liabilities	17 Accounts payable and accrued expenses	2,874,803.	16	3,594,782.	
	18 Grants payable		17		
	19 Deferred revenue	546,949.	18	539,689.	
	20 Tax-exempt bond liabilities		19		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
	23 Secured mortgages and notes payable to unrelated third parties	366,036.	22	330,568.	
	24 Unsecured notes and loans payable to unrelated third parties		23		
	25 Other liabilities. Complete Part X of Schedule D	3,293,973.	24	3,002,535.	
	26 Total liabilities. Add lines 17 through 25	7,081,761.	25	7,467,574.	
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	19,546,484.	26	16,046,359.	
	28 Temporarily restricted net assets	1,403,121.	27	2,591,261.	
	29 Permanently restricted net assets		28		
	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		29		
	31 Paid-in or capital surplus, or land, building, or equipment fund		30		
	32 Retained earnings, endowment, accumulated income, or other funds		31		
	33 Total net assets or fund balances	20,949,605.	32	18,637,620.	
34 Total liabilities and net assets/fund balances	28,031,366.	33	26,105,194.		

Form 990 (2010)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	57,143,627.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,455,612.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,311,985.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,949,605.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	18,637,620.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

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

2010

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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

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

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (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 ▶ \$ 0.
- 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 ▶ \$ 0.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
SERVICE EMPLOYEE INTERNATIONAL UNIO	SACRAMENTO, CA 95814-4602	30-2032142	0.	4,268,715.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010
LHA SEE PART IV FOR CONTINUATION

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.			
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) 2007	(b) 2008	(c) 2009	(d) 2010	(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 DIRECT AND 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:

Part IV Supplemental Information (continued)

SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE PAC

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

Multiple horizontal lines for supplemental information.

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

2010

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).

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) 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? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,275,682.	428,056.	847,626.
c Leasehold improvements				
d Equipment		2,376,920.	1,459,992.	916,928.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,764,554.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CAPITAL LEASES	176,633.
(3) ACCRUED VACATION	1,093,973.
(4) DUE TO CSEA	478,446.
(5) PER CAPITA TAXES PAYABLE	1,253,483.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	3,002,535.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

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

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, 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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2010

▶ 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 from the organization or a related organization?	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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2010

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

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

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

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

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: \$62,824

NAME: OKUMURA, MARIA

TITLE: VICE PRESIDENT/SECRETARY TREASURER

HOURS PER WEEK DEVOTED TO POSITION: 39.1

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$107,101

NAME: HARD, JAMES

TITLE: VICE PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 40.0

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$59,398

NAME: COLLINS, KATHLEEN

TITLE: VICE PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 40.0

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$83,398

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:TIDWELL, OTIS

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$457

NAME:CANONIZADO, AIDA

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,173

NAME:SALAZAR, RITA

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$440

NAME:SANDOVAL, JAYSON

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

Part III Supplemental Information

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

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$916

NAME:VILLARREAL, CHRISTINA

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$875

NAME:BUCKHANNAN, GENE

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$639

NAME:MURILLO, DIANA

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$892

NAME:CURRIE, LINDA

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: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$3,397

NAME:DAVIS, LISA

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 33.7

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$40,595

NAME:CURTIS, KEVIN

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$694

NAME:MINZEY, JOYCE

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$847

NAME:CHACON, JOE

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: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$704

NAME: JACKSON, IRENE

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$689

NAME: CONSTANTINO, ALAN

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$133

NAME: VILLEGAS, MARIA (PAST)

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: -

PMTS TO STATE OF CA FOR 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: STOTTER, HOLLIE (PAST)

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: -

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

NAME: RABANAL, OPHELIA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,372

NAME: BOON, EVELYNE

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$755

NAME: RODRIGUEZ, MANUEL

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$526

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:FUNK, EDWARD

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$11,262

NAME:ROBERTS, LARRY

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$321

NAME:CHARBONNEAU, ALAN

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$26,815

NAME:SMITH, EUGENE

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

Part III Supplemental Information

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

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$21,894

NAME: CONNALLY, VENECIA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$716

NAME: CERNA, BERTHA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,301

NAME: KANE, BRANDI

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$646

NAME: GRIFFIN, HELEN

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: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$385

NAME:ALTMAN, RAYMOND

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$2,897

NAME:MCVEIGH, STEPHEN

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$5,570

NAME:GUTIERREZ, OLGA

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$664

NAME:MEZA, DANA

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: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$3,349

NAME: JOHNSON, PHYLLIS

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

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

NAME: SILVA, CLAYTON

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

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

NAME: RIOS, MODESTO

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$434

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: ROSKEY, MICHAEL

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$709

NAME: SMILANICK, PAUL

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,522

NAME: SMALL, SUSAN

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$829

NAME: SOMERA, EDWARD

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,614

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: O'RAFFERTY, WILLIAM (PAST)

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: -

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

NAME: NEBBIO, MICHELLE

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$178

NAME: CHANEY, TIMOTHY

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,168

NAME: FOWLER, JEFFREY

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

Part III Supplemental Information

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

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$3,879

NAME:VILLANUEVA, YOLANDA (PAST)

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: -

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

NAME:MAYO, ANA

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$962

NAME:DEMARCO, CARLENE

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$754

NAME:PEREZ, EDWIN

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: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,973

NAME: ALLEN, MICHAEL

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$594

NAME: ZUNIGA, ARNOLD (PAST)

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: -

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

NAME: O'CONNELL, SEAN

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$287

NAME: ESTEY, DARLENE

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: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$1,507

NAME: ZIMMER, JANET

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$586

NAME: CHRISTOBAL, NAPOLEON (PAST)

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: -

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

NAME: REYNOLDS, RAY

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$2,449

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 (PAST)

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: -

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

NAME: PERINE, THOMAS

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

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

NAME: LUKE, SANDRA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$884

NAME: KING, DIANA

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$748

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: BERGE, RONALD

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$530

NAME: CARDENAS, JAVIER

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$3,102

NAME: JOHNSON, ADRIENNE

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$426

NAME: GREEN, MICHELLE (PAST)

TITLE: CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: -

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: \$-

NAME:WEAVER, ALFREDA

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$2,363

NAME:MALDONADO, MARGARITA

TITLE:BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 40.0

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$95,531

NAME:FONSECA, CINDIE

TITLE:BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$17,455

NAME:KERN, JOHN

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: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$2,930

NAME:PASS, FRANCISCA

TITLE:BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$7,579

NAME:WILLIS, JAMES

TITLE:BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 40.0

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$51,442

NAME:LAVERNE, ARCHIE

TITLE:CHAPTER PRESIDENT

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$6,088

NAME:SHERLES, ROBYN

Part III Supplemental Information

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

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 20.0

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$24,416

NAME: LYERLA, NANCY

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 20.2

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$59,285

NAME: JONES, RIONNA

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$21,682

NAME: LAWHEAD, TERRY

TITLE: BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: 40.0

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$73,117

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:TROYER, ALBERT (PAST)

TITLE:BARGAINING UNIT CHAIRPERSON

HOURS PER WEEK DEVOTED TO POSITION: -

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

NAME:ZIMMERMAN, SARAH

TITLE:DEPUTY CHIEF OF STAFF

HOURS PER WEEK DEVOTED TO POSITION:40

PER FORM W2 REPORTED BY CSEA: \$109,849

EST. OTHER COMPENSATION REPORTED BY CSEA: \$21,483

NAME:HARRIS, PAUL

TITLE:CHIEF COUNSEL

HOURS PER WEEK DEVOTED TO POSITION:40

PER FORM W2 REPORTED BY CSEA: \$144,056

EST. OTHER COMPENSATION REPORTED BY CSEA: \$28,857

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: GIESE, ANNE

TITLE: SENIOR ATTORNEY

HOURS PER WEEK DEVOTED TO POSITION: 40

PER FORM W2 REPORTED BY CSEA: \$117,680

EST. OTHER COMPENSATION REPORTED BY CSEA: \$25,778

NAME: JOSE DE LA TORRE

TITLE: ASSISTANT CHIEF COUNSEL

HOURS PER WEEK DEVOTED TO POSITION: 40

PER FORM W2 REPORTED BY CSEA: \$120,379

EST. OTHER COMPENSATION REPORTED BY CSEA: \$25,971

NAME: SCHROEDER, BRIAN

TITLE: TALENT MANAGEMENT DIRECTOR

HOURS PER WEEK DEVOTED TO POSITION: 40

PER FORM W2 REPORTED BY CSEA: \$110,987

EST. OTHER COMPENSATION REPORTED BY CSEA: \$25,534

NAME: WARD, SHRHONDA

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: 2.4

PMTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: \$571

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

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

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

EXECUTIVE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS. THE EXECUTIVE OFFICERS AND MANAGEMENT REVIEWED THE FORM 990, INCLUDING REQUIRED SCHEDULES, PRIOR TO FILING WITH THE IRS.

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

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

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS DOCUMENTS AVAILABLE TO THE PUBLIC.

PART XII, LINE 2C: THERE WERE NO CHANGES TO THE OVERSIGHT PROCESS OR SELECTION PROCESS FOR THE INDEPENDENT ACCOUNTANT.

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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.		X
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.		X

UNION OF CALIFORNIA STATE WORKERS

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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, 35a, 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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Lined area for supplemental information.

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	1275682.			1275682.	292,346.		135,710.
	* 990 PAGE 10 TOTAL BUILDINGS					1275682.		0.	1275682.	292,346.	0.	135,710.
2	MACHINERY & EQUIPMENT	VARIABLE	SSL	.000	16	1063659.			1063659.	411,494.		185,886.
3	FURNITURE AND EQUIPMENT	VARIABLE	SSL	.000	16	1313261.			1313261.	628,387.		234,225.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					2376920.		0.	2376920.	1039881.	0.	420,111.
	* GRAND TOTAL 990 PAGE 10 DEPR					3652602.		0.	3652602.	1332227.	0.	555,821.